

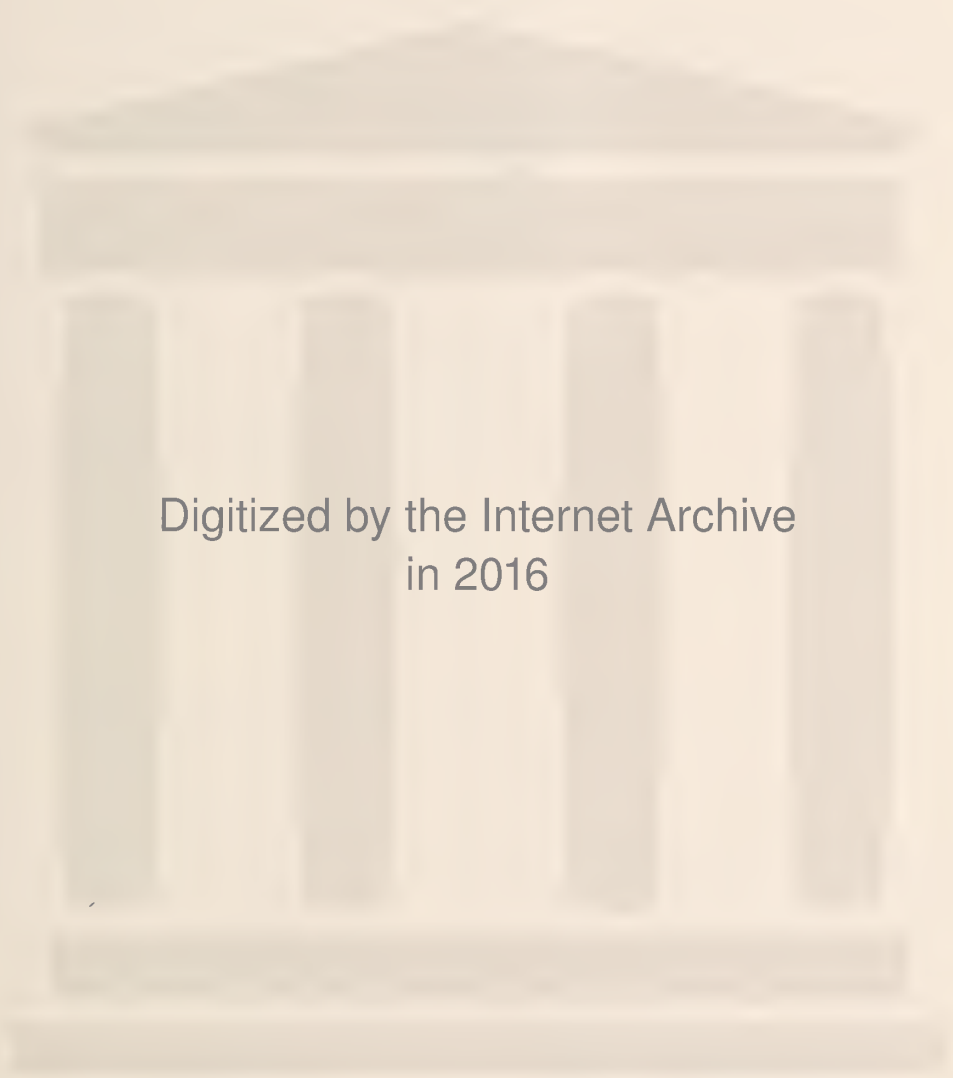
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The OHIO STATE MEDICAL JOURNAL

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BY THE
OHIO STATE MEDICAL ASSOCIATION

UNDER THE DIRECTION OF THE PUBLICATION COMMITTEE

JANUARY 15, 1916



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¶ Pay your dues. They were due January 1.

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NEWS of the MONTH

(Carried from first page)

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News Editor and Business Manager—GEORGE V. SHERIDAN
Advertising Manager—A. B. HANEY
Office, 25 Ruggery Building, East Gay St., Columbus, Ohio

Address Communications to THE JOURNAL, No. 25 Ruggery Building, Columbus, Ohio. Telephones: Citizens, 4905; Bell, Main 5259

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The osteopaths—are at it again. Several years ago when the disciples of the Kerkersville cult were in their zenith in Ohio, they stormed the legislative halls at Columbus and emitted long yowls because the statutes of the great State of Ohio did not admit to practice any variety of physician except that class which resorts to terrible medication with poisonous and vicious drugs—to wit, the medical fraternity. The legislators that year turned aside from their consideration of pensions for squirrel hunters and free distribution of Mr. Howe's histories long enough to amend our medical practice act to permit osteopaths to hang out their shingles. Inasmuch as the osteopaths were then so very positive in their assertions regarding the dangers of medication and the horrors of the operating room, the legislature included in their law (section 1288) the following clause: "Such certificate to practice osteopathy * * * shall not permit him to prescribe or administer drugs, or to perform major surgery."

It is probable that the legislators would have omitted this section had it not been that the osteopaths were very positive about their independence of drug therapy and their abhorrence of surgery. Osteopathy and other forms of medical fakirs were in their heyday at that time.

Since then, as the years have rolled by, osteopathy has failed to make the startling progress which its Kerkersville exploiters promised. Even today there are only about 200 practicing in Ohio and only half of these are qualified sufficiently to join their state association. Many have abandoned osteopathy for its later offshoot, chiropractic. The osteopathic bubble has burst.

The most intelligent of these practitioners, even with their limited education, quickly realized that all human ills do not respond to rubbing. They found that drugs are indispensable and that occasionally even surgery is necessary! Therefore, to meet the demands of their practice, they put behind them more and more the chaste theories of osteopathy and mixed into drug therapy, even to the extent of using anti-toxins and vaccines. Feeling the practical need of surgery, they re-read the law and found that they were only prohibited from performing "major surgery," and claimed that by inference they were entitled to practice "minor surgery"—whatever that is!

That practically all of the so-called osteopaths in Ohio are using drugs is generally believed. Many of them openly applied for Harrison narcotic certificates before action was taken by the State Medical Association. That many of them are doing general surgery under the guise of "minor surgery," is known. Some of their most prominent practitioners advertise themselves as orthopedic surgeons.

But they realize that in using drugs and practicing surgery they are breaking the law. To remedy this they are organizing to secure an amendment from the next legislature, which meets in Columbus early in 1917, that will legalize these practices.

So far as the osteopaths are concerned, such an amendment would be of comparatively slight importance for their numbers are dwindling and the practice is dying out, but it would be a tremendous mistake on the part of the legislature to establish the precedent of admitting to full medical practice

those who only claim to be qualified in the non-medical branches. If the citizens of the State of Ohio are to receive any protection whatever from exploitation by the unscrupulous, this movement on the part of the osteopaths must be defeated.

+ + +

American College of Surgeons begins the new year with an announcement that it has secured from its Fellows an endowment fund of \$500,000. This fund is to be held in perpetuity, the income only to be used to advance the purposes of the College. By this means lasting progress toward the purposes of the College is assured.

The College, which is not a teaching institution but rather a society or a college in the original sense, now lists about 3400 Fellows. Without precedent for swiftness of development it stands today a powerful factor both in the art and in the economics of surgery.

Primarily the College is concerned with the training of surgeons. But the significant fact in connection with the endowment just secured is that it has come from the surgeons themselves, inspired by a motive for better service to the patient.

The ideals of the College are to find concrete expression along the following lines of activity:

1. Since the whole problem of the training of specialists for the practice of surgery is the primary purpose of the College, the Regents propose at an early date to present a clear conception of the College to the undergraduate medical students of this continent. The Regents, further, will ask each senior student of this group who has in mind to specialize in general surgery or any branch of surgery to register with the College. As these students, then, serve later as internes and as surgical assistants, they will be requested to report these facts to the College. The College, in turn, will systematically seek information as to the ability and character of such men; and the information thus obtained becomes the basis of admission to Fellowship in the College. In addition to this procedure, the Regents will insist upon the proper keeping of case histories, and they will endeavor to stimulate in these men in training right ideals of medical practice.

2. Inasmuch as proper training in surgery is inseparably involved with the conduct and efficiency of hospitals, the College will seek accurate data on all matters which relate to hospitals. From time to time it will publish studies upon hospital problems, the purpose being always to be helpful to the hospitals. These publications, further, will inform recent medical graduates as to where they may seek adequate general or special training in surgery. To be concrete the College will deal with such problems as (a) the proper equipment for medical diagnosis, e. g., well equipped laboratories for chemical, pathological, and X-ray work; (h) the proper forms for case histories and the

facilities for keeping these records; (c) the management and the curricula of the nurses' training schools; (d) the specialization essential in any well-organized hospital.

3. The College will ask the faculties of medical schools to consider the advisability of conferring a supplementary degree of proficiency in general surgery and in the various specialties of surgery.

4. The College will issue readable monographs, educational in nature, to the press, to the general public, to hospital trustees, and to the profession of medicine upon subjects of medical procedure and the whole meaning of fitness to practice surgery.

+ + +

The secret nostrum combine, otherwise known as the Proprietary Association of America, which is largely supported by Dr. Hartman's Peruna, Brother Patton's Wine of Cardui, and similar delightful public health agencies, has set out to reform the patent medicine industry. We are informed by *Printers' Ink*, an advertising journal, that at a recent meeting at the Waldorf Astoria the Association decided to raise an advertising fund of at least one million dollars "to restore patent medicines to their old position in the estimation of the people." In order to create an excuse for spending this slush fund, Hartman, Patton, et al., will organize a vigilance committee to clean up the business. (Joke.) This bureau will force all members of the association to maintain a certain "standard of practice," and will censor the advertising of all members. (Joke No. 2.)

To an outsider it looks like a clever little scheme concocted by the big fellows to grab the fast-disappearing remnants of the patent medicine market. We feel that Dr. Hartman and Brother Patton, and their associated life-savers, will require more than one million dollars to stem the tide of intelligent public opinion.

We sent the clipping to Dr. Frederick R. Green, secretary of the Council on Health and Public Instruction of the A. M. A., who has been the moving spirit in the campaign of education which has acquainted the American people with the truth about secret nostrums. Dr. Green's reply:

"Dear Mr. Sheridan:—Thank you for your letter of the 13th with the page from *Printers' Ink*. This is thoroughly significant. Even if it is a case of death-bed repentance, it shows that our efforts have gotten under the skin of the patent medicine people.

"I don't want to be so uncharitable as to say that there is no such thing possible as a good proprietary preparation, but I have the same view on this subject that our forefathers had on the subject of Indians: The only good patent medicine that I can conceive of is a dead one.

"Very truly yours,

"Frederick R. Green, Secretary."

WANTED: THE DOCTOR IN THE SMALL TOWN; URGENT!

This year, if the Ohio State Medical Association is to grow in size and strength, and power for good, it must secure the aid of the doctor in the small town.

He is the man we have failed to interest in the past.

If he is removed somewhat from the county seat, it is often difficult for him to attend the meetings of his county society. His interest drags. He soon loses touch with medical organization.

This year we are prepared to make a particularly strong bid for his affiliation, even if he is so situated that it will be impossible for him to attend a meeting of his society more than once a year.

The most potent *new* drawing card will be coöperative defense against civil malpractice suits, which the State Society will institute immediately after the state meeting at Cleveland in May. This protection alone will be well worth his annual dues.

* * *

Civil malpractice actions are growing in number in this state. The rate has increased alarmingly in the past two years. In one of the smaller counties of Northern Ohio there are now pending two of these actions against practitioners of the highest standing.

The explanation has been offered that this increase is an indirect result of the new state system of Workmen's Compensation. It has been pointed out, with some merit, that the shyster lawyers of the state have been deprived of the petty damage suit business that was theirs in the past. They are prevented from suing the employer in personal injury cases. Workmen's Compensation has practically eliminated "ambulance chasing," so this class of lawyer has been forced to discover some new source of revenue. Who offers a better target for blackmailing suits than the busy physician?

It is, therefore, most opportune that the State Society is ready to take up collectively the defense of the honest physicians of the state.

Coöperative defense will not only relieve the physician who has been made a target of the necessity of defending his case, but it will have a most wholesome influence in tending to discourage the filing of such suits. A shifty lawyer, appealed to by a dissatisfied patient, might see possibilities of easy hush money if the physician is busy and is inexperienced in dealing with these grafters. But when that attorney finds that the physician is a member of an association which is ready to defend him to the last ditch, with high-grade legal counsel and ample funds. it is certain

to have a salutary effect. Coöperative defense is, in fact, a sort of prophylaxis against blackmail.

This service is particularly valuable to the general practitioner in the small town who does not feel that the situation warrants his carrying a policy in one of the indemnity insurance companies, at a cost between \$15 and \$20 a year. The specialist in the city can afford this, and will probably continue to do so, but the institution of the coöperative plan by the State Society will relieve the rural physician of this need.

* * *

Then, too, there is another appeal to the man in the small town: *The Journal*. Without boasting, we can say *The Journal* is valuable to every practitioner of medicine in this state, for in addition to its scientific articles it keeps him in close touch with those state affairs which have a direct and important bearing on his practice.

Never in history have these state matters affecting medical practice been more numerous, and never, therefore, has the need of a strong state organization been so pressing. The activity of the state in regulating medical practice, the rapid trend in Ohio toward state medicine, and the increasing activity of the quacks and the non-medical healers have made it most necessary to build up a strong working force—both to protect honest medical practice and to protect the public.

If we are not organized, we will be run over.

Right now a strong propaganda is being organized to force through the Ohio Legislature, at the earliest possible moment, a law providing for compulsory sickness insurance for all employed persons—and their dependents—who earn less than a specified sum yearly, probably \$1,000.

This will mean that the medical attention for these workers, and their dependents, including even obstetrical service, will be supervised and paid for by the state—in a manner similar to the present payment for industrial accident service under Workmen's Compensation.

It is a matter of tremendous importance. It has possibilities of tremendous good or equally tremendous harm for the future of medical practice in Ohio.

What will happen if the medical profession is not represented before the legislature by an organization large enough and strong enough to command respect?

* * *

To increase our organization in size and strength we must enlist the man in the small town, and the country doctor.

Despite the fact that almost every society in the state has materially raised its dues for 1916, to meet the increased state association assessment, it is already assured that there will be

no material falling off in 1916 from the present membership—which is now the largest in history. The great majority of men who are now in the organization realize the imperative need of maintaining a strong state organization, and will stick. *The Journal* has received many letters endorsing the raising of dues, and very few complaints.

At state headquarters a comprehensive statewide campaign covering 76 counties has been inaugurated to aid the local organization to enlist the rural practitioner.

Do your share!

Write or telephone, or drive out and see, the man in your county who should be in your society.

Go over with him the facts briefly reviewed in this editorial. Explain to him the benefits of coöperative defense. Get his application for membership. Enthuse him! Make him an active force in the onward march of organized medicine in Ohio.

And, do it today!

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The *Journal* is rapidly becoming recognized as a medium for general advertisements. This month, for instance, you will find a full-page display announcement by the Oliver Typewriter Company, announcing their newest product—a *medical* typewriter, with medical symbols, etc., which they offer under a plan which provides for payment at the rate of a few cents a day. Demands of modern practice are such that a typewriter is a necessity in almost every physician's office. It eliminates errors in prescriptions and in technical communications. Why not look into this Oliver proposition? At least send for their free booklet and get the details of the plan. Use the clipping in this issue so that your *Journal* will get the credit for bringing the matter to your attention.

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Short scientific papers secure a wide audience in these busy days. Few medical men have either the time or the inclination to wade through long articles in which the author has seemingly endeavored to conceal his facts under a mass of verbiage. The writer who presents his facts forcibly and in the fewest possible words insures for his article a wide reading. Will essayists who contemplate papers for the next annual meeting of the State Association please keep these facts in mind, for they apply to audiences as well as to readers of *The Journal*.

During this year the Publication Committee will insist upon short papers. We can offer a journal of wider appeal by presenting a larger number of subjects and to do this we cannot allow any single author very much space. If essayists will keep this in mind when the papers are prepared it will save us the necessity of requesting them to cut down their manuscript when later it comes to us for publication.

Freak letters, from ignoramuses who are anxious to meet and treat the sick for compensation—with emphasis on the compensation—are frequent arrivals at the office of the state medical board these days.

The following is an exact copy of a dainty note received last month by Dr. Matson from a bonnie Youngstown lassie:

"Id like to learn the midwife trade I understand the job a little. But I havent got a diploma A Doctor took me to do that job with him because he couldnt talk in our language. I went with him for three years. Now please write and tell me the cost for learning the trade and how long will I have to go and learn the trade. Please write as soon as soon as possible."

After reading a few similar letters the difficulties of the state medical board in regulating the midwives of Ohio may be better understood. The board is rendering a real service to the state in this field, and its difficulties in endeavoring to control the class of women who practice it, in the poorer sections of our larger cities, are manifold.

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Lorain county farmers are protesting vigorously because the Elyria board of health is publishing in the local newspapers the results of the regular milk tests made by the city chemist. President J. H. Leonard told the protesting delegation that the publication of these results in the newspapers had been a powerful factor in improving the city's milk supply. We sincerely trust that the Elyria board of health will continue its policy. The crooked business cannot stand publicity. If a farmer is engaged in peddling unclean and infected milk, he is engaged in crooked business, and the sooner he is made either to reform or to quit, the better for the community.

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We note with interest that the Hancock County Medical Society, after raising its annual dues from \$2.50 to \$5.00, has provided a unique means of collecting the same promptly. By resolution, at its annual meeting, the society directed the secretary-treasurer to collect through the banks if the amount is not paid after thirty days' notice. There is no reason why this should not work out very cleverly. If a member does not desire to continue his affiliation, he should promptly notify the secretary-treasurer and thus save him the bother and worry of chasing dues over a period of several months. On the other hand, failure to pay dues in an organization is very frequently an oversight and the man who has neglected it will not resent being drawn upon. We pass along the suggestion to other societies.

State health insurance, compulsory for all workers receiving a specified annual income (probably of \$1,000 or less), will be provided in Ohio within a very few years. This is the consensus of opinion of all who have watched the trend of social legislation in this and other progressive states, and recent developments indicate that a movement toward this end is progressing rapidly in Ohio.

As it is a change that will vitally affect the practice of medicine, it behooves the physicians of Ohio to build and maintain a state organization that will be able to protect the interests of the profession. It will be necessary for our legislative committee to keep in the closest possible touch with this movement from this time forward, so that in the original drafts of the proposed laws the importance of the medical practice phases of health insurance may be properly emphasized.

It is more than possible that an attempt to secure such legislation may be made in Ohio early in 1917, when the Eighty-second General Assembly convenes. Ohio has in smooth operation a workmen's compensation law, and is providing compensation for industrial accidents. The problem of compensating for disability caused by occupational diseases has been seriously considered. The next logical step is general compulsory health insurance, with the cost proportioned between the worker and the employer.

It is probable, however, that before general health insurance is tried in Ohio the state will amend the present workmen's compensation law to provide for occupational diseases alone. If this insurance proves feasible, general insurance of health, or against all forms of sickness, is almost certain. Several legislatures will take up this matter in 1916, and California already has started a commission to work on the broad subject.

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The Journal recently received from Mr. John B. Andrews, of New York, the secretary of the American Association for Labor Legislation, a tentative draft of a measure prepared by that association after three years' work.¹ The Association has been particularly fortunate in having the aid of the country's leading experts, including, among others, Miles M. Dawson, actuary, and joint author of "Workingman's Insurance in Europe"; Dr. S. S. Goldwater, late commissioner of public health of the city of New York; Dr. Alexander Lambert, chairman of the Judicial Council of the American Medical Association, and I. M. Rubinow, actuary, and author of "Social Insurance."

This tentative draft provides that the cost of insurance is to be distributed among employers, employes and the state. This will entail no new expense for the working man, since the contributions of the employer and the state will enable the working man to purchase the full benefits of

the act for the same outlay he now makes for burial insurance alone. The benefits included within the draft are medical care, nursing attendance, medical and surgical supplies for a limited period, cash payments during sickness for a maximum of twenty-six weeks in a year, special obstetric aid for the family, and a funeral benefit on the death of the insured. To administer the benefits, employers and employes are to be grouped in mutual associations, supervised by the state and organized according to trade and locality. It is anticipated that this method of organization, with the possibility of reducing insurance rates with an improvement in health and of cooperating with the public health authorities, will lead to an effective campaign for the conservation of health.

The committee has very wisely not attempted to outline the machinery necessary to organize and provide this medical care, because it considers that provisions so vitally affecting the medical profession can be worked out most advantageously by physicians themselves. Since the pamphlet is published for the express purpose of drawing constructive criticism from the parties most interested, this is the time for the profession to express its preference.

+ + +

Physicians of Ohio, through experience with the operation of workmen's compensation, realize the tremendous effect such movements have upon their practice. What will be the effect of general health insurance in Ohio?

Dr. B. S. Warren, Surgeon, U.S.P.H.S., in a recent able paper on this subject² believes that it will not only be a great benefit to the laboring men, but will likewise materially benefit the physician by eliminating much of the present charity practice. He says:

"At present medical practice in the United States is operating on a most uneconomical and unsocial basis. The man on the average income of industrial workers cannot afford to pay the charges for the average sickness expectancy. Among these the physicians are practicing against heavy odds.

"A large number of low-paid wage earners and members of their families constitute the 'charity practice' of physicians, and many of them are found in the free hospitals and clinics where physicians give their services free; and many more, too proud to ask for charity treatment, either get no treatment at all, treatment too long delayed, or treatment of dubious value from quacks, 'patent medicine' men, druggists, and ignorant midwives.

"In medical centers large free hospitals are maintained for certain patients called hospital patients, while other patients must go without treatment and many of the hospital patients do not apply for admission because they cannot afford to stop work.

¹ Health Insurance, the American Association for Labor Legislation, 131 East Twenty-third Street, New York.

² Journal, American Medical Association, Vol. LXV, Page 2056 (December 11, 1915).

"Outside of medical centers there are many large areas which have few or no physicians, because the people are too poor to employ them.

"For the most part, throughout the United States hospital accommodations are far from adequate.

"The results of this lack of treatment or improper treatment of the poorly paid workers is that many die every year who could be saved, untold numbers become permanently disabled and unable to work, their wives become invalids from no care or improper care during confinement, and thousands of their children die within the first year of life from lack of intelligent care, or become blind, or are otherwise handicapped.

"A governmental system of sickness insurance similar to those in successful operation in Europe will enable the physician to receive pay for his practice and hospital work among low-paid wage-earners, and will allow the patient to receive prompt and proper treatment without forcing him to become a 'ward of charity.' It will strengthen the economic independence of the worker and at the same time greatly increase and stabilize the income of the physician, as well as enable the medical profession to carry on a more effective preventive work.

"The waste from disability and death due to preventable disease is so tremendous that estimates mean nothing to the average mind. The suffering and sorrow due to these causes should be sufficient argument for a sickness insurance law which will place adequate medical relief within the reach of all and provide for preventive measures on a broad and comprehensive plan in which there will be a financial incentive for employers, employes, physicians, and the community to prevent sickness. Such a law would prove to be the greatest public health measure ever enacted."

The Journal is not prepared to comment upon the desirability of a further extension of state insurance. It is a thing to be very carefully considered. But it is coming, whether or not we want it, and as an association we must be prepared to deal intelligently with the situation. Could there be any better reason advanced for the maintenance of a strong working organization?

The Cincinnati Globe, a weekly published in the interest of the blind, on December 3 printed in full a paper by Dr. Louis M. Stricker of Cincinnati, giving a history of the relief for the blind in Ohio which he read at the annual conference of Charities and Corrections in Dayton. Dr. Stricker is in charge of this work in Hamilton county and through long association is thoroughly familiar with the problem of caring for the 4,500 blind in this state. He strongly advises that the county commissioners who administer blind relief funds retain the services of an examining oculist. He points out that it is very difficult to ascertain the degree of blindness without expert examination, and frequent efforts are made to defraud the state.

For instance, of 639 applicants whom Dr. Stricker examined in Hamilton county, 10 per cent were refused on the ground of not being blind. Of these cases, in 22 per cent, blindness occurred previous to the twentieth year and was largely due to preventable diseases. In 46 per cent, blindness occurred after the fiftieth year.

Ohio is now paying over \$300,000 annually to a total of about 3,500 pensioners. These facts should stimulate the state to far greater activity in its campaign of prevention, for a large per cent of this human waste is caused by preventable disease.

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Hamilton recently witnessed an example of the difficulties public health workers are confronted with, largely through ignorance and superstition. Three children who had been referred to the local tuberculosis clinic, operated in connection with the juvenile court, were found to be suffering from enlarged tonsils and the attendant defects. On the request of the local public health nurse three examining physicians recommended removal of tonsils. The father of the three, who had permitted them to remain out of school until the case was investigated by the federated charities, immediately insisted that his parental rights were being violated and in the county court secured an injunction preventing the operation.

Throughout the state, in almost every county, a vigorous campaign for new members is being waged. . . . But, let's not forget that before going forward we must make secure our present position. We must re-enlist every member who served in 1915. . . . You can do your share by sending a check to your County Secretary today. Your dues were due January 1.

Original Articles

Care of the New Born*

HAROLD J. MORGAN, M. D., TOLEDO

THE bringing into the world of children has been the duty of the physician for many, many years, and theoretically he has supervised their bringing up, after they have arrived. Unfortunately, in the greater number of cases his real interest in the child ceases after he has cut and tied the cord, heard the child cry, and has examined it for deformities.

We say his real interest, for while his advice is sought on the various questions of clothing, feeding and the like, and is given in a manner—the profundity of which is in inverse ratio to his knowledge, the average physician spends but little time or trouble in acquainting himself with the advances in this important branch of medicine. If he takes a post-graduate course of weeks or months he is more apt to spend much of his time around the operating rooms than in the wards of a baby-hospital, or if his obstetrical practice is extensive, to give much time to questions directly related to the lying-in-period. Thus while his knowledge of the art and science of delivery grows apace, knowledge of what has to do with the child is meagre in the extreme, and we are presented with the familiar spectacle of a physician doing first-class obstetrics, and fourth-class pediatrics in the same family.

The average nurse in the average hospital gets little or no training in the care of infants, yet the physician does not hesitate to turn the infant over to her after delivery, seeming to feel that between nurse and grandmother, the baby will be well cared for.

Moreover, if either nurse or physician seeks help from text-books, a good deal of misinformation is acquired along with the mass of scientific facts. This is due to the custom of reiterating statements and directions in edition after edition of standard works, that, to my mind, at least, are hopelessly antiquated, not in accord with recent scientific findings, and, what is quite as bad, lacking in detail.

In this brief review of the care of the new-born, no claim is made for originality. My desire is merely to outline a course that has proven practical, not only in my own practice, but in hospital work as well, believing from association with the general practitioner and the obstetrician that what, to many of you, may seem matters of common knowledge, are not so in fact.

FIRST ATTENTION TO THE NEW-BORN.

Considering that the new-born infant has just completed a very arduous journey from the warm

confines of the uterus to the outer world, twisted, turned and violently squeezed in transit, to say nothing of now having to breathe for himself, common sense would indicate that the best thing for him would be to wrap him up warmly and allow him to rest.

What usually happens is, that almost before he has had time to breathe, he is oiled and scrubbed, freely exposed to his new environment, due to the frantic haste of the nurse to remove the vernix. His delicate skin is subjected to this process over and over until the nurse is satisfied, and the oiling process is repeated day after day.

Now the vernix, while unsightly, does no harm, and its removal may very well be left for some hours. True it dries and is more difficult to remove then, but my opinion is that it is better to safeguard the strength of the infant, rather than that of the nurse. Wipe off excess vernix, oil the body and especially the head, dress the cord lightly, weigh the baby, and then lay him away, wrapped up in a blanket with a hot water bottle or two, for at least four hours. If the vernix does not come off easily at one sitting, try again a few hours later—even a third effort may be necessary, but do not allow the child to become exhausted by these efforts.

For the first few days the temperature should be taken per rectum twice daily. If this falls below 98 degrees, enough external heat should be added to bring the temperature up to this figure.

Why oil the skin daily? There is no proof that any appreciable quantity of oil is absorbed by the skin; certainly there can be no nourishment acquired in this way, and, while the dry skin of the undernourished child may be benefited by oiling, that of the healthy infant does not need it.

CARE OF THE MOUTH.

The mouth and nose should be cleansed of mucous immediately after birth, and the eye-lids carefully wiped off, after which some form of silver is put in the eyes as required by law. Daily swabbing of mouth and nose and cleaning of ears, as so frequently recommended in our text-books, and regularly practiced by our nurses, is not only unnecessary, but positively injurious. The mucous membranes while not sterile, are reasonably clean, are exceedingly delicate, and I am convinced that the sore mouths, ears and noses so frequently seen are directly induced, in many instances, by abrasions occurring during the toilet.

Babies under my supervision are not subjected to these processes. Water is given after feeding to cleanse the mouth, and the number of sore

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parts materially reduced both in the hospital babies and those seen in private practice.

It is difficult to break nurses of this swabbing habit, and only inspection and repeated caution will do away with it. Even when sore mouth exists, it is well to remember that, as in cases of sore buttocks, swabbing of the former, or the application of ointment to the latter, is apt to prove futile unless the diet, especially the quantity of sugar, be altered.

CARE OF THE CORD.

We all know that hemorrhagic disease, septic jaundice, etc., have as a cause, infection, usually through the umbilicus. How many physicians know how the stump of the cord is being dressed by the nurse? Any similar wound elsewhere in the body would be dressed with sterile gauze only, but my experience is that nurses and grandmothers usually have some favorite application, septic, of course, which they regard as having mysterious good qualities, and which they will use unless forbidden.

GENITAL TOILET OF THE FEMALE BABY.

Pyelo-cystitis of *B. Coli* origin is common in girl babies, often caused by feces coming in contact with the vagina. I believe that if nurses and mothers are taught to wash and wipe the parts *toward* the anus, and *away* from the vagina, many an infection will be prevented.

BINDER AND PINNING BLANKET.

The infant's belly-band or binder is really useful to protect the cord dressing while such is used. It is neither a strengthener of muscle, a preventive against hernia, nor will it ward off colic, as so many nurses and physicians believe. Nurses usually apply the binder on the infant, as they do upon the mother after delivery, just as tightly as they can pin it, while it should be so loosely fastened that two fingers may be slipped under either edge, the center only being a little more snug.

The abdomen being thus carefully compressed, someone decided that the chest should not be neglected, so the "pinning blanket" was devised. This, of course, must be tight in order to be kept up, the combination with the binder as usually adjusted being the most complete and efficacious preventive of easy breathing imaginable. What Rickets does not do to the ribs, the pinning blanket completes, and, with a tight binder, will produce colic and distress even in the face of a properly arranged diet. If the physician will but point out these defects, we may in time abolish the use of both these unnecessary procedures.

INFANT CLOTHES AND LODGING.

Who first decreed that an infant needs long clothes, stockings and knitted "bootees" is not known. We do know that the baby gets along very well without them, the hot water bottle furnishing any heat that bed-clothing will not.

A baby does best in a room temperature of

from 65 to 70 degrees Fahrenheit, with the face exposed. Most of them are raised at hot-house temperature. Most nurses and grandmothers have a fear, that almost amounts to an obsession, that a baby will take cold, so, that after heating up the room to 85 degrees, they carefully wrap up his head. Over-dressing, faulty construction of clothing, too much bed-clothing, too high a room temperature, and a lack of fresh air, really cause many digestive disturbances which the physician is vainly trying to correct by skipping from one food formula to another.

The impression I wish to convey is that infants are handled too much; that lack of proper care in the simple things is provocative of illness, and that it is the physician's duty to acquaint himself, first with proper methods, then with the routine that is being followed in the nursery.

To any one who has observed the average obstetrical nurse put a baby through his daily paces, lifting, turning, dressing and undressing, scrubbing, oiling and swabbing, it does not seem remarkable that we have so many cross babies. Let us try to instill some common sense into those who are to care for the infant, beginning with the doctor and ending with the relatives.

Food.

In 1881 Camerer, the elder, set forth the first scientific data as to the infant's physiological requirements of proteid, fats, salts and sugars, as well as those relating to amounts and quantity of breast secretion. Since this time much work has been done in this field, and Camerer's work verified or his findings only slightly modified, as, for example, in the observations of Bailey & Merlin (1) in 1914.

It is estimated that the initial loss of weight in the new-born is from 200 to 250 grams, one-half of which is through meconium and urine; the rest through invisible perspiration. The amount secreted by the mother's breasts averages about 15 c. c. the first twenty-four hours, 75 to 80 c. c. the second and about 170 to 180 c. c. the third twenty-four hours. About the sixth day the average milk secretion is 370 c. c. For three days Colostrum is secreted with a caloric value of about 65 per 100 c. c.

How shall feeding for the first forty-eight hours be conducted? Herrman (2) advocates nursing every three hours, beginning six hours after birth, with supplementary feeding of 10 per cent lactose solution, and cites excellent results in over 200 observations. He believes that the suckling promotes secretion in the breasts, and that the lactose prevents undue loss in weight. Some such plan as this has many followers, yet it has some weak points. Many infants will not even try to suck as early or so often, so there is a waste of energy on the part of the infant, mother and nurse. Moreover, if it does suck, it can only get 15 c. c. the first twenty-four hours; few infants will take over an ounce

of fluid, and many not even that much, hence the total intake of lactose is much less than that demanded to make up the theoretical requirement in calories.

The plan which I have followed for some time is based upon the belief that the labor of metabolism of food by the new-born infant more than offsets any gain from the food, and that a rest for a long time after the delivery is extremely valuable to both mother and infant.

The baby is not put to the breast for twenty-four hours. Water, one and a half ounces or less, is given every two hours in the daytime; every four hours at night.

Beginning with the second twenty-four hours, a breast-feeding is given five times only in twenty-four hours, and this is continued throughout the nursing period, no night feeding being given.

One has always to allow for the individual child. Some babies cry at night at first, are easily pacified with water and soon do not waken at night. The large, robust child may show that he is hungry, or the initial loss in weight may not be made up in reasonable time, say inside of ten days; in either case more frequent nursing must be given, or, if the milk supply is small, supplemental feeding must be instituted. These latter cases are few in number, the majority of the babies doing very well.

In the last twenty-eight observations made at the hospital since this paper was started, the average loss in weight was 7 1-2 ounces, regained in an average of eight days.

This plan of feeding gives freedom from the dangers of over-feeding, subjects the infant to less handling, insures a good night's rest to the mother, and helps in persuading the occasional reluctant mother to nurse her baby, as better opportunity for some social relaxation is offered.

I can recommend this plan as being very practical and satisfactory both in hospital work and in private practice.

Whatever plan is chosen for the first few days, I am a firm believer in the long feeding interval later. Many of our standard text-books still advise feeding every two hours, but the experience of hospitals, where the long interval has been a custom for years, together with that of men who have been following this plan in private practice, should have some influence. I am convinced that in a large number of cases of breast-nursing troubles the fault lies in over-feeding by the text-book method.

Allow me to encourage those who have feared to try this plan by the statement that thousands of babies have been so fed, and have done well. You will in no sense be a pioneer in thus breaking away from text-book instructions any more than you are when, in using Belladonna in whooping-cough, you discard book-dosage of the drug.

ABANDONMENT OF BREAST-NURSING.

It is not within the scope of this paper to more than mention the fact that we cannot make any food that equals in value, good mother's milk. Any one will grant this. Yet it is a matter of wonderment to every-one who makes a study of infant feeding, to observe the calmness with which so many physicians remove a baby from the breast and prescribe some form of artificial feeding, with the bald statement that the mother's milk does not agree. The sample of milk so gravely taken from the breast is, more often than not, never examined properly, or it may be, when examined, the findings mean nothing to the physician. Points to be remembered in this connection are, that the only sure way to tell how much food the infant is taking is to weigh him before and after nursing, every ounce of increase in weight representing an ounce of milk swallowed. A feeble infant may be able to draw but a small quantity of food—try a shorter interval and more feedings.

It is rather difficult to bring up the quantity of poor milk by malt compounds, etc., but an effort should be made to do so. In the greater number of breast-feeding difficulties, too rich a milk, or too large a quantity ingested at a feeding is the cause. Try longer intervals, or better, shorten the nursing period. One case did very well on five two-minute feedings daily. Much damage is frequently done by routine attempts to "build up" the mother's milk supply by over-feeding, when the milk is already of good quantity.

Dilution of breast-milk by giving water before nursing or alteration of it by the use of alkalis, sodium citrate, sodium bicarbonate or lime water, will often aid.

Vomiting may cease if the infant be not disturbed for a half hour after nursing.

Investigation of the details of clothing, room temperature, etc., as mentioned above, may reveal faults.

Even one feeding of breast-milk is an aid to the digestion of artificial food. Let the infant get all the milk the breasts will secrete, unless it is proven that it actually disagrees. Start supplemental feeding before abandoning breast-milk feeding entirely, and then only after continued loss in weight for three weeks, or in the face of some serious complication.

Colic, distress or constipation in the presence of a gain in weight, does not indicate artificial feeding. The breast-feeding can probably be suitably adjusted. Have patience! The advantages of breast-feeding are so many that it is worth a great deal of effort to continue it.

ARTIFICIAL FEEDING.

A word about Artificial Feeding! You will all agree that with cow's milk, water, some form of sugar, the cereals, and a few chemicals, we have the raw materials for making a proper

food for an infant, and that the more one studies the problems of proper mixing of the ingredients, the less need he has for the proprietary foods.

What is the best way in which to arrive at the proper amounts of these various ingredients to use, and why are so many physicians, who are anxious to learn, making such poor headway in the matter?

Out of the chaos concerning this question, which reigned many years ago, there arose a plan of estimating percentage of fat, proteid and sugar by using milk from different depths in a bottle full that had stood long enough for cream to rise upon it. The use of this plan involved thinking about the baby, and was a long step forward. Unfortunately, its use also demanded considerable mathematical ability on the part of the doctor, and the best evidence that few physicians possess this knowledge, is the bewilderment in which they approach a feeding problem, the lack of good results they obtain, and the frequency with which they turn to the druggist's stock of patented foods for the final solving of this problem.

A much simpler plan of feeding has been in use for many years, and by it countless numbers of children have been artificially fed. We refer to the German idea of simple dilution of whole milk, based on an estimate of the caloric needs of the infant, and a knowledge of the caloric values of the various dilutions.

It is conceded that many men are still carefully calculating percentages and are expert in the matter of infant feeding, but we believe that the average man is hopelessly confused in trying to follow this plan, and that, if he were taught the principles of the simpler way, he would show more progress.

Why is it that this German plan is so seldom mentioned in standard text-books, or, if mentioned, is dismissed with a scant paragraph? It cannot be that it is worthless, for results disprove this.

After one has heard a few discussions on this subject he is rather impressed with the fact that some men cannot refer to anything German without evincing considerable rancour, and here, perhaps, we may find the answer to our question. Yet no one will deny that out of German pediatric hospitals have come many valuable suggestions.

It is rather interesting to observe how, little by little, the various objections to so-called "Caloric feeding" are dwindling in number. To those who for years have been so careful not to vary a fraction of one per cent in the quantity of proteid put in food at a certain age, the scientific finding, German, by the way, that proteid is practically innocuous; that an excess of proteid acts very favorably in some types of diarrhoea and malnutrition, must have come as a surprise indeed.

The advantages of this plan, as I see them, are—a minimum of mathematical labor both for the physician who prescribes the food and the person who makes it up—a basis of low fat feeding which seems best under any plan—a diminution in the expense of artificial feeding, and finally—simplicity, which makes for more accuracy on the part of physician and nurse.

No plan of feeding does away with the necessity for the observation of the individual case, nor for the use of brains in prescribing the food. but I feel that the plan mentioned is worthy of a trial by those of you who, though giving adequate time and thought to the subject of artificial feeding, are yet somewhat confused by the intricacies of the so-called "percentage method."

With the same object of simplifying infant feeding, I would suggest abandoning the routine addition of lime-water to the food, reserving the use of this or other alkalis until they are indicated. I would use cane-sugar as being cheap, easily obtained and quite efficient in a large number of cases, prescribing malt or milk sugar when indicated, and I would not use cream additions unless the required higher fat content could not be obtained by the use of a less dilute whole milk. If, in this connection, mothers and physicians can be taught that in breast, or more especially in artificial feeding, no matter what the plan used, system must be introduced, and that what is best for the infant today may not be so a month from today, we shall see fewer infants suffering from neglect.

We hear a great deal of discussion these days upon the subject of specialists; whether this or that operation should be done by the general practitioner, or be referred to one trained for a particular line of work. The public and the physician has seen the need of specialists in obstetrics, despite the old-time statement that every doctor delivered babies, and I believe that the demand for men specially trained in the care of infants is a legitimate one, and the field large enough to encourage the proper men to enter it.

Needless to remark, the greater proportion of babies will still be cared for by those who do not wish to enter the specialists' field, so that a logical step toward efficiency would be to teach simplicity in the routine of such care.

Let us then weed out the unnecessary and obsolete; let us demand of our hospitals that the pediatric department be turned over to one who is really interested, and that they cease to use this staff position as a sop to the pride of some man who fails to make any other staff position; that the nurses be given real training in this branch of medicine as well as in surgery—if necessary, by an exchange of time with a real baby hospital, and that the mother shall feel that good advice in these regards may better be sought from us than from the popular magazines, whose pages, full of misinformation on

these topics, only accentuate the fact that physicians as a class are not at present satisfying this want of the mothers.

Allow me here to enter a word of protest against the custom of including in the "books for mothers" long chapters on infant feeding. Such articles, leading, as they do, the untrained mother or nurse to experiment with the baby's food, are certainly responsible for many of our cases of chronic feeding difficulties. Let us as physicians so train ourselves that we, rather

than the uneducated nurse armed with "so-and-so's" booklet, shall become the accredited authority in all matters pertaining to the baby.

A consummation of these ideals is what is aimed at in the popular "Child Welfare" movement, which, to my mind, is needed, not alone among the poor and ignorant, but among the so-called "better-classes" as well.

(1) Bailey & Murlin—*Proc. Soc. Exper. Biol. and Med.* 1914 X 1, 109.

(2) C. Herrman—*N. Y. Med. Journ.* Jan. 9, 1915, 67.

The Recognition and Management of Threatening Diabetic Coma

LOUIS A. LEVISON, M. D., TOLEDO, OHIO*

Attending Physician, St. Vincent's Hospital

KUSSMAUL in 1874 gave a good description of diabetic coma. Since then Frerichs and Naunyn have added much to our knowledge of this dreaded termination of diabetes. There are certain predisposing factors which tend to throw diabetics into coma. Such indirect causes are trauma, psychic and mental excitement, infectious diseases, over-fatigue, and anaesthesia. Sudden withdrawal of carbohydrates from the diet may throw a diabetic into coma. It is likewise probable that an attack of digestive disturbance may be a predisposing factor. The occurrence of coma following spinal anaesthesia has been referred to the psychic shock of the operation.

The etiology of diabetic coma is far from being settled. In the main, there are two important hypotheses. Naunyn and his followers maintain that coma is due to the appearance of abnormal amounts of acid in the organism, the so-called acidosis theory. The other view supported by v. Noorden and lately by Ehrmann considers coma as a form of poisoning produced by certain acids which appear at the time of the coma.

The acid bodies which may be demonstrated in coma or before include oxybutyric acid, diacetic acid, and acetone. The demonstration of the two last mentioned are important from a clinical point of view and comparatively simple. Oxybutyric acid is not so easy to demonstrate, notwithstanding its presence in much greater amounts than diacetic acid and acetone. Ammonia determinations give a good idea how much of the acid bodies are being eliminated. Its estimation requires time and a certain apparatus, but can be readily made. There is no satisfactory method at the present time to determine the alkalinity or acidity of the body fluids or blood. The estimation of the carbonic acid tension of the blood or alveolar air is complex and impossible to clinicians. A rough estimate of the combined acid bodies can be made by noting the amount of alkaline salts necessary to neutralize or alkalize the urine, using litmus paper as an indi-

cator. Normally, 5.0 to 10.0 grams sodium bicarbonate are sufficient to do this. The amount of alkalies may run from this norm to hundreds of grams in coma or acidosis, and in some cases it is impossible to alkalize the urine with any amount of sodium salts.

Various acids have been held responsible for the poisoning in acidosis. v. Noorden claimed that oxybutyric acid has poisonous properties. This claim is supported by the experimental work of Wilbur and Herter. Ehrmann maintained that butyric acid was the toxic body for the following reasons: The injection or administration to dogs or cats of the sodium salt of butyric acid will bring about a condition similar to diabetic coma. These animals showed coma, typical respiration, softening of the eye-balls, all characteristic of diabetic coma. He brought about this condition from butyric acid or its sodium salt. Ehrmann thought that it could not be an acid intoxication as the typical clinical picture could be brought on by the neutral or even alkaline salt. He thought the action to be a specific one, as the same effect from other acids require much larger doses. It is not to be denied that butyric acid and its salts will produce the conditions mentioned, but the criticism can be made that there are many other substances which will do the same thing. An entire series of fatty acids such as valerianic, propionic, and others share this effect.

The view that diabetic coma is caused by an acid intoxication, an acidosis, without any one specific acid poison is more generally shared. The reasons given for this are many. It is true that in all genuine cases of diabetic coma acid bodies are present. There have been individual observations where these bodies have been absent or present in very small amounts. These cases are very exceptional and in view of the possible mistakes in diagnosing true coma, can not be considered as sufficient evidence to the contrary. Acid bodies can be isolated also from the tissues and spinal fluid. The great difficulty or impossibility of making the urine alkaline during deep

acidosis is another reason for considering coma as an acid poisoning. If the urine can be made alkaline the symptoms disappear. The amount of alkaline salts necessary to do this in the cases in which it is possible is very large and may exceed 250.0 grams daily. This corresponds to the large amount of acid bodies which can be isolated in such cases. There are also direct proofs of acidosis in the low carbonic acid tension of the blood. All these facts speak for the presence of excessively large amounts of acids in the body during the course of coma, although it is quite possible that the nature of the acids may have a direct bearing on the condition produced.

The arguments against an acidosis theory include the well known objection that alkalis in diabetic coma are but rarely effective. If there is an overwhelming acid intoxication, why do not alkalis give relief? The answer to this is that they do because if it is possible to alkalinize the urine coma does not ensue. Blum and others have not been able to confirm the statement of Ehrmann that coma and death occur sometimes even after the urine has been turned alkaline and kept so. A second argument against acidosis is that the blood in acidosis does not always show a preponderance of hydrogen ions. Rolly found the hydrogen ions increased in three only out of eleven cases examined. A factor which has not yet been worked out is the relative relationship between the various bases, such as sodium, potassium, during the acidosis.

Chauffard and Rendu ascribe many of the symptoms of diabetic coma to a marked decrease of fluids in the body. They believe that water is lost from the body in the expired air during the peculiar type of deep breathing present in coma. They showed in one case of diabetic coma a marked increase of the viscosity of the blood. If this loss of water were a factor, it would be reasonable to expect some amelioration of symptoms in consequence of various infusions, but this does not take place.

SYMPTOMS OF COMA

Diabetic coma is usually of gradual onset. There is a marked inclination to sleep, so that the patient may drop off to sleep while conversing or reading. During this first drowsiness questions are answered, orientation is good, and the patient can be awakened without difficulty. There are exceptional cases, however, where the patient may fall into complete coma two or three hours after stopping his usual occupation. There are cases also, where the patient retires at night apparently as well as usual and is found comatose in the morning. Cases with sudden onset are relatively rare which is fortunate, as the presence and recognition of the premonitory symptoms and signs offer the only chance of recovery. The exceptions to this latter statement are very few.

Diabetic coma is usually ushered in with one or more of a group of symptoms which should be looked on with much suspicion. Disturbance of the gastro-intestinal canal is common. There is a loss of appetite, which may be in marked contrast to the former increased appetite. If the patient is urged to eat, vomiting may result. Vomiting may occur spontaneously. Diarrhoea or constipation may be present, and of the two, the latter is more common. The patient complains of fatigue and lassitude to a much greater extent than usual. A change of character has been noted occasionally. The patient becomes irritable and excitable. This restlessness in patients showing acidosis should excite attention to a possible oncoming coma. Headaches have been often noticed. Blum reports a case of a young man who suddenly developed an amaurosis at the beginning of his coma. The eyegrounds did not show anything abnormal at this time. There may be a neuritis retrobulbaris. Cramps in the legs and arms have been noticed in the pre-comatose stage of some diabetics. It may be stated in this connection that coma is more apt to occur in debilitated and undernourished subjects than in diabetics who are not emaciated.

It can not be too urgently emphasized that the recognition of the symptoms just mentioned may be life saving. The comparative futility of therapeutic endeavor after coma has ensued should emphasize the importance of this early diagnosis. The symptoms mentioned above take precedence in the writer's opinion over the urinary signs. The acid bodies are present invariably before the onset of coma, sometimes for weeks and months. The change which takes place is more apt to be a quantitative than a qualitative one and for that reason may escape recognition. Quantitative estimations of the acid bodies in the urine are not usually made in practice and in reality may show no definite change after the onset of coma.

URINARY FINDINGS

The urine may show no definite change in the daily amount in the passing over into coma. Anuria is common late in coma. The usually employed forms of treatment tend to keep up diuresis to the end. Albumin is very common, but is not at all peculiar to the comatose stage of diabetes. The significance of this albuminuria is not clear. It may be an evidence of a true nephritis or of the acidity of the urine. The albuminuria may disappear entirely when the urine has been made alkaline. Some cases do not show albuminuria at any stage despite a very acid urine. Much attention has been paid to the "showers of casts" which may occur in the early stages of coma or just preceding it. These casts are hyaline structures, pale, usually short, and may have adhering epithelial cells or leucocytes. According to Lepine, they can be seen in the

kidney canals at autopsy. Such "showers" which have been described especially by Ebstein and Zulz, are not constant and have no particular significance.

Glycosuria is always present. The percentage of sugar varies of course with the previous diet. It may be possible by means of a strict diet to have the urine sugar-free at the time the coma sets in. v. Noorden has called attention to such cases. Orłowski has recorded a case of diabetes with a glycosuria of 1.5% which disappeared six days before the onset of coma and did not appear before death. It may be questioned if this was true diabetic coma. The acid bodies present in the urine and to which "acidosis" is ascribed are oxybutyric acid, diacetic acid, and acetone. Gerhard's iron chloride test for diacetic acid shows positive when the acid reaches 15cg. per liter. There is no parallelism between the amounts of acetone and diacetic acid in the urine, as tested by the iron test. A positive iron chloride test is only present with comparatively large amounts of diacetic acid, and the test is as a rule present before the onset of coma, so this fails as a guide to pending disaster. Dreschfeld has reported cases in which the acidosis was weak during the coma. Stadelmann reports cases with a negative reaction to acetone and diacetic acid, but large amounts of B oxybutyric acid. Frerichs had a case with a very weak iron test for diacetic acid. There is always an element of doubt as to the genuineness of cases of this character, as diagnostic errors may occur, to which attention will be called. Blum with his experience of 30 cases of diabetic coma says that the acid body reactions may be weak, but their absence must be extraordinarily rare. The determination of the ammonia in the urine gives a very good idea of the amount of acid bodies which are being eliminated.

CHARACTER OF RESPIRATION

Coma in diabetes presents as a rule a constant picture. The usual and most constant form is associated with a certain type of breathing which the Germans call "grosse Atmung." This peculiar dyspnoea gives a certain stamp to diabetic coma which is characteristic, and almost pathognomonic. The inspiration is prolonged, deep, and noisy. Expiration is shorter than inspiration, but deep and longer than normal. The thorax can be seen to move regularly, deeply, and with equality on both sides. The rate is variable and may be from 12 to 48 per minute. Hofbauer studied this type of respiration by means of the graphic method and described it as follows: The duration of the inspiration is increased and this is manifested in the curve as a slow rise. The expiration follows quickly and is rather jerky. The plotted curve shown in this manner is distinctive and easy to differentiate from other similar types of respiration. Ebstein has described a similar form of breathing in uremia, other writers in anaemia, and cancer

cachexias. Hofbauer's curves show the inspiration and expiration in uremia to be separated by long pauses and to come suddenly instead of the long, slow rise of the inspiration in diabetes. The respiration loses its typical character in diabetic coma toward the end. The breathing becomes more rapid and shallow. This peculiar, deep type of breathing may precede the onset of coma by days or hours and may even be noticed by the patient. Oppression in the sub-sternal region and air-hunger may be complained of by the patient. More often the patient makes no complaint and is not conscious of any change in the form or nature of his breathing.

Ebstein, Blum, and others call attention to anomalous types of respiration. One may notice breathing similar to the Cheyne-Stokes type. Grube observed a type of dyspnoea resembling asthmatic breathing. It was necessary to use morphine to get relief in his case. Three of these asthmatic attacks occurred in the course of two hours. Directly afterwards, typical diabetic coma ensued. Foster describes the breathing in diabetes as the "long breath which precedes a yawn."

There is nothing characteristic in the condition of the circulatory apparatus in diabetic coma. The peculiar type of dyspnoea can not be referred to the heart. The pulse rate varies from 100 to 120. Lepine believes that a rapid pulse is one of the earliest signs of diabetic coma. The heart and pulse are regular, unless there be co-incidental involvement of the cardiovascular apparatus from other reasons. With increasing coma, the strength of the pulse falls. Examination of the heart itself is negative. Systolic blood pressure runs from 100 to 120 mm. This falls with advancing coma to well below 100, sometimes to 70 mm. Just before death the pulse may be absent and the blood pressure not determinable.

The disturbance of the digestive apparatus before the onset of coma has been mentioned. This may continue well into the comatose period. Intolerance to food with vomiting may be marked. There may be severe pains over the epigastrium and abdomen with tenderness on pressure. Blum has found this repeatedly along with a contraction of the abdominal musculature. When present, it suggests some peritoneal irritation or peritonitis. Blum is not able to explain this phenomenon.

NERVOUS PHENOMENA

On the part of the nervous system, the sensorium becomes dulled and the sensibility lessened with advancing coma. The deep tendon reflexes are inconstant, although it should be remembered that many years ago, Bouchard called attention to the frequent absence of the deep reflexes in uncomplicated diabetes. Blum has recorded the retention of the deep reflexes to the last. The pupillary reflexes are well retained. Convulsions occur sometimes. The question may be raised

whether these are not co-incidental from other causes, but they have been noticed by many writers, Dreschfeld saw one case of diabetic coma begin with convulsions. Forster and Saundby reported another. Soetbeer's case had severe epileptiform convulsions. Grube, Hudson, Lossen, Krauss, and others report such cases. On the contrary, Naunyn has not seen such involvement of the nervous system. Janowski thinks that such convulsions are more common in Poland than elsewhere.

Examination of the spinal fluid for explanation of phenomena referred to the nervous system shows acetone during the stage of acidosis. This has been noted by Blum, Carriere, Souques, Aynaud, Erben, and others. Bousquet and Derrien maintain that acetone is present in the spinal fluid in all cases in which it is present in the blood. Actone injected into the blood of dogs can be demonstrated in the spinal fluid according to Blum. The spinal fluid is generally under low pressure. It may vary from 8 to 12 cm. on the day of death.

The temperature in diabetic coma varies, but may be low. Fever may occur from complicating furunculosis, lung affections, or other conditions not directly related to the diabetes.

The color of these comatose patients may be unusual. There is often noticed a light cyanotic hue, almost violet, which is not the same as the mild cyanosis in heart, or other thoracic involvement. Certain observers have ascribed this change in color to cardiac causes, others to the increased viscosity of the blood. It is said to occur sometimes as a pre-comatose sign and to have then a diagnostic value.

OCULAR CHANGES

Important changes in the eyes are to be noted in this type of coma. Krause in 1904 described a change in the eyeball in diabetic coma associated with decreased intra-ocular pressure. The condition may be marked and the eyeball very soft. Heine found this sign 21 times in 22 cases of diabetic coma. Heine and Krause look on it as a constant sign, as it is not present in comatose conditions of other origin. It is usually a late sign and has no diagnostic value for that reason. In the greater number of the cases in which it is present, it appears the day or two preceding death. Heine and Krause did not give a satisfactory explanation for this condition. Blum states in his monograph that he has had the opportunity to make pressure estimations with a Schiotz tonometer in a number of cases. He says that in certain cases the drop was so low that the pressure registered nil. In one case the intra-ocular pressure was seen to rise after intravenous injections of salt solution with adrenalin. The pressure fell later to rise again after another injection. Blum states that in another case, the very low pressure rose to normal on the disappearance of the coma. The reason for this

condition is not to be explained by other conditions in the eye. The pressure of the blood or lumbar fluid suggests no explanation.

Krause and Heine called attention also to the eyegrounds. The vessels appear as narrow, dull streaks on a pale red retina. This is due to the lipemia which is often present. Heine states that lipemia must be present to a fairly high degree (4-5% before it can be recognized with an ophthalmoscope.) The eye findings otherwise are variable. Foster states that the pupils are sometimes dilated, while Kussmaul states that they are sometimes narrow. Kussmaul even ascribes a certain diagnostic value to this sign, as the pupils in uremia are often dilated.

Loewi's reaction is present in many diabetics. This sign was described by Loewi in 1907 and consists of a mydriasis following the instillation of adrenalin into the conjunctival sac. It was supposed to be a sign of pancreatic involvement. Ample autopsy material has not confirmed a relationship with diseased states of the pancreas. The sign is not constant and has no diagnostic value.

Blood examinations in severe diabetes with acidosis or coma may show an excessive amount of fat. This lipemia has been the subject of much work by Klemperer and Umber. They demonstrated an increased amount of lipid substance in the blood of 39 out of 50 patients with acidosis. They showed also the presence of a lipemia in 16 out of 21 cases of diabetic coma. Klemperer believes that genuine diabetic coma is always associated with lipemia. Other writers are not able to confirm this constant association. Dennstedt, Rumpf and Stadelmann have reported cases of coma without lipemia. Exact determinations of the lipid content of the blood require a certain apparatus, but a rough idea of the fat content can be obtained by separating the serum from a small amount of drawn blood and noting whether it is milky and cloudy. Lipemia is present at times in chronic alcoholics and may be present in diabetics who are taking large amounts of alcohol for therapeutic reasons.

A great amount of work has been done in estimating the amount of sugar in the blood in acidosis, and also in coma. There have been many new tests reported within the last few years. It seems from this work that there is no special increase in the sugar in the blood over ordinary diabetics. Weiland reports one case with 0.791% and another with 0.95%. These are high percentage and very exceptional. The blood sugar percentage is more apt to be around 0.1 or 0.2%.

There are atypical forms of diabetic coma which do not correspond to the picture above described. Frerichs has called attention to a cardio-vascular form, in which circulatory weakness may be the predominant feature. The cardiac weakness may develop gradually or suddenly and lead to death. v. Noorden has seen perhaps

ten cases of this character. It is difficult to classify with accuracy every case with cardiac failure as many diabetics have primary heart lesions. Some of the cases are without doubt of this latter type and not true diabetic coma.

Diabetic coma may run its course without grosse Atmung. Naunyn has seen a number of these atypical forms. Frerichs describes three such cases. Blum has seen also similar conditions. Frank mentions a case with heart weakness, drowsiness, but without the typical breathing. The drowsiness disappeared after energetic treatment and the patient became fully conscious, but death occurred two days later without coma. Acidosis was marked. This case shows that fatal result may occur without coma at all.

It will be seen from the above that real diagnostic difficulties may occur in differentiating end stages in diabetes from other conditions. Also, difficulty may be experienced in determining at what stage of the acidosis, the patient is threatened with coma. The recognition of cardiac weakness secondary to an acidosis is important and may be life saving. It may be said with the greatest emphasis that in the present state of our knowledge concerning diabetes, more is to be expected from the early recognition of threatening coma than from any other therapeutic endeavor.

Uraemia may be confusing in some cases, especially in the frequent type of case with abundant albuminuria. Froment and Savy advise examinations for uric acid and urea in these doubtful nephritic cases. The association of a severe nephritis and a severe acidosis may make the differential diagnosis impossible. Blum thinks there is one condition which may be confused with coma in diabetes. This is an intoxication from an hyperglycaemia in young and untreated diabetics. This will produce, according to Blum, a drowsy condition but the acidosis is lacking. Vomiting may be profuse. Mistakes may be made in differentiating apoplexy and meningitis when seen just before death. The mistake which is more commonly made is to ascribe the coma to diabetes whenever sugar is found in the urine. Sugar is a common urinary finding, but mistakes can be excluded if attention is paid to the acetone content, diacetic acid, and ammonia in the urine.

TREATMENT

The therapy of diabetic coma is symptomatic in the absence of a definitely known cause for the condition. Whatever the therapy adopted, it is evident from the experience of all men, that it must be begun early. It is for this reason that the fate of diabetics showing acidosis rests with an early diagnosis. This point can not be too strongly emphasized and there is very little doubt, if any, that cases of pending coma can be carried over their dangerous crisis to months or years of life in many instances.

The first indication is to overcome the acidosis

present. All writers on diabetes regardless of their views on the etiology of coma acknowledge that the neutralisation of the acids is the most important part of treatment. Blum says that the strongest argument in favor of an acid theory is that recovery takes place in all cases in which it is possible to effect neutralisation. Also that the clinical condition gets worse when the alkalies are withheld or stopped. It is a very difficult procedure to give enough alkalies to make the urine alkaline. It may be necessary to give alkalies in amounts up to 200.0 or more grams daily and this may be impossible for various reasons.

The choice of an alkali depends in a measure on the method of administration. Sodium bicarbonate is very commonly used. It does not taste badly and is well tolerated by many patients. Its acid radicle, carbonic acid, is easily displaced by other acids and its elimination can take place through the alveolar air. Sodium carbonate is used sometimes in place of the bicarbonate. Heating the bicarbonate solution at 70 degrees C. drives off a part of the carbonic acid and produces a sesquicarbonate. Further heating drives off more of the acid until sodium carbonate remains. If the bicarbonate solution is autoclaved at 110 degrees C. for 20 minutes, the solution which is obtained is composed chiefly of the sesquicarbonate. Sodium citrate is used sometimes for administration by mouth when the bicarbonate must be discontinued for various reasons.

Alkalies may be given by mouth, by rectum, or intravenously. The administration by mouth has many advantages and should be the method of choice as long as possible. Most patients do not find the taste an insuperable objection. It can be given in various vehicles, water, tea, or mixed with wine. The large amounts necessary make powders, wafers and capsules inadequate. The rectal administration of soda solutions produces a rectal intolerance or tenesmus which necessitates its discontinuance in most cases. The continuous drop method should be employed in preference to larger injections in mass. It is possible to overcome some of these symptoms of intolerance for a time with opium, but usually for a short time only. Subcutaneous injections of soda result in tissue necrosis at the site of injection and for that reason can not be used. Such areas of necrosis are especially dangerous in diabetics on account of the subsequent inevitable infection. The intravenous method of giving alkalies is one of the best and most valuable methods. The amount given by this method or any other should be the amount necessary to neutralize the urine. The strength of the solution used intravenously is variously given. Solutions are advised from 2 to 8%. A careful study of the results of many writers leads to the conclusion that sodium carbonate should be used in solutions of 3-5%, and sodium bicarbonate in solutions of 4-6%.

There are difficulties to be overcome in giving alkalis by any method. Digestive disturbances take place very often in giving alkalis by mouth in large and continued dosage. The stomach may become very irritable and produce vomiting. Advancing coma causes this irritability to disappear. Diarrhoea is a frequent result of large and repeated doses of sodium bicarbonate. The amount of soda required to produce this is variable, but larger than the amount necessary in non-diabetics. Diarrhoea carries away any soda administered and no effect need be expected from the drug. The diarrhoea may be controlled sometimes by substituting equal parts of calcium carbonate and sodium citrate for the bicarbonate. This combination provides an alkali in the citrate along with the astringent effect of the calcium carbonate. Another disadvantage of sodium by mouth is its failure to be absorbed in massive doses. Autopsy on patients dead from diabetic coma may show large masses of soda in the gastro-intestinal canal which has not been absorbed. This explains some of the failures where the amount of soda ingested was theoretically large enough to neutralize the urine.

There are disadvantages of the injection method which may be very serious. Stadelmann who recommended soda by intravenous injection showed that the blood and venous walls could tolerate large amounts of alkalis. The veins are not entirely indifferent to solutions of alkalis, however. The veins may swell up and block the flow from a bloody suffusion in the perivenous tissues. This may cause severe pain. The same condition may occur if the vein is exposed before the injection. Blum states that autopsy in such conditions shows bloody infiltration around the vein with complete thrombosis. This may extend to the axilla from an injection given at the elbow. Magnus-Levy states that only one out of five cases is successfully injected. The puffing up at the site of the needle injection is often ascribed to the needle slipping out of the vein and repeated punctures made. If it be recognized that the swelling comes from the walls of the veins, it is useless to puncture that particular vein again. It is better in such a case to use a weaker alkali solution for subsequent injections—one that will be tolerated by the walls of the veins.

Chauffard and Rendu think that one of the reasons why alkalis are so destructive to the walls of the veins is that there is a marked thickening of viscosity of the body fluids and blood. For this reason, the injected solution does not mix well with the blood and may come in direct contact with the wall of the vein. It is not probable that this factor plays much of a role.

Alkalis administered in large amounts by any method may cause certain untoward symptoms. Cramps in the abdomen and extremities have been described. Weiland reports a case given large amounts of alkalis with epileptiform convulsions and death. Blum has had four bad

cases. In one case there were repeated attacks of cramps and clonic convulsions involving the entire body. No explanation was to be found in the autopsy findings. Stadelmann made an experimental observation that spasms set in as soon as the soda reached a certain amount. He could produce such spasms by giving several injections within a short period of time. The occurrence of edema from large doses of sodium bicarbonate has been pointed out by the writer. In one case of the writer's, a patient developed a general anasarca involving face, eyelids, forehead, abdominal wall, and extremities after massive doses of bicarbonate given to combat a pending coma. The result was successful and the patient is well after a year's interval. It has been suggested that some of these untoward symptoms are brought on by a disturbance of the balance or relationship between the various mineral bases, sodium, potassium, calcium, and others. The loss of some from the acidosis, and the injection of large amounts may produce this disturbance.

Many attempts have been made to remove the abnormal acids from the body by various ways. Schmitz in Neuanarh reported good results from strong catharsis in the early stages of diabetic coma. It should be pointed out, however, that all these cases have been in the pre-comatose stage of what was considered a pending coma. No case of actually begun coma has shown any benefit and probably need not be looked for. The administration of carbohydrates with the expectation of aiding in the combustion of acid bodies has received much attention. It is usually too late to attempt this after coma has set in and for that reason does not come within the scope of this paper. It has been known since the work of Hirschfeld that the removal of carbohydrates from the diet of a diabetic predisposes to acidosis. It is a simple matter to replace them, but the difficulty is to get the organism to assimilate them. For this purpose, Naunyn advised milk, and v. Noorden recommended levulose in amount of 50-100 grams daily given as a lemonade or as an intravenous injection of a 5-10% solution. Kolisch and Rosenfeld use a 6% solution of glucose for the same reason. The excessively rich diets of carbohydrates as oatmeal and other cereals have the same object in view. It is questionable if these procedures are valuable as there is ample sugar available in the blood in most cases, but the inability of the body to utilize it is the crux of the whole diabetic problem.

The use of alcohol in severe diabetes is an old measure and is being revived within recent times. Torok and Benedikt have proved that alcohol can often decrease the acid bodies in the blood and urine. This has been confirmed by Neubauer. v. Noorden recommends an abstinence from food in severe diabetes and the administration of liquids with 200-500 cc. brandy or strong wine daily. The alcohol can be given per rectum by

the drop method in large quantities with great advantage in many cases. The amount which can be tolerated is often very large and the writer believes this measure should be tried in all dangerously ill individuals.

The treatment of cardiac weakness secondary to diabetic coma should not be neglected. The presence of this complication was mentioned above and while common, it becomes the predominating clinical feature in a relatively small number of the cases. The same cardiac remedies should be used as in non-diabetics. Digitalis, camphor, and caffein have a place in this field. It has been suggested that some of the benefit from intravenous treatment is from the stimulation of the vaso-motor centers by the large amount of fluid introduced. If this were the case, the same results should be expected from indifferent solutions like normal salt, which of course, do not occur.

CONCLUSION

1. The precise etiology of diabetic coma is unknown and the most rational therapy is a symptomatic one.

2. The greatest care should be taken to recognize the signs of a pending acidosis and not wait until coma has ensued.

3. The usual symptoms of a pending coma are inclination to sleep, gastro-intestinal disturbance, vomiting, diarrhoea, constipation, increased irritability, cramps in various parts of the body, and the characteristic urinary findings.

4. Diabetic coma presents usually a constant

clinical picture with a peculiar type of breathing (*grosse Atmung*), slightly increased heart and pulse rate, occasional manifestations on the part of the central nervous system, an hypotonia of the eye-balls, lipemia, and the presence of excessive amounts of acid bodies in the urine.

5. The glycosuria does not present characteristic changes from the pre-comatose period.

6. Diabetic coma must be differentiated from uremia, apoplexy, meningitis, and heart involvement.

7. Diagnostic difficulties may arise from the digestive disturbances arising from the diet or treatment.

8. Treatment to be of any avail must be begun at the first appearance of suspicious symptoms and pushed energetically. Treatment delayed until coma has actually set in is usually unsuccessful.

9. The first indication is to overcome the acidosis by means of alkalis, administered by mouth, rectum, or intravenously. There are disadvantages and advantages for each of these methods which must be understood and adapted to meet individual susceptibilities and peculiarities.

10. Alcohol by mouth and rectum is a measure of value which should not be omitted in any severe case.

11. Heart weakness should be looked for and treated as this complication may cause death from an unlooked-for source.

—421 Michigan Street.

The Profession and the Cancer Problem

J. S. RARDIN, M. D. PORTSMOUTH

KNOWLEDGE of cancer is found in the earliest pages of medical history. Egyptian and Hindu records dating back to 1500 and even 2000 B. C. refer to it. Hippocrates, the father of medicine, born 460 B. C., left an accurate description of cancer. He gave it the name carcinoma, from the Greek word meaning crab, upon the theory that it had "roots" which reached deep into the flesh. This belief is still held by most laymen and by not a few less-informed physicians. Celsus, b 25 A. D. and Galen, b 130 A. D. left us the earliest classifications. Leonidas, 180 A. D. was one of the first to operate for its removal, and the first to describe what is now called Paget's disease. Ambrose Paré advised operation wherever possible. Fabricius, in 1606, first described amputation of the breast, including the axillary nodes. These and lesser contemporary workers contributed all our knowledge of cancer until the microscope which began to be developed about 1830, gave us our later pathology. In the fourth decade of the

last century Amici Lister, father of Lord Lister, was among the first of the pathologists to study the minute structure of tumors. The writings of Brown 1831, Schluden 1838, Schwan 1839 followed, and then Johan Müller published his classic "The Minute Structure and Morphology of Tumors." Tiersch 1865, and Waldeyer 1867, laid the foundation of our modern classification of tumors, which was brought to a rational basis by Virchow in 1885. The discussions of Hauser and Ribbert, 1890 to 1898, as to whether tumors grew by alteration or by displacement of normal cells was fervid. The latter theory is the one held by present day pathologists.

Hoffman, statistician for The Prudential Insurance Company, basing his observations upon the combined mortuary experience of the American Insurance companies, estimated that in 1913 no less than 75,000 deaths resulted from cancer in this country alone. This agrees fairly well with U. S. census returns of vital statistics. The aversion of laymen against giving cancer as the real cause of death, is no doubt reflected in the death certificates of physicians. The actual mor-

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tality of this most dreaded disease is doubtless, therefore, greater than the above figures. On the basis of 100,000,000 population in the U. S. the rate is but little below 1 to 1,000 of total population. With this enormous toll, is it not time for a public awakening to the importance of this disease?

For the location of cancer in the body, the following table for all practicable purposes is sufficiently accurate:

	Hoffman. U. S. Census.	
Mouth and adjacent parts.....	3.9	3.0
Female Organs of Generation	15.2	14.7
Stomach and Liver.....	39.5	36.4
Peritoneum and Bowels.....	13.2	10.5
Breast	9.7	8.3
Skin	3.7	3.3
Other Locations	14.8	23.7

In the past the attention of the profession has been directed to the cure of disease. With the development of the microscope and the sciences of chemistry, biology, and bacteriology, a new pathology has appeared and now *prophylaxis* has become the dominant keynote. Conservation of the public health, the largest national asset and the one most neglected, must claim greater attention.

A vast amount of study and research into the cause and nature of cancer has been made possible during the last few years by various private and public endowments. The best trained minds of the day are bending their energies to evolve a means of prevention or cure. Dr. Woglam of the George Crocker Research Laboratory at Columbia University recently summed up the results as follows: "While it is impossible at present to state definitely just what a tumor is, it can at least be said, with a fair degree of certainty, what it is not, and even this must be regarded as an encouraging advance, when cognizance is taken of the difficulties with which the problem is beset. "A neoplasm can be defined only as a tissue overgrowth which is independent of the laws governing the remainder of the body. Further than this it is impossible to go." To determine what it is that makes some cells malignant and destructive and others not, is like defining life itself. It is some impenetrable form of cellular energy.

From a knowledge of the nature and the various forms of infections, we have discovered the cause and cure of many diseases. It is demonstrated clearly however that cancer is not an infection. Transplants have been made surgically from one animal to another, but no single instance is demonstrated where cancer has been communicated from one individual to another in the ordinary associations of life. Most observers are agreed that malignant growths occur more frequently in some families, both human and animal, than in others. The malignant cells how-

ever are in no instance transmitted directly from parent to offspring.

That cancer is prone to develop at some point of chronic irritation is a well established fact. Neoplasm of the lip develops where the pipe stem or cigar rests, or the cheek, where the ragged tooth keeps up a constant irritation; the sequence upon warts, moles, naevi, scars, ulcers and X-Ray burns have been observed by all of us. Some ninety of the earlier X-Ray operators have died of cancer. The natives of Kashmir whose practice it is to wear pans of burning charcoal against their abdomens to keep warm frequently develop cancer at the point where the heat is greatest. Otherwise cancer is practically unknown in this region. Natives of the Philippines and India often develop cancer in the cheek from chewing the betil nut. Chimney sweeps are subject to cancer of the scrotum due to the irritating effect of the soot.

Carstens says that one woman in eight and one man in thirteen after reaching adult life die of cancer. Reference to the table above shows cancer of the female breast and generative organs to comprise 24.9% of all cases. This preponderance is due no doubt to the vicissitudes and irritative effects of puberty, childbearing and menopause through which these organs pass. The late Dr. Thomas Addis Emmett is said to have asserted he never saw a cancer of the virgin uterus. I have seen two cases that I thought were exceptions but on further investigation I found that one had given birth to a child and the other had had a miscarriage. How frequently have we all seen cancer develop in a cervix that had been lacerated and subject to irritating discharges for years.

Teachnor says that "twelve per cent. of cancers of the rectum are accompanied by hemorrhoids." Lynch says: "It is a most singular fact that cancer occurs most frequently in those sections of the alimentary canal that are subjected to chronic insult and irritation; note cancer of the rectum and pylorus. This being the case chronic constipation must have an important bearing on the development of rectal carcinoma."

Mayo, Rodman and Moynihan are agreed that two-thirds of all cancers of the stomach develop in what were previously simple ulcers and that eighty per cent. of them are in the pyloric fifth, the part most affected by the acid contents and peristaltic force. Cancer of the small bowel below the entrance of the bile duct is practically unknown. Long continued irritation from stone in the gall bladder often causes cancer in the gall bladder, bile ducts, or the pancreas.

The lesson to be learned from these facts about the etiology of this serious disease is the need for prompt relief from all sources of chronic irritation: warts, moles, ulcers, calculi, and hemorrhoids should be removed; the lacerated cervix and perineum should be repaired; bad teeth should

be extracted; X-Rays should be screened. The importance of early recognition of malignant growths cannot be too earnestly dwelt upon. Physicians must practice careful examination and insist upon it. Through false modesty or through fear of impending results, women, in particular, are prone to delay examination until fatal metastasis has taken place. Hoffman already quoted says "the time has come for concerted action in educating the public at large in the earliest possible symptoms of pre-cancerous conditions on the one hand and the efficacy of the earliest possible operative treatment on the other."

Dr. Wooglam, after many years' research, recently summarized as follows: "and although of late years the anatomist, the embryologist, the pathologist, the chemist, the zoologist, the botanist, the physicist and the statistician have all contributed the most valuable assistance, yet so insoluble is the riddle that it has thus far proved refractory, even to concerted effort, as for so many centuries it had been able to resist the attack of the clinician alone. In spite of the many hypotheses that have been advanced to account for the development of neoplasms, there exists almost no exact information regarding this problem; indeed it is not even definitely known, whether as a group, the new growths have one cause in common, or whether each member of the series has its own determining factor, though it may be said that the latter alternative has much to commend it. The problem of treatment is to find a substance which will exert a destructive action on the malignant cell, while the normal cells of the body remain uninjured. Surgery offers at present the only rational method of combating the disease."

Dr. Wood of the same laboratory says: "After all, animal work has convinced us that surgery is the best cure for cancer, but a far more intelligent and progressive surgery than that previously and now generally practiced; and for the permanent cure of malignant tumors there must necessarily be a very much earlier diagnosis than is now generally possible."

Bloodgood has recently said that there was a time in the life history of every neoplasm when it might have been successfully eradicated.

Let us consider for a moment neoplasms of the breast, which from the table above quoted, constitute about ten percent of all cases and are so often the final and sad reward of the woman who has rendered the noble task of rearing a large family. In 1880, Dr. S. W. Gross claimed nine percent of cures from operation on the breast. This was regarded as an extravagant claim at that time. It had been said that the senior Gross, his father, and Dr. Agnew of Philadelphia, and Dr. Sands of New York, conspicuous contemporaries, had each removed a cart-load of breasts without a cure. Five years later from improved methods of operation, Gross reported 21.5% of cures. In 1890, Bull reported 26% of cures.

Halstead, who meanwhile had adopted as a uniform procedure the removal of the pectoral muscles and axillary nodes, claimed 44% of cures. Crile recently reported 80% of cures in cases where glandular involvement was not present; when the glands were visibly involved the cures were but 14%. The Mayo clinic recently stated that 80% of all breast tumors were primarily malignant, that one-half of the benign tumors ultimately become malignant and the remaining 10% should always be held in suspicion. With these facts before us, how great is the responsibility we assume in advising the woman with a lump in her breast. It is far better that a benign breast be occasionally sacrificed than that 7500 women annually perish. If the modern operation be resorted to early, from 75 to 90% of breast cases will be saved.

Cancer of the uterus has a higher rate of operative mortality because the diagnosis is more often delayed, and also because of the profuse lymph and blood supply, favoring an earlier metastasis.

Our greatest handicap today is the lack of definite early diagnosis. Serum and blood tests enable us to clear up obscure diagnoses in typhoid, tuberculosis, syphilis, and many other infectious diseases, but so far nothing of value has been developed to aid in the diagnosis of cancer. Microscopical examination in the hands of an experienced pathologist is quite reliable, but is applicable only to removed specimens. For post-operative confirmation it is most valuable.

Pain has been looked upon as a valuable symptom, particularly as applied to tumors of the breast, but it is most misleading. Up to the point of cell degeneration and breaking down of tissue or where there is pronounced pressure upon adjacent structures, cancer, in its early stage, is not painful. Rodman says that rarely if ever does cancer of the breast become painful the first year. If we wait for pain to develop often the day of salvation is past.

Is cancer on the increase? There is lack of definite statistics on this subject and particularly beyond the last ten years, but it is the belief of the best observers that the number of cases per thousand of population is mounting upward.

With this array of facts before us is it not high time to launch a propaganda for the more general enlightenment of the public and the profession as well? The matter should be brought to the attention of State Boards of Health in no uncertain tone. Excepting the Boards of Michigan and California but few of them have made any effort toward public enlightenment.

Dr. Carstons of the Michigan Board says that doctors should get "Cancer on the Brain." Every medical man must constantly have before his mind the possibility of cancer and when that patient complains of soreness in the breast, excessive flowing or trouble in the stomach or bowels or chronic irritation of the skin, always think

of cancer, cancer, cancer." He it was who advised that one day a year should be set apart for such public education, when ministers should preach it from the pulpit, doctors talk it, and the papers and magazines write of it, that the public may be aroused to its importance.

Finally, these are the thoughts I would burn deeply into your minds today:

1. Cancer is on the increase.
2. All chronic irritations should be treated with suspicion.
3. One-half or more of benign neoplasms sooner or later take on malignant growth.
4. Complete surgical eradication is our most reliable resource against its fatality.
5. A final, earnest appeal for earlier diagnosis.

The Relation of Industry to Medicine*

EMERY R. HAYHURST, A. M., M. D., COLUMBUS, OHIO

Director, Division of Occupational Diseases, Ohio State Board of Health.

IT is not sufficiently recognized that one of the desires of a normal man is the desire to work. The desire for play and pleasure in youth is gradually changed as adult life is approached, with its consequent obligations and responsibilities to an intense desire to be active, to do something, to achieve something. The something is the reward which gratifies the natural selfish desire for pleasure. This natural desire for pleasure as the reward of hardship endured is the basis of much suffering in all civilized parts of the world today. No normal man can be idle. Rather than endure unemployment he will endure almost any hazard. If he has responsibilities, so much the greater is his endurance. Finally, if there is keen competition to keep employed, industrial hazards are quite beyond consideration. As a result of these forces we often find industry so enmeshed in hazards to life, limb, health and welfare, as to resemble an enormous battlefield, upon which a small percentage fall by sudden catastrophes, while masses succumb by slow but surely acting forces, denominated "diseases." Toward the latter but little thought is usually directed, either by the captains in charge of the conflict, or by the individual fighters. In fact, each individual accepts industrial hazards without a murmur, and even silently enjoys their presence, as long as he can successfully cope with them. We are all believers in the survival of the fittest. But we would all survive. None ever speculate upon the possibility of being among the losers in any contest in which life or health is concerned. Very few ever stop to contemplate the enormous percentage of the losers. In fact, almost any percentage of losers has been, and would be continually accepted had it not dawned upon some individuals that the majority of these losses were not only avoidable, not only unnecessary, but are an actual detriment to those who survive. This, then, is the key to the present-day agitation called "efficiency," which is being manifested gradually in all relations of life. It is the desire not only to achieve, but to achieve with as small a loss as possible. This pleasure

has become almost equal to that of achievement itself.

Ideal industry is diversified application, or the antithesis of drudgery. The closer this application comes to the development of nature herself, the more pleasurable it is. Hence we find in all a desire for the inherent natural occupations, such as farming, herding, forestry, mining, building, and the like.

In its relations to medicine, industry has, for a long time, taken this attitude—"I keep you alive." But the followers of medicine have begun to see the real significance of industrial relations and many well reply: "Yea, I am kept alive through the results of your system, but you are wrong in declaring that the wrecks and pauperized unemployables whom you send to me to treat are my sustenance. I, along with the whole fabric of society in general, suffer keenly because of the scrap-heap methods followed by you in your utilization of human material. As physicians, too, many are but junk dealers, to whom are brought the remnants and parts of what were once useful machines, but most of which are now beyond repair. In place of efficiency experts, to keep individuals working at their best, we are made but low-grade repair men, oftentimes little more than scavengers. With the exception of certain classes of accidents in some of the states, we must derive our compensation entirely from the decrepit and worn out individuals, and this provided enough of their constitutions remain to enable them to secure employment again at a profit."

The physician is enormously handicapped by these impositions of industry. A slight relief has come through the compensation laws covering accidental disability. In this, however, the physician shares to only a limited extent. This fact in itself, however, opens the way to great changes in the way of economical advancements, which are immediately before us. These advances are developing along two lines—prevention and compensation.

The paradox of the following situation has finally appealed to all: In a given plant a slight squeak appears in a certain section of the machinery. A mechanical expert is called

*Read before the Medical Section, Ohio State Medical Association, in annual session at Cincinnati, May 4, 1915.

at once; if necessary, the machinery is shut down and overhauled until the proper readjustment or lubrication is made. In the same plant are workers who must endure, hour after hour each day, hazards to health, such as extreme temperature, or dampness, or dust, and the like. But the medical expert must hold his peace, while the warning cough, or the decreased output is progressing, the while, in fact, dust is being poured down into his future patient's lungs until they are irreparably clogged. As mentioned before, this paradox is beginning to be recognized, and this recognition brings industry and medicine closer together today than ever before.

Industrial shortcomings include not only health-hazards, but oblivion to their results. The character of industrial health-hazards we have had opportunity to discuss fully in the recent report of the Ohio State Board of Health in its survey of these hazards and their accompanying occupational diseases in the State of Ohio. (Physicians interested in this survey, as applied to the principal industries and trade processes of the State of Ohio, may secure a copy of this report by addressing a request for the same to the Secretary's Office at Columbus, Ohio.)

I cannot pass over this phase of industrial relations without quoting some statistics. In this state there has been an increase in deaths from circulatory diseases in the four years' time from 1909 to 1912, of 68 per cent., or from 156 to 228 per 100,000 population. There has been an increase in deaths from organic heart diseases, from 108 to 178 per 100,000 population. As a cause of death, tuberculosis has been almost doubly outstripped in this state by these circulatory diseases, 58 per cent. of which have occurred before 70 years of age, and 20 per cent. of which have occurred before 50 years of age. "The Study of the Handicapped" made by the Council of Social Agencies and the Hospital Social Service in Cincinnati found that so-called "cardiacs" constituted at once the largest single class. I submit the following case, reported by Dr. Vanderveer T. Carr, which is selected from among those reported to our office:

Case I—Miss X.—Female, twenty, white, United States, single. Etcher in a glass factory. Particular trade-process consists in rubbing prints on glassware and lifting and carrying the ware. Previous occupation, house work. Chief symptoms and conditions: Increased area cardiac dullness, apex beat displaced downward one intercostal space and towards the left. First sound, loud; second sound, accentuated. First symptoms appeared December, 1914. In patient's own words: "Something broke in the heart; ever since heart has felt dull, oppressed and squeezed." There is also a constant lameness and numbness felt in the arm. Inquiry showed the girl was working with heavy glassware (from tumblers to large size vases), 200 to 300 pieces being held and

rubbed in a single day, and trays holding as many as 60 tumblers each, lifted and carried by the patient. Diagnosis (April 15, 1915); cardiac hypertrophy.

It is significant to note that for the country at large, 36 per cent. of the agricultural classes reach 70 years of age, while but 13 per cent. of those engaged in various callings and professions reach that age.

Any examination of tuberculosis records usually shows that practically none of these victims had active tuberculosis at the age of 14 years. The question arises, why and how have they acquired it since? How many of them would have developed it had they lived an agrarian existence?

In summarizing the effects of industry we can see (1) that deaths from industrial diseases are rare, (2) that specific occupational diseases, as, for instance, those due to poisons, are fairly common, (3) non-specific occupational diseases, represented by chronic infections and degenerative processes, are very common, while (4) health complaints in which the occupation enters as a chief factor, are almost universal. In fact, it is rare to hear of a disease acquired or promoted during periods of rest, sleep, or non-dissipative recreation. It is the exigencies of occupation which count. It is startling when we realize that such an innocent occupation as that of the telephone girl is associated with a tuberculosis rate of 43 per cent. of all deaths among this class of workers, and that the stenographer suffers a rate of 39 per cent. from the same disease.

The above concerns the responsibilities or shortcomings of industry, which, until the most recent time, has permitted such ravages quite in total ignorance and without investigation. There are, however, medical shortcomings, and it is difficult to say that these are not more sinister and disastrous than are those of industry itself. In the first place, the medical profession does not protest enough! It permits untold numbers of patients to come to them for aid without protesting to industry its share of the responsibility. If every demand for a new institution for treatment or invalidism were made the subject of a protest by the medical fraternity, on the ground that were an equivalent amount of money spent for investigating reasons for enlarging or adding to those already at hand, an immense amount of valuable information would be at hand for the use of corrective agencies, and the need for the extension of institutions for chronic invalidism would be greatly curtailed. The physician is inconsistent in that he designates etiologically a certain proportion of the diseases which he handles; for example, such terms as "puerperal" sepsis, "typhoid" fever, "cardiac" asthma, but he allows a large number of well recognized conditions to pass by unchallenged as to etiology; such, for instance, as organic heart disease, arterio-sclerosis, neurasthenia, chronic



Two views of electrotyper's hammer showing how constant wear has worn down the hard steel head and finger-prints into the hickory handle.

bronchitis, and the like. How much it would help to eradicate these diseases from youth and middle life if, in our institutions, and, indeed, in daily practice, many such afflictions were designated also "occupational," or "probably occupational," and their presence called to the attention of industry itself, either by the physician directly, or through the agency of the board of health. The treating of a wasteful disease in a young or middle-aged person, who should be in the productive period of his life, is an economic loss to the physician himself, either at that time, or will be in the very near future. Physicians treat pathology too much, and fail to appreciate strained physiology. It requires the individual to utilize his reserve forces continually. It forces him to live in a realm of constant toleration. And here lies the basis of the chronic disease which sooner or later appears. Because our vital organs are superiorly equipped with twenty to twenty-five times the powers which they ordinarily require for the maintenance of average activity, is no argument that this extra reserve should be constantly taxed to its limit. The astounding percentage of degenerative diseases, which occur under 70 years of age, bear witness to this.

Case II. This is a hammer (see cut) which was used for sixteen years by an electrotyper in

the city of Columbus. The man's particular process is that of finisher, in which he is required to level down the cast electrotype plate by means of a hammer and a small steel block, called a masher, or hurdy-gurdy, or "paralyzer." This highly specialized form of work requires his attention from seven to eight hours constantly each day. His chief symptoms are weakness and paresthesia of both hands, arms and fingers, with evident wasting of the thenar and interosseus muscles. The hand dynamometer showed four-fifths normal strength in right hand and three-fifths only in left hand. His main complaint is the left hand, which holds the masher. He rightfully attributes his affliction to the constant jar from striking the steel hammer on the steel masher, which is applied to the metallic electrotype on top of a metal table. Reflexes are normal in both arms; symptoms and findings are otherwise negative. The most interesting feature in connection with this case is the hammer, which I here show. You will note its steel striking-end has been worn down about half an inch, while, in the hickory handle, are worn deeply the imprints of the grip of each of his fingers of the right hand. Some of these imprints are fully one-half inch deep, and one can imagine the constant application it must have required to have worn a hammer to this extent.

The prevention of this type of occupational degeneration lies in varying the work several times during the course of the day, which, I understand, could be quite easily done in this particular trade.

The mutual delinquencies of industry and medicine are being gradually recognized. In fact, we are not sure but that industry itself, and not health agencies, is taking the lead in industrial hygiene. It is the pure benevolence of certain employers which is leading, and especially of employers who have themselves come out of the ranks.

Since August, 1913, the large mercantile firm of Lord and Taylor, New York City, has conducted a complete medical department, with enforced physical examinations of new applicants for employment.

A medical history of each patient is kept on file. A recent statement shows that, as a result of prompt first aid, but fifty-eight passes were issued for one-half day absences on account of illness, or 1.3 per cent. of 4,435 treatments dispensed. The time saved for the store by having these dressings done on the premises has more than equalled the expense of the medical services required.

"Every employer retains the privilege of not engaging an applicant who is stupid, careless, dirty or ignorant; and there should be no reason why an employer has not the right to ask, as well, for average health in the applicant: That he be free from contagion, and that his prospective loss of time through illness will not exceed the normal."

To date this firm's refusals to employ have averaged 18.4 per cent. of applicants. The reasons for refusals for the first thousand were:

- | | |
|----------------------------------|----|
| 1. Adverse urinary findings..... | 65 |
| 2. Heart impairments | 44 |
| 3. Tuberculosis | 24 |
| 4. Alcoholism | 6 |

etc.

The firm acknowledges that physical examination is a selfish procedure for its own protection, but in answer to the question, "What is to become of these impaired individuals?" states that the employer is not responsible for rejected applicants and that the state should be held responsible.

The proposition with regard to these declinations is that the majority of them, if employed, would exhibit a larger total of daily absences on account of illness than would the average normal individual. Most of them, if injured, would make a slower convalescence. During the last three months of 1913, the sick absentees averaged 2.14 per cent. of the daily payroll. As a result of the system installed, the last three months of the year 1914 showed an average sick absenteeism of only one-half per cent.

At least three conditions are awakening indus-

try to a realization of its responsibilities. The first and the least of these is compensation, which so far extends to accidents only; the second is competition, which is beginning to assert itself as a matter of the conservation of man as well as the equipment in machinery; and the third, and most important, is efficiency, which demands a continuous investigation of all losses and expenses, and which recognizes almost at once the primal importance of keeping the right man on the job as long as possible. In other words, efficiency demands selection, conservation and constant investigation.

Still, I am of the opinion that legislation in these matters is not the solution. If it has any value, it is chiefly educational. A system of factory laws and factory inspections, which has been in force, with almost unlimited powers, for a quarter of a century, has clearly demonstrated that it is not able to cope with the questions of industrial hygiene, nor, before compensation appeared to its present extent, was it able to cope, to only appreciable extent, with the prevalence of accidents and injuries. This was not the fault of the department in charge, but was due to the fact that the department was not properly supported, either morally or financially. Indeed, it was not until the dollar incentive was injected into factory inspection and regulation that the offices of that department were appreciated at all. It was the State Insurance Law for accidents which did this. It was not specific legislation for each type of possible accident hazards.

It is the same exactly in regard to legislation for the remedying of industrial hygiene. Specific or other legislation will amount to nothing until the dollar is injected into it. The main value of such legislation will be educational—a field and function more efficiently performed by the state department of health than by the legislature. This state is ready today for the further extension of social insurance to cover its next stage; i. e., sickness insurance. This will solve in a moment, for instance, the question of compensation for occupational diseases. Let all men, women or children who are employed carry a state supervised sickness insurance. Then the question of "How will you compensate for tuberculosis," for instance, will answer itself. Industries in which this disease is rampant will pay a corresponding premium covered in total sickness. As the premiums, unlike accident insurance, are raised usually equally by the employer, the wage-earner and the state, the question of sickness of any kind becomes a dollar factor with all three. When we can realize insurance against sickness for all workers, occupational diseases and their casual agencies—industrial health hazards—will be under complete control.

In conclusion, there is urgently needed a closer co-operation between industry and medicine.

INDUSTRY must listen to limitations upon specialization, toleration and minimum wages, as well as to improvement in many plainly hazardous conditions, particularly ventilation. Both industry and medicine have much to learn from each other, while, as a people, we need more of social insurance.

MEDICINE, as represented by the physician, must point out to each patient the cause of disease with just as much firmness and insistence as is used in giving instructions for the recovery of health. When these causes are beyond the control of the patient—this includes industrial hazards especially—it is then the duty of the physician to notify the management, where such hazards occur. In connection with industry, my experience would show that 95 per cent, would wel-

come such information from any qualified medical man. In the case of uncertainty or controversy, the health department for that district should be called upon to investigate. The State Board of Health always stands ready to aid any health officer, physician, firm or employe with the knowledge and means which it has at hand in matters of this sort. Where suggestions are not heeded, the machinery of the department of factory inspection can be called into action. The ultimate solution will only be attained, however, when the system of state supervised insurance is extended to cover all forms of sickness occurring among occupied persons,—in other words, we need the scheme of sickness insurance, which was being adopted in practically all of the countries of Europe at the time the present conflict abroad began.

The Physicians' Index*

C. O. BEARDSLEY, M. D., OTTAWA, OHIO

THE splendid legislative enactments of 1915 suggested the presentation of this paper to the Putnam County Medical Society. The object is to index the physician by exhibiting his inefficiency in certain matters.

To know his failings should stimulate the physician to possess more scientific knowledge, should show him the fallacy of depending upon others to perpetuate his professional standing.

In the beginning, as man knew no sin, there was no pain, no sickness, weakness or bodily disorders, so there was no need for physic. Formed out of the dust of earth, man was not susceptible to decay, and there was nothing to injure him. Later the seeds of weakness and pain, of sickness and death, were lodged in man's substance by the eating of the toothsome apple in the garden of Eden. The earth began to exhale poisonous damps, the air became replete with the shafts of death, foods sapped the foundations of life and man developed disorders without external violence.

From this beginning medicine was under the ban of religious control. While experience and physic were growing together, physicians were being born in ignorance and nurtured in superstition. The sick applied to the temples of the Gods for relief, and received the assurance of the priests, with occasional packages of drugs. It was the exemplification of faith in an incomprehensible power of the man who stood between the people and their gods. Faith in the mysterious, in the unknown attributes of drugs has to this day been shared by laity and doctor alike.

This is instructive in that faith is rooted in the nature of man. Human imagination will not be satisfied by prosaic facts. The ability to inquire into the functions of the body, the cause of dis-

turbed function and the result is quite beyond the reach of the ordinary man.

In the early days physicians were inclined to magnify the difficulties of their art to keep the bulk of mankind at a distance. The compounding of medicines was introduced, and the mixtures were filled with so many drugs that it was impossible to tell which wrought the cure. Charms, amulets, metalotherapy and other weird practices sprang into being. The royal touch thrived. Venesection flooded the lands with blood.

The microscope was invented, but its practical benefits were long in being recognized and developed. Hunter and Morgagni were the great minds of the seventeenth century. They aided materially in the destruction of medical dogmas. Priestly and Galvani and Jenner added their well-known contributions.

The teaching of anatomy commenced in the eighteenth century. Pulse counting, observation of the pulse under various conditions, and its relation to respiration soon followed. Physicians to date had neither opportunity to learn medicine from a scientific point of view, nor its application by practical methods. Experience was obtained at the expense of the patients; no standard of efficiency was established; and a vast horde of unqualified men was turned into the profession to earn livings as best it might.

The American physicians are the progeny of early emigrants from the English, French, Italian and German schools, descendants of dreamers, experimenters and teachers of superstitions. Some of these unfavorable qualities have been inherited by the physician of today. I see a medicine case on the table. It is stocked with liquids, pills and tablets, all labeled with the formulas, doses and diseases recommended by the pharmaceutical

*Submitted on request.

chemist who made them. If the men who carry such cases were dependent upon themselves, they would soon be classed as mountebanks.

Have you thought of the many opportunities the modern physician has to become efficient? He has laboratories, specialists, assistants, nurses, instruments, dispensaries, hospitals and ambulances to aid him. He has the health department to advise him and to assist him, the X-ray to light his way. With such aids but few develop beyond mediocrity.

The proud State of Ohio boasts of 7,912 physicians who seek to make a living in serving 5,000,000 inhabitants. This is a ratio of one physician to every 630 of population, or three times the ratio existing in Germany, and one hundred times that of Russia in 1910. At one to 500, Columbus is an over-doctored city. Cleveland, at one to 560, and Toledo, at one to 800, are but but little better.

The most significant thing about the Ohio physicians is that, more nearly than in any other state, they are home grown, 5,568 having been trained in Ohio schools. Of those now in practice, 1,990 come from group plus A and A colleges (A. M. A. Classification). Of these, 1,019 are from schools outside of the state; 884 were

were graduated from schools of a lower classification and the balance from schools of no standing or that have been discontinued.

Inspection of statistics brings out clearly that the majority of graduates cluster about their college homes. In Cleveland, Cincinnati and Columbus 90% are home-made. Pennsylvania has contributed 389 to Ohio, Michigan 290, Illinois 277, New York 230, Maryland 207, Kentucky 150, Indiana 93, Missouri 50. No other state has furnished more than 50.

It is interesting to note that but half of the physicians of Ohio are members of the state association and the American Medical Association. This is only another way of emphasizing the situation, that a majority of our Ohio physicians have been trained in schools of such character as would make them reluctant to seek membership in associations that advocate higher standards of medical education and practice.

It rarely happens that a layman stops to inquire where his physician was educated or whether he had any scientific training at all. Ordinarily an American selects his physician with less care than he would a clerk. Some day the question as to where a doctor got his education will be asked.

Present Day Facts in Ophthalmology of Essential Importance to the General Practitioner

ROBERT SATTLER, M. D., CINCINNATI, OHIO

THE main purpose of this paper is to bring about a better understanding between oculists and those in general practice, and to contribute suggestions to offset the unpreparedness on the part of both, to accept the present day clinical and pathologic facts which each has to offer, and which if properly appreciated are of such great importance in the search for accurate diagnosis and prognosis for the cases in question.

Every practitioner should acquire a working knowledge, augmented from every available source, which will enable him to understand and master the minor present day facts of ophthalmology and thereby avert errors in diagnosis of the more common ocular lesions for which he is likely to be consulted first, or before a specialist. He should not assume, as many do, that the diagnosis of ocular lesions is attended by intricate difficulties. At the same time he should be less venturesome in prescribing collyria, washes and salves, which those better informed would not resort to, unless the selection of one or the other were justified by a positive diagnosis for a definite purpose, either as an

antiseptic, astringent or sedative. With certain present day facts of ophthalmology clearly before his mind and with sufficient information and training for a thorough physical and functional examination of the eyes, he will be a safer advisor to the patients who consult him, for assumed or actual ocular disturbances, which he will recognize as primary, secondary or of constitutional origin. His knowledge that malignant disease often shows its first and dominant declaration in the eyes of children, may enable him to diagnose a glioma of the retina and to forecast a gloomy prognosis. The amaurotic cat's eye symptom, which if he interprets this correctly, alone makes this possible. He will also understand that he cannot relieve a persistent hyperaemia of the lid margins through the use of boric acid solutions or yellow oxide of mercury ointment however faithfully applied or indefinitely continued, but can suggest prompt relief without any further local treatment, by advising the correction of a probable ametropia with proper lenses. He will be able to quiet the fears of over anxious parents who have visions of trachoma in the suddenly discovered follicular enlargement of the retrotarsal folds of the conjunctivae of the eyes of their child. After deliberate examination, he can pronounce it a be-

*Read before the Eye, Ear, Nose and Throat Section of the Ohio State Medical Association, annual meeting in Cincinnati, May 4, 1915.

nign affection, which in some of its objective characters only resembles trachoma. He will not prescribe Argyrol or more active astringents, but will treat the folliculosis of the eyes by improving the child's general nutrition and in restoring a better lymph and blood condition.

Consulted by a patient past forty-five or older for persistent eye and brow aches but with no previous history of asthenopic symptoms, he will not at once suggest "eye strain" and say: "You need a pair of glasses," but will resort first to a thorough general examination, and, more often than not, discover with the aid of the ophthalmoscope and functional tests and a more careful study of the clinical history and urinalysis, that a renal lesion is present. He will attribute the ocular discomfort of many more latent and active disturbances, both nervous and circulatory, or due to the ductless glands, renal and intestinal toxæmiae and insufficiencies, to their rightful causes; and not spend useless local treatment on the eyes, unless a similar accurate search discloses that an ocular defect or lesion is also present. He will not, as so many do, purchase a set of trial lenses with visions of lucrative return for the investment through an imaginary multiplication of the actual number he would be able "to fit" with glasses. Fortunately he is sufficiently informed not to drop into this pitfall, and fully realizes that the optical correction of ametropic states of the eyes is one of the most responsible and difficult tasks of the specialist; one to which he must devote much time and greater patience as well as much special preparation. For every busy practitioner who imagines that this would be an easy and lucrative pastime the greatest disappointment is in store and many have paid dearly for the lesson.

So also will he avoid encouraging the makers of eye salves, collyria, antiseptic or other eye washes, who will flood him with advertisements, in the hope that he may indiscriminately dispense them to credulous patients, and upon the presumption that he does not know the indications for the use of the remedy the printed label gives him an assumed diagnosis. The wider and more thorough his familiarity with known and established facts in ophthalmology grows, and similar ones of every other specialty, through personal study and experience, the more he will realize how often the credulity of the practitioner is tested and how careful he must be to guard his patients and himself against the spurious claims clamorously and persistently made from many quarters by opticians and vendors of drugs.

Modern progress constantly adds new circles of usefulness and responsibility to the scope of duty already wide, of both the specialist and the general practitioner. Both are frequently called upon and must act in the difficult capacity of adviser to patients. The oculist whose ex-

amination discloses that the ocular complaints for which he is consulted are dependent upon a lesion elsewhere, either in part or altogether, can offer much valuable advice by a frank interpretation of the eye symptoms and either directs other counsel or explains more fully to the general practitioner the case from his viewpoint. The practitioner again, often finds himself in a more difficult position as adviser and physician. He realizes at once that he must exercise tact and the very best judgment and fairness to his patients and colleagues as well, in a final decision, he may be called upon to render, pertaining to questions of major importance relating to accepted or probationary discoveries in ophthalmology and their assumed practical application to cases in question. How shall he decide for himself and his patients certain major present-day facts that refer to unsettled questions? He may have a case of simple glaucoma in his practice for which a specialist has been consulted. His patient, an old man, is practically blind. The diagnosis of simple glaucoma has been confirmed by other counsel. It is mainly a question whether he shall give or withhold his consent to a modern empirical operation or that of trephining the sclera to relieve high globe tension. He has read and studied the newer views of glaucoma. He has learned that increased tension is only a physical sign. That it is fatal to the eye in acute glaucoma if not promptly relieved by an operation. That it is fatal to the eye in chronic or simple glaucoma if ever so promptly relieved. That it is not the cause but an effect of a deeper or hidden one.

Similar queries we might make to every one of the following questions, but they would only add length and not greater emphasis to the matter.

What shall be the practitioner's attitude toward the vague and unsettled definition of eye strain? The equally hazy conclusions about the ocular manifestations of the so-called uric acid diathesis and its manifold ocular complaints? If he has followed the trend of modern investigations concerning congenital syphilis and its frequent ocular declaration of interstitial keratitis, he must change his views and assign a smaller proportional share, formerly attributed to a luetic origin more justly to tuberculosis. He must enlarge his views about the tubercular origin of many ocular lesions never before surmised. He must decide, justly and fairly for all concerned, about the merits of modern methods of cataract extraction, where surgical treatment to restore sight is expedient and imperative. Shall he advise an intra- or extracapsular operation, concerning which he and his patient have heard so many real and spurious reports, or shall he trust this decision to the specialist selected to perform the opera-

tion? What stand shall he take toward the question of prophylaxis against ocular birth contaminations, if he knows that the organism from a nearby genital source is the most frequent or sole one to cause destructive inflammation? Will he cast his influence to fight the effect or the original cause or both? For a partial solution of one or all of these questions, to which could be added many others, the general practitioner must turn to the mass of present day facts which oculists individually and collectively have so abundantly and explicitly elucidated in current ophthalmic literature.

In the main, however, for much of this is inaccessible to him, through want of time and opportunity for study, he must rely upon the personal opinion of specialists, whose reputation for honesty and safety of counsel is upheld by a larger experience and upon those who with lesser experience are fully abreast of modern progress and active as specialists in private and public practice and equally to be trusted.

With this brief statement as to the present attitude of those in general practice and the oculist, let us sift the arguments which may explain the admitted unpreparedness of one to accept more tactfully and openly the counsel and services of the other, in so far only, as it concerns the most important point in question, i. e., the confirmation of a reasonably certain diagnosis and prognosis.

Ophthalmology as well as every other recognized specialty should be made a post-graduate work or pursuit and it should be the ambition of every student to undertake it only after an internship in a general hospital or its equivalent in general practice. Students should receive from their instructors the same training along similar lines in the specialties before graduation that they receive in medicine or surgery. It should be the aim of instruction in ophthalmology to afford the student the best possible elementary foundation to enable him to appreciate and understand after he enters general practice, more comprehensively, the important minor present day facts and above all should he be impressed with its close relationship to general medicine.

This statement is not made in a spirit of criticism of individual teachers, but applies to us collectively, who have for longer periods of time carried out the duties of clinical and didactic instructors in our respective specialties. Our enthusiasm and active interest often leads us astray and we take it for granted that the clinical and pathologic explanation of the more common affections are as familiar to students and as easy of understanding as they are to us. We offer them lengthy clinical expositions of what represents to us new and practical improvements in diagnosis or surgical technic of cases clinically, pathologically or surgically extremely in-

teresting to us, with our fuller knowledge, for the reason that they illustrate new or uncommon features of long known facts; or offer an opportunity to study extremely rare lesions, but which are of absolutely no worth or interest to students. They may be awed only, or unduly impressed with the magnitude of the specialty and the intricacy of diagnosis. An unfortunate impression more often remains and this is that even though the diagnosis in ophthalmic practice may be difficult and the prognosis largely guesswork for them, the therapeutic management of the average ocular cases for which their advice may be sought later in general practice or after graduation, will be, as they imagine, very easy; for they recall the long list of remedies to any one of which they may resort, as a collyrium or eye wash from which if used discriminately, no particular harm will result even if little or no good is accomplished.

Ocular therapeutics is made too easy for the general practitioner and the public by reason of the remedies of indifferent or questionable therapeutic value which are lauded for their antiseptic or antimycotic properties and easily attract professional and public attention through the efforts of enterprising drug firms. Opticians have added additional and similar temptations and substantial commissions are promised those who will only order or prescribe glasses for their patients, often on a purely empirical assumption that the headache or other symptoms which are present are of ocular origin and for this reason corrective lenses a certain and only remedy.

Let us not forget to mention also, the shortcomings and vagaries of specialism which does not closely ally itself with and is not supported by a working knowledge of the major and minor truths of the other specialties and a thorough and complete training in general practice. We can at once discover here the same glaring mistakes in diagnosis and the same purposeless applications of right remedies for wrong causes. Many an intelligent practitioner has looked askance upon and refrained from other than emphatic comment of the written statements of such exclusive specialists who view general medicine and surgery from their own narrow territory and make unfounded claims that the correction of low or high optical errors or minor degrees of muscular imbalance have permanently relieved the most inveterate attacks of migraine, chorea and even epilepsy or almost any combination of nervous symptoms he may suggest to his patient or his patient to him. With the psycho neurotic or those with psychopathic tendencies this is not an impossible transitory achievement but similar brilliant results are not claimed by the average oculist with a modest but scientific training in general medicine and in his own specialty.

Progress in Therapeutics for 1915*

JOHN W. SHEETZ, M. D., COLUMBUS

THOROUGHLY to cover this subject would require too much time, so I will try only to summarize the most important and distinct advances in therapy of the year. I will do this by taking up these diseases under the different sub-heads of therapy, as vaccine therapy, serum therapy, drug therapy, etc., and present them in the order in which I think the greatest progress of the year has been made. It must not be understood that all the advances in the various points of therapy which I will mention have taken place only within the present year, but it is during this year that they have undergone a more thorough trial by capable physicians and through the reports of the latter have shown the worthiness or unworthiness of their general use.

DIABETICS—ALLEN TREATMENT.

I consider the Allen treatment of diabetes to be the greatest advance of the present year. This has been presented to the Academy in full in a recent paper, and I will only refer to a few of the main points. This treatment is based on the theory that diabetes is not a disease, but merely a weakness of pancreatic function, and consists in a complete fasting of the patient till glycosuria ceases entirely, requiring three to ten successive days. During this period alcohol and alkalies may be given if necessary. Feeding is then gradually begun and increased until the carbohydrate tolerance and then the protein tolerance is learned. A very important point is to keep the patient below weight and to maintain a low fat content in the diet, which is contrary to the teachings of the German writers. All reports are highly favorable to this treatment in both mild and severe cases. Time alone will tell, by the continued apparent recovery of these patients, whether the theory of this treatment is correct.

BLOOD TRANSFUSION FOR ANAEMIC AND HEMORRHAGIC DISEASES.

Next in importance I would place the use of the various forms of blood transfusion for various forms of anaemia and hemorrhagic diseases. The technique of blood transfusion has been so simplified by Libman, Weil, Lewisohn and others that it can be performed by any well equipped physician. The principle in their method of transfusion lies in the use of a sol. of sodium citrate to prevent the coagulation of the drawn blood. A 0.2-0.3 percent solution of the citrate has been found to be most satisfactory, and large transfusions of the citrate blood, which can be kept on ice for six days, have been injected without toxic effects. It has been found that a 1 to 2% citrate sol., as at first recommended, is

toxic in large transfusions. In selecting blood from a donor, two things must be guarded against,—(1) the transmission of disease (especially syphilis), (2) the possibility of hemolysis, and agglutination. For the latter, reliable tests are described. The syringe methods of transfusion of Linderman and Unger without the use of sod. citrate are also very useful, but they require special apparatus and experience in their use.

These blood transfusions have been found very helpful in cases of severe hemorrhage from gastric ulcer, typhoid ulceration, post-operative hemorrhage, and of particular benefit in hemorrhagic diseases (e. g. hemophilia and purpura hemorrhagica). They have been helpful in the latter diseases where serum had first been tried without success. Also temporarily helpful in pernicious anaemia, but of little benefit in the leukaemias.

SEROTHERAPY.

A distinct advance has been made in this form of therapy, especially in the treatment of scarlet fever in its severe form. The serum should be obtained from one or more convalescent patients, and injected intravenously in doses of 50-100 c. c. not later than the third or fourth day of the disease, before complications have set in. Normal serum is also beneficial, but not as good as convalescent sera. Used *subcutaneously* the sera is of *no benefit*. (Koch of Germany is the strongest advocate of this treatment.) Zingher of New York has reported excellent results from the intramuscular injection of *whole citrated normal or convalescent blood* in early severely toxic cases. It causes a critical drop in temperature beginning 6 hrs. after injection and ending in 24-36 hrs. There is also marked general improvement. Autoserotherapy in cases of psoriasis, chronic eczema and dermatitis herpetiformis, has received both favorable and unfavorable reports in equal proportion. Erysipelas has been successfully treated with whole blood from a patient convalescent from this disease. In any form of serotherapy the presence of syphilis in the donor must always be excluded.

VACCINE THERAPY.

Numerous articles, both foreign and American have appeared this year in the vaccine treatment of typhoid fever, especially with sensitized vaccine given intravenously. The sensitized vaccine was obtained by treating living bacteria with serum from typhoid convalescents, then washing and suspending them in salt sol. with 0.3 percent phenol. A dosage of 70-300,000,000 seems to be the most satisfactory. The large majority of the reports are favorable, especially so when the sensitized vaccine is given intravenously. However, practically all the writers warn against the use of

*Read before the Columbus Academy of Medicine, at its annual meeting, December 20, 1915.

any vaccine therapy in cases of beginning cardiac collapse, or suspected hemorrhage or perforation, as it has frequently been noted that for some hours after an injection there is an increase in pulse rate and in peristalsis. Many writers note that the temperature falls by crisis, with a shortening of the attack by one to two weeks, and a distinct reduction in the mortality rate. Isolated reports have occurred throughout the year in the use of vaccine in various other diseases. Babcock reports good results in bronchial asthma with an autogenous vaccine made from an anaerobic organism cultured from the sputum. Tunncliffe has reported excellent results in treatment of acute rhinitis by autogenous vaccines made from the anaerobic bac. rhinitis, which is often found in almost pure culture in these cases. Strickler of Philadelphia reports good results in treatment of ring-worm by vaccine made from the ring-worm fungus. Bunting finds that vaccine therapy with the diphtheroid organism in Hodgkin's disease has not proved very successful. An entirely new phase in vaccine therapy has been brought forward by a German writer in the intra-dural tuberculin treatment of tuberculous meningitis. He reports two cases of uncomplicated tuberculous meningitis with tubercle bacilli found in the spinal fluid in which there was complete recovery. There are only 22 other cases of this disease on record with recovery. He began with a dosage of 1 mgm. of tuberculin for a child of three, using cerebro-spinal fluid as a vehicle, repeating with a little larger dose after 24 hours. It caused a rapid drop in temperature which remained approximately normal.

TREATMENT OF SYPHILIS.

During the present year a new arsenical preparation of Ehrlich's, called salvarsan-natrium or salvarsan sodium, has been in use in Germany. It has received very favorable reports by Wechselmann and other prominent German writers, who claim it combines the advantages of the simple technique of neo-salvarsan administration while retaining the full therapeutic effect of old salvarsan. It is given intravenously, and in dosage of 0.3-0.45 gm. twice a week has shown no bad effects. Concerning the present use of the two older preparations ("606" and "914") the tendency seems to be toward smaller initial doses and at somewhat less frequent intervals.

The intra-spinous method of treatment of cerebro-spinal syphilis seems to have lost some of its earlier favor, although the majority of writers agree that it is indicated in a certain class of cases, especially those with distinct meningitic involvement; the results are not so good in cases of arterial involvement of the central nervous system and poor in general paresis. Most writers, including Swift, at present give preference to Ogilvie's method of intraspinous treatment, which consists in adding 0.5-1 mgm. of faintly alkalinized salvarsan to human sera, incubating 45 min., and

then heating at 56°c. for one-half hour. Improvement has also been noticed by several with the injection of plain normal sera. Byrne's mercurialized serum has not received much favor because of the severe reactions often obtained.

THERAPEUTIC ADVANCE IN WAR ZONE.

The European war seems to have added its share to the progress of therapeutics, especially in the use of kaolin (Fuller's earth) and charcoal in the treatment of cholera and dysenteric diarrheas. A dose of a tablespoonful each of the kaolin and charcoal taken one to three times a day in oatmeal gruel quickly stops a rebellious diarrhea. In severe cases the dose of kaolin may be doubled. The kaolin and charcoal seem to act by absorbing the toxins and mechanically burying the bacteria and sweeping them away. These drugs have also been very helpful in the treatment of typhoid and diphtheria bacillus carriers. In the former, one gram each of charcoal and thymol were given three times a day, the charcoal one-half hour before meals and the thymol in capsules one-half hour after meals. Typhoid bacilli were eliminated from the stools in three cases so treated. In the treatment of diphtheria carriers (Hektoen) the kaolin in the form of dry powder is blown thoroughly over the nasal passages by means of a rubber bulb attached to a tube. In its application to the throat the patient is instructed to swallow very slowly one-third of a teaspoonful of kaolin four or five times an hour during the day for two to four days. The war has also confirmed the value of magnesium sulphate in controlling the convulsions in tetanus. Some German writers advise a solution be given subcutaneously of 40-50% strength for adults in dosage of 0.15-0.2 gm. per kilogram body weight. In light cases a single dose may be sufficient, but in severe cases to secure the full effect, three to four doses at 2-hour intervals should be given. In addition is advised tetanus antitoxin, 3,000-5,000 units given intraspiously together with about 10,000 units intravenously.

MISCELLANEOUS.

There are several other disease which should be referred to therapeutically. Bass and John's paper on their successful treatment of pyorrhea alveolaris with emetin or ipecas is too well known to be more than mentioned here. Several of their most important conclusions have been disputed by other writers. Schottmueller reports successful treatment of delirium tremens with lumbar puncture, the delirium rapidly subsiding without drugs on relief of the high pressure of the spinal fluid. He found alcohol in the spinal fluid, and claims the high pressure of the fluid along with some toxic irritant it contains to be responsible for a large share of the symptoms of delirium tremens. In the treatment of acute carbolic acid poisoning, Macht condemns the use of alcohol. He finds from a study of case reports and experimental evidence that in these acute

cases alcohol acts as a further solvent to the acid, further promoting its absorption. He recommends the use of plain water or a weak solution of sod. sulphate, instead.

In the last year or so Newburgh and several others, particularly of the Harvard school, have been making a careful clinical study of the effect of certain drugs on various diseases. The former states positively that neither pharmacologic nor clinical evidence justifies the use of strychnine in the treatment of acute or chronic heart failure. In medicinal doses it does not increase the output from the heart, slow the pulse or materially raise the blood pressure. Edsall finds that it has no action on the respiratory center or circulation, but may possibly produce an increase in metabolism. Taylor, in a study of the diuretics in cases of mitral insufficiency with retained body fluids, finds that large doses of theobromine sodium salicylate (diuretin), (80 gr. a day being a normal clinical dose), have a more constant and beneficial action than caffeine and does away with the unpleasant gastric and nervous symptoms often associated with the use of the latter. In cases of nephritis, with or without edema and without cardiac decompensation

Christian has found that diuretic drugs more often fail to produce a diuresis than the reverse. When diuretics are used in these latter cases theocin was found to be the most active drug, but whatever drug is used should be given in small doses and for only short intervals because of the occurrence of renal fatigue or hypersensitiveness in nephritis.

In closing, I wish to refer to the number of favorable reports on heliotherapy in the various forms of tuberculosis. Apparently to be effectual, the exposure to the sun's rays must be made general, exposing only slowly, and gradually larger areas of the body to the sunshine. The use of the X-Ray and Roentgen rays in the treatment of Grave's disease associated with enlarged thymus, and the use of radium in the various arthritides have all received favorable comment. And, last but not least, the more recent findings of Crile and Cannon, that more or less prolonged increased emotional states, both expressed and repressed, can cause true organic disease, indicate the value of psychanalysis and psychotherapy which the general practitioner should develop to a greater degree.

207 E. State St.

DEATHS IN OHIO IN 1915

Allen, Dudley Peter.....	123	Fenneman, Prudence H.....	644	Rutledge, George G.....	124
Aiken, William H.....	267	Foster, Jeremiah Campbell	714	Reese, Charles E.....	194
Aldridge, John Dell.....	461	Finley, Georgia E.....	329	Richards, Alva.....	267
Allen, Joseph Olmstead.....	461	Glenn, Samuel G.....	405	Ray, James Boone.....	328
Archer, Charles A.....	586	Gayman, Willard Solomon	267	Reed, Calvin H.....	406
Ashburn, Allen W.....	516	Guise, Perry O.....	194	Reichard, George W.....	516
Arbuckle, George W.....	516	Grove, Jacob A.....	714	Richardson, Andrew J.....	585
Brayman, Lorenzo E.....	124	Hathaway, Rosemond L.....	44	Riley, George H.....	586
Bain, Frank Dean.....	193	Hughes, Wallace Kirkwood	44	Ranchous, E. M.....	644
Black, Ethelbert.....	267	Hoist, Elmer Bertram.....	267	Reiff, Charles F.....	644
Buffington, Burnett V.....	267	Harnden, Cyrus L.....	714	Richards, Joseph B.....	714
Brown, Hattie C.....	329	Hefling, Darius.....	406	Squires, Albert W.....	124
Boesger, Max A.....	406	Henry, Robert H.....	586	Starr, James W.....	124
Bliss, David Porter.....	644	Howe, Hiram H.....	586	Scott, Charles B.....	124
Beery, Reuben F.....	586	Hiner, Solomon B.....	585	Sherwood, William H.....	124
Browning, Chas. Hamilton	713	Jones, Silas.....	586	Singer, A. E.....	193
Bonner, Columbus Delno.....	516	James, Albert D.....	586	Sandoe, Jacob L.....	267
Courtright, George S.....	124	Keister, S. W.....	329	Sapp, John A.....	267
Christopher, William H.....	267	Krieger, Gustav L.....	461	Sprague, Wilson M.....	267
Cherry, Wilbur T.....	329	Kinnaman, Charles L.....	516	Shaeffer, Andrew H.....	329
Crosser, James.....	329	Lapp, J. G.....	124	Siffert, Thurman C.....	329
Collins, Samuel H.....	330	Lenhart, William C.....	329	Stevenson, Mark Delimon..	405
Clement, Charles Rolf.....	406	Lindsl, John W.....	329	Spencer, George Warren...	406
Cooke, Edwin P.....	406	Lemmon, Lorrain A.....	516	Small, W. W.....	406
Cisler, Newton A.....	406	McLaughlin, Henry W.....	124	Slocum, Charles Elihu.....	461
Cooperider, Charles A.....	461	Munson, Mary F.....	193	Stutson, Orin H.....	461
Carpenter, Julia W.....	461	Mersfelder, Frederick H...	193	Stewart, Olando C.....	461
Combs, Rebecca V.....	461	McClain, Samuel W.....	329	Swigart, Eugene Earl.....	462
Carr, Ceylon S.....	644	McMurray, John W.....	405	Stoeckle, Clement J.....	461
Clippinger, Wilbur Harold	644	Matthews, Edna T.....	406	Sprague, Harriet Josephine	516
Corboy, Christopher S.....	644	Mulholland, Porter I.....	644	Schultz, Louis H.....	586
Cullen, James G.....	713	Miles, Abijah J.....	644	Simon, Rubellus J.....	586
Campbell, John A.....	714	Morv, Daniel B.....	644	Squire, Marion.....	714
Craig, Samuel W.....	714	McKinley, James Bates.....	644	Stevenson, John W.....	713
Culbertson, Neal W.....	585	McClellan, Harvey R.....	713	Townsend, Stephen.....	406
Deemy, John Saxton.....	193	Norris, Thomas Burnett...	266	Tibbetts, Frank E.....	516
Duncan, Thomas E.....	267	Noble, Angus.....	329	Tupper, Eugene L.....	716
Duncan, John H.....	329	Powell, Hunter Holmes.....	123	Van Dyke, John M.....	516
Dickey, Ross V.....	461	Pierson, Joseph.....	124	Weis, Henry F.....	124
Dawson, Merrill Ellsworth	586	Pendergrass, J. C.....	124	Wardner, Philip J.....	194
Eddy, William Marcellus...	124	Phillips, William.....	267	Warner, William.....	267
Erdmann, R. F.....	193	Pomeroy, Orange.....	405	Walton, Joseph.....	329
Elliot, Thomas.....	267	Priest, Mary A.....	461	Warren, Samuel O.....	329
Evans, Charles W.....	516	Pugh, George W.....	714	Walter, Ziba D.....	516
Elliot, J. G.....	330	Pugh, Frank H.....	714	Woodward, R. M.....	586
Fulton, Scott.....	124	Rayl, Katherine J.....	44	Webb, William G.....	714

*The number gives the page in the Journal on which the death was reported.

CO-OPERATIVE MEDICAL DEFENSE REGULATIONS ADOPTED; INSURANCE WILL BE STARTED DURING MAY MEETING

If the House of Delegates in session at Cleveland in May finally approves the pending constitutional amendment providing for co-operative defense against civil malpractice suits, the defense insurance will be made effective immediately.

Inasmuch as the House of Delegates has upon several occasions, approved the plan almost unanimously, the Committee on Medical Defense, at a meeting held in Columbus on December 19, decided to proceed at once with the development of the detailed plan for making the insurance immediately effective.

Members present were: C. T. Souther and J. E. Tuckerman, and Executive Secretary George V. Sheridan. Members of the other committees participating in the discussion were J. S. Rardin, Geo. S. Mytinger, Wells Teachnor, and J. H. J. Upham.

The committee, after thorough discussion, decided that full publicity for the whole plan of medical defense should be given through The Journal; that the local committeemen be suggested by each county society, subject to approval by the state committee, such committeemen to serve for one year; that the date for putting medical defense into operation should be midnight of the day on which it is finally adopted by the House of Delegates; and that the defense be for civil malpractice suits in which the cause for action is alleged to have occurred after the time above stated.

The following rules were tentatively approved:

1. A member sued or threatened with suit for alleged malpractice shall at once fill out an application blank which can be secured either from the secretary of his county society, the local defense committeeman, or the executive secretary of the state association. The association will not undertake the defense of any member unless within ten days after the service of summons his application be made to the executive secretary, 25 Ruggery Building, Columbus.

2. The application for medical defense must be endorsed by the local defense committeeman.

3. It should be understood that members of the local society will be expected to give not only their moral support but also active participation in the conduct of the trial in any way they may best assist, such service to be without thought of pecuniary returns.

4. The association will not be responsible for any attorneys' fees incurred in the defense of any member, except those of attorneys employed

through and authorized by the committee on medical defense.

5. A member desiring medical defense must sign a contract vesting in the committee on medical defense sole authority to conduct the defense of his suit, and must agree to make no compromise or settlement of the case without the written consent of the committee.

6. The association will not undertake the defense of any member who, after investigation by the committee, is believed to be guilty of criminal abortion, feticide, homicide, or any criminal act, or who has not conformed to the recognized ethical laws in regard to these cases. The association will only defend suit brought in the course of legitimate professional work.

7. The association will not pay any expenses for serving subpoenas nor the expense of witnesses residing within the county, nor will it pay judgment or fine awarded or imposed by the jury or court.

8. It should be understood by members of the association that the amount for medical defense is not large and consequently it should be conserved by every effort on the part of the membership of the association.

9. In case a member is threatened with suit he should not wait for suit to be filed but should immediately notify the executive secretary. The matter will then be placed immediately in the hands of the attorneys for the committee on medical defense in order that if possible the suit may be forestalled.

10. A member to be entitled to defense must be at all times in good standing (dues fully paid up) in his county society, and therefore in good standing in the state association. A member suspended for un-paid dues or overdue dues is not in good standing.

11. To be in good standing throughout the year for the purposes of medical defense a member must pay his dues on or before January first. (This rule becomes operative January 1, 1917.)

12. The association will not defend a suit if brought on cross complaint where the physician has sued to collect his bill within one year of the termination of his services.

13. The association will not defend a suit in any case of fracture or like injury where an X-ray plate was not taken and kept on file unless it can be shown that at the time and place it was impossible to secure an X-ray plate.

14. A member holding an indemnity insurance in a private company shall decide whether the committee on medical defense of the state association or the company shall defend him.

TO THE SECRETARIES AND THE TREASURERS OF THE COUNTY SOCIETIES:

I wish it were possible for me to thank each one of you personally for your loyal support and your effective, whole-hearted cooperation during last year. Your work, the efforts of your officers, and the backing of your members have made it possible for the O. S. M. A. to have an exceedingly prosperous year.

I have often heard that the secretary is the most important officer of a society and that he has the power to make or break the organization. Possibly this is true, but I should dislike to have the entire responsibility for the welfare of the State Society resting upon my shoulders. I have observed that the state organization does best when all of its officers are working hard, and that fundamentally the prosperity of the association is proportional to the work done by each of the 4,000 members.

The state association is similar to a wheel. The president is the axle, upon which this wheel rotates—the center of power. The hub is composed of the council and other officers. Our committees are the spokes of the wheel. The house of delegates is the rim, and the members, as represented in our county societies, are the tire that holds our wheel together. The tire, you will remember, is the point of contact by which the wheel is caused to turn over and to progress. If this point of contact is ineffective, the wheel will spin and accomplish nothing.

This simile may be rather crude, but it emphasizes my point. To be useful, a wheel must be complete and perfect in all of its parts. So it is with the Ohio State Medical Association, which is the great wheel by which the medical profession of Ohio advances. This medical wheel, to affect its greatest utility, must be complete in all its parts from members to president, and each part must be active in sustaining its share of the stress. Otherwise, the wheel will collapse.

I will grant that the tire is the fundamental part of a wheel, being the point of contact, and that the remainder of the wheel is constructed, solely for the purpose of allowing the tire to subserve its function. By analogy, the membership of the association is the most important part of the organization; it is the Ohio State Medical Association. The balance of the Medical wheel consists of servants of the membership, to whom are delegated its powers in order that the membership may consummate its desires with facility.

The great fallacy inherent to this form of government is that those who delegate the power are inclined to feel that their responsibility to the whole ceases when they have delegated this authority, and that the responsibility thenceforth rests upon the officers they have selected. In our

own Association, before we had our Journal, this spirit was fostered by the lack of a means for communication between our chosen officers and ourselves after we have selected them, which we did at the annual meeting. From then until the next annual meeting we had no means of knowing what they were doing as our officers, and our ignorance of their efforts in our behalf served to dampen any cooperative spirit that we might have had. We grew to regard the state association as an annual meeting and our officers as figure-heads to wield the gavel and pen the minutes. That the interim should be replete with activity or its need did not occur to us. To the eighty percent or more of us who could not attend the annual meetings, the Ohio State Medical Association was a filmy, hazy organization and of no particular interest. To the twenty percent or less who attended the meetings, the organization lived during the space of three days in an atmosphere of fellowship, politics, scientific discussion and banquet-hall frivolity, and hibernated the rest of the year.

The Journal came as the logical means of communication between the membership and the organization, as exemplified in the official roster, and it has served splendidly to cement the working parts of the organization into one compact body—the great medical wheel. It has demonstrated that the society is a living reality throughout the year, and that some of its greatest works are those of which the members knew least.

We have a third and as yet an undeveloped resource for increasing the usefulness of the organization. You, who are a secretary or a treasurer of the county society, are this resource. You are a chosen officer of your society. As such you have the confidence of your members, and theirs is the confidence of intimate personal contact. In your official capacity of secretary you are a living means of communication between the members of your county unit and the members of your state unit. You are in actuality the county representative of the state society and you have a monopolized opportunity to do work for the Ohio State Medical Association right in your own home county. And yours is the work that really counts. As the state association is of, by and for the man in the county, every effort of the organization is intended for the benefit and the betterment of that man in the county. You are the distributing point in the county for this work, and you are the point at which the county activities are centralized on their way toward the state association for state-wide adoption. The secretary who lives up to

the possibilities of his office in this respect is contributing broadly to the welfare of his profession through the recognized instrument—the great medical wheel.

There comes a time in the career of every secretary when it flatters him to have it said that his is the most important office in the society. It is pleasing to a secretary to feel that the success of his organization is due to the energy that emanates and radiates from him. But such an impression is fatal to a society.

I remember very well when our nation lost President McKinley. We were sincere in our sorrow, and our loss seemed irreparable. "Where can we find one like unto him?" we asked. There was one, however, who stood ready and equipped to take his place, and our nation's business continued without interruption.

A really efficient secretary never allows himself to believe that he is indispensable, nor does he permit, actively, or passively, his society to gain that impression. The secretary has his duties to perform, so does every other officer and every other member, and that society whose

every officer and whose every member does his allotted work, makes the best all-around organization. Cooperation is the word, and cooperation spells success.

Our slogan for 1916 is "*Every County One Hundred Percent Efficient.*" If every member of every county society is a working member, and every officer of every county society is a working officer, every county society will be one hundred percent efficient. The more counties that reach the basis of one hundred percent in efficiency the higher will the efficiency of the Ohio State Medical Association become. This statement is laid upon the fact that, while one county society does not make the state association, eighty-eight do.

You will not read this letter until January 17th. It is being written December 24th. I regret that it is not possible for me at this time to wish each of you personally a Merry Christmas, and I hope that the New Year will bring you blessings, prosperity and success.

Sincerely,

C. D. SELBY,
Secretary-Treasurer.

Some Little Bug is Going to Find You Out Some Day

[Editorial Note.—This poem was sent us by Dr. Dudley Courtright, of Circleville. He writes that it was handed to him. He, therefore, is blameless.]

In these days of indigestion
It is often times a question

As to what to eat and what to let alone.
For each microbe and bacillus
Has a different way to kill us,
And in time they always claim us as their own.
There are germs of every kind
In any food that you can find

In the market or upon the bill of fare.
Drinking water's just as risky
As the so-called deadly whiskey
And its often a mistake to breathe the air.

The inviting green cucumber
Gets 'most everybody's number,
While the green corn has a system of its own.
Though a radish seems nutritious
It's behavior is quite vicious,

And a doctor will be coming to your home.
Eating lobster, cooked or plain—
Only flirting with ptomaine,

While an oyster sometimes has a lot to say;
But the clams we eat in chowder
Make the angels chant the louder,
For they know that we'll be with them right
away.

Take a slice of nice friend onion
And you're fit for Dr. Munyon.
Apple dumplings kill you quicker than a train.
Chew a cheesy midnight "rabbit,"
And a grave you'll soon inhabit;
Ah, to eat at all is such a foolish game!
Eating huckleberry pie
Is a pleasing way to die,

While sauerkraut brings on softening of the
brain.

When you eat banana fritters
Every undertaker titters,
And the casket makers nearly go insane.

When cold storage vaults I visit
I can only say: What is it
Makes poor mortals fill their systems with such
stuff?

Now for breakfast, prunes are dandy
(If a stomach pump is handy)

And your doctor can be found quite soon enough.
Eat a plate of fine pig's knuckles
And the headstone cutter chuckles,

While the grave digger makes a note upon his
cuff;

Eat that lovely red bologna
And you'll wear a wood kimona
As your relatives start to scraping 'bout your
stuff.

All these crazy foods they mix
Will float us 'cross the River Styx,
Or they'll start us climbing up the Milky May.
And those meals we eat in courses
Mean a hearse and two black horses—

So, before a meal, some people always pray.
Luscious grapes breed 'pendicitis
And the juice leads to gastritis,

So there's only death to greet us either way.
And fried liver's nice, but mind you!
Friends will soon ride slow behind you

And the papers then will have nice things to
say.

 **
 * NEWS NOTES OF OHIO *
 **

Dr. Guy T. Goodman has been re-elected health officer of Mansfield.

Born—to Dr. and Mrs. John F. Hill, of Ravenna, a boy, on November 16.

Dr. S. B. Barrett, of Randolph, Portage county, moved to Akron, December 1.

Dr. and Mrs. J. W. Lowe, Mentor, are spending the winter in Eustis, Florida.

Dr. J. J. Thomas has been reappointed city physician of Youngstown for two years.

Students of Miami College preparing to study medicine, have organized a pre-medical club.

Dr. G. J. C. Wintermute, of Celina, is spending the winter in the West. He is now at Phoenix, Arizona.

Dr. Robert Henderson, of Urbana, is able to attend to his practice again after several months' serious illness.

Dr. Booker Lee, for two years staff physician at Massillon State Hospital, has resigned and moved to Virginia.

Dr. J. F. Hill has returned to his old location in Sciotoville, Scioto county, after residing several months at Wheelersburg.

Dr. Everett H. Morgan, of Jackson, is in St. Louis taking post-graduate work. He expects to locate there for practice.

Dr. F. M. Frazier, Bryan, will be a candidate for judge of common pleas court of Williams county at the next general election.

Dr. Augustus M. Zeigler, who has practiced at Mingo, Champaign county, for 35 years, is planning to locate in Columbus.

Mayor Spiegel, of Cincinnati, before his retirement, appointed Dr. Ervin O. Straehley as trustee of the University of Cincinnati.

Dr. William A. Zellers, Freeport, has been re-elected member of the Harrison county school board for a term of five years.

Dr. Mary M. Cutler, formerly of Pomeroy, who has spent twenty years as a medical missionary in Korea, is visiting Ohio friends.

A modern office building, designed for medical suites, is to be erected at the southwest corner of State and Fourth Streets, Columbus.

Dr. and Mrs. R. W. Athey, Marietta, are spending the winter in Jacksonville. Dr. Athey is recuperating from a severe attack of pneumonia.

Dr. Frank R. Makemson, Lewistown, coroner of Logan county, has moved to DeGraff. Dr. F. G. Smith, Hamilton, has taken Dr. Makemson's practice.

On December 13 naturalization papers were granted Dr. Andre Crotti, of Columbus, who renounced allegiance to the government of Argentine Republic.

Dr. E. B. Shanley, New Philadelphia, has resigned as physician for the Tuscarawas county infirmary, after four years' service. Dr. C. C. Kurtz succeeds him.

Dr. H. H. Smith, Middletown, has discontinued private practice and will devote his entire time to his service as surgeon for the Middletown plant of the American Rolling Mill Company.

Dr. Earl B. Downer, Columbus, has returned after ten months' service with the Red Cross in Servia. He personally witnessed the terrible battle for the possession of Belgrade, and other important engagements.

Dr. P. D. Espey, who has purchased the relief hospital, Xenia, formerly operated by Dr. S. S. Wilson, has returned from the East, where he has been engaged in post-graduate study, and has reopened the institution.

Cleveland newspapers recently devoted considerable attention to the fact that Dr. Luther Pomeroy, of Windsor, Ashtabula county, is still engaged in the active practice of medicine, although he has passed his ninety-third birthday.

The four-year course in optometry at Ohio State University, leading to a degree of bachelor of applied optics, this year has an enlistment of 16, an increase of six over last year. This is the only four-year course in optometry in the county. An optometry clinic has been established which is treating about 40 patients a week.

The *Ada Record*, after printing a list of the new varieties of healers which are licensed by the Platt-Ellis law, comments editorially as follows: "This is enough to make a fellow sigh for the good old sulphur and molasses that our grandmothers made us take every spring. Anyone with a hearty imagination can easily get sick nowadays."

 * NEWS OF INTEREST *
 * FROM OHIO HOSPITALS *

The Niles Sanitarium, in Urbana, which has been closed for some time, is now on the market.

A campaign is in progress to raise \$30,000 necessary to complete the new Lakewood Hospital, Cleveland.

Dr. J. H. Webber has been appointed gynecologist on the staff of the Akron City Hospital, succeeding the late J. W. Rabe.

The new wing of the German Hospital, Cleveland, which provides 50 additional beds, was formally dedicated December 12.

Protestant Hospital, Columbus, cared for 1967 patients, of whom 813 were charity cases, during the year ending June 1, 1915.

Cleveland Jewish Hospital Association announces the appointment of Dr. W. E. Lower as director of the surgical staff of the new Mt. Sinai Hospital.

Dr. Eric R. Twachtman has been appointed to succeed the late Dr. John W. Stevenson as physician and surgeon to marine hospital patients at Cincinnati.

The annual report of Flower Hospital, Toledo, shows that 1440 people,—including four Christian "scientists"—were treated during the year, and that twenty per cent were charity cases.

Congressman Gordon has introduced into Congress a bill providing for the sale of the present site and building of Marine hospital, Cleveland, and the acquisition of a new site and hospital with the proceeds.

At the annual meeting of the staff of the Elyria Memorial Hospital the following officers were elected for the ensuing year: E. P. Clement, president; K. P. Reefy, vice-president; C. O. Jaster, secretary, (re-elected).

A movement has been inaugurated in Portsmouth to erect a new general hospital with a capacity for 150 beds. Hempstead City Hospital, with a capacity of 35 beds, has become too small to meet the needs of the city and county. Members of the Academy of Medicine are enthusiastically supporting the hospital movement.

Report by examiners from the state auditor's office who recently inspected the 18 state institu-

tions under the control of the State Board of Administration, points out that politics has been entirely eliminated from the conduct of the state institutions. The report holds that this is a most notable accomplishment of the Board of Administration, inasmuch as politics was the greatest evil under the old system.

The Home Sanitarium-Hospital Company has been organized to open a hospital designed particularly for alcoholism, narcotic and nervous cases, in the property known as the Maple Farm Hotel, at Lebanon, Warren county. Dr. J. V. Mott, Amelia, will be physician in charge. The directors are Dr. Mott, Drs. E. B. Shewman, J. L. Payne, and J. S. Hagan, Cincinnati; Messrs. D. C. Westerfield, Dayton, president of the Westerfield Pharmacal Company, and Frank Brandon, of Lebanon.

PRELIMINARY REQUIREMENTS
 FOR PUPIL NURSES

Considerable confusion has resulted over the state regarding the requirement that pupils admitted to nurse training schools must have one year of High school training in order to be eligible for registration after graduation. Criticism has been directed against the State Medical Board for this provision. The opinion seems to be general that it is one of the regulations adopted by the board.

As a matter of fact the requirement is a *statutory* one and cannot be modified in any way except by the Legislature.

A number of hospitals which have in the past depended upon country girls for their training schools—girls who have developed into splendid nurses—feel that this requirement is an unnecessary hardship, and will keep out of the nursing profession many women who would make better nurses than those who come from the High schools. Without a doubt an effort will be made in the next Legislature by the hospitals to amend this provision.

It should be pointed out, however, that the law does not specifically require attendance through the first grade of a High school. It permits the alternative of four units of High school work, as defined in the school laws of Ohio.

In other words, a pupil who has not completed the actual High school work may take an examination to be given by the Entrance Examiner of the Medical Board. Under this clause many girls will be admitted who had been denied High school training, but who have taken advanced work—many of whom have served as teachers.

AGAIN ALL MEMBERSHIP RECORDS ARE BROKEN AND SOCIETY FINISHES THE YEAR WITH TREASURY BALANCE

All previous membership records of the Ohio State Medical Association were broken in 1915.

When the books for the year closed there were 4241 members in good standing, a net gain of 333 over 1914—and the largest number in the history of the Association.

During the year we lost 151 old members by death, removal from the state, non-payment of dues, etc., and secured 473 members who had not been affiliated previously.

In 72 of the 88 county societies the 1914 membership was either equalled or exceeded in 1915, and in all but two or three the falling off did not exceed three members. In Madison and Defiance

counties, which made the poorest showings, 1916 membership campaigns are now in progress, with indications that these will be among the more active organizations in 1916.

The collection of the one dollar assessment levied by the House of Delegates at the Cincinnati meeting, to cover an operating deficit by the Journal and the State Society, indicates the healthy condition of the organization and the willingness of its members to contribute a sum sufficient to maintain a strong organization. The secretary-treasurer collected from 3486 of the 4241 members, without special effort. Of the remaining 755 members who did not meet the assess-

Modification of the Reeder-Dutrow Tonsil Knife

H. V. DUTROW, M. D., DAYTON, OHIO

A DESCRIPTION of this knife, without a cut, was published in this Journal in October, 1913, but owing to improper construction of the knife by the manufacturers, it was not practical without alterations. The lines have now been perfected and the knife is in strict conformity with the cut as shown herewith. A number of these knives have been purchased by members of the profession throughout the country, and the manufacturers wish me to state that they shall be glad to make the necessary changes without cost if the knife be returned with this request.



This knife was worked out by Dr. D. F. Reeder, of Ancon Hospital, Canal Zone, Panama, and myself, during our term of service with the United States Government, in the Eye, Ear, Nose and Throat department of that institution. The desire for such an instrument came about at the time that might well be termed the evolution in tonsil surgery; viz., the substitution of tonsillectomy for tonsillotomy. We were more than two thousand miles from medical centers and had read of Dr. Ballenger's sharp dissection method with scalpels and various other methods of complete enucleation. A Ballenger's knife was procured, but was not entirely satisfactory in that we felt the need of a concave cutting edge more than a convex; hence the double edged knife as shown by the accompanying cut. With this instrument it is possible to remove completely by sharp dissection every type of tonsil that we encounter. It is especially serviceable in delivering from its bed a completely submerged tonsil by dissecting back the mucus membrane and pillars overlying the

tonsil; thereby preserving every vestige of mucous membrane which is so valuable in covering the fossa and reducing the amount of scar tissue. The knife is especially valuable when used in conjunction with the snare. I very rarely, if ever, do a tonsillectomy by dissection alone. After the mucous membrane and pillars have been separated and the upper lobe of the tonsil freed from its fossa, the snare wire is thrown around the pedicle and the enucleation completed. It is also possible with this knife to do all the separation necessary without the use of any other knives or blunt dissectors. The end of the handle is constructed in such a way that it may be used when the stripping back of the mucous membrane and pillars is desired or any blunt separation is required. If in any case the operator desires not to use the convex edge of the knife, and if he strikes the patient's lip or palate, cutting them, he may dull this edge or grind it down to avoid this unpleasant feature, using only the concave edge for his operative procedure.

The laryngologists of today are about equally divided as to sharp vs. blunt dissection. This knife belongs decidedly to that class of men favoring sharp dissection. With it one is enabled to cut the tissues without mauling and tearing them as is the case with blunt dissection. Sharp dissection places the operation of tonsillectomy strictly within the class of distinctly surgical operations with clean-cut dissection, thereby preserving the integrity of the parts and a consequent shorter period of convalescence.

In removing the left tonsil I prefer to stand on the patient's right and change position to the other side in removing the right tonsil.

922 Reibold Building.

ment. many were received late in the year. Others failed to pay because of death, sickness, removal, etc. The collection of the assessment and the increased advertising receipts of the Journal during the latter months of 1915 has made it possible for the Association to finish the year with a small treasury balance.

The following is a tabulation of the societies which attained the One Hundred Per Cent class during the year. The date noted in connection with each is the date on which the society qualified as a One Hundred Per Cent society:

ORIGINAL 100 PER CENT LIST.

		1914	1915
1. Paulding	Dec. 23	14	23
2. Muskingum	Dec. 23	22	38
3. Hardin	Jan. 7	23	29
4. Gallia	Jan. 13	25	31
5. Pike	Jan. 20	13	13
6. Morgan	Jan. 26	12	16
7. Vinton	Feb. 3	9	9
8. Belmont	Feb. 10	44	55
9. Ottawa	Feb. 10	13	15
10. Morrow	Feb. 11	13	15
11. Mercer	Feb. 13	27	29
12. Holmes	Feb. 25	7	8
13. Clermont	Feb. 26	12	15
14. Highland	Feb. 26	18	24
15. Seneca	Mar. 1	30	37
16. Logan	Mar. 1	23	37
17. Hancock	Mar. 3	37	37
18. Summit	Mar. 4	130	160
19. Allen	Mar. 4	75	83
20. Fairfield	Mar. 4	39	44
21. Harrison	Mar. 5	6	14
22. Scioto	Mar. 5	48	48
23. Ross	Mar. 5	19	21
24. Putnam	Mar. 5	18	32
25. Stark	Mar. 5	119	126
26. Shelby	Mar. 5	16	18

ADDITIONAL ONE HUNDRED PER CENT COUNTIES.

27. Darke	Mar. 16	50	57
28. Meigs	Mar. 23	11	11
29. Miami	Mar. 23	45	46
30. Coshocton	Mar. 24	17	21
31. Clarke	Mar. 26	59	64
32. Wyandot	Mar. 29	10	16
33. Richland	Mar. 31	29	31
34. Jefferson	Mar. 31	36	40
35. Guernsey	Apr. 1	27	29
36. Butler	Apr. 3	51	57
37. Mahoning	Apr. 5	93	100
38. Montgomery	Apr. 6	158	167
39. Henry	Apr. 6	2	19
40. Pickaway	Apr. 7	21	22
41. Knox	Apr. 9	31	33
42. Fayette	Apr. 16	18	18
43. Huron	Apr. 17	9	13
44. Clinton	Apr. 19	24	24
45. Ashland	Apr. 19	18	20
46. Delaware	Apr. 21	26	26

47. Marion	Apr. 23	27	29
48. Adams	Apr. 23	23	23
49. Sandusky	Apr. 26	21	21
50. Columbiana	Apr. 26	37	39
51. Williams	Apr. 28	31	34
52. Warren	May 1	30	34
53. Preble	May 1	5	12
54. Franklin	May 1	305	313
55. Cuyahoga	May 1	484	523
56. Wood	May 11	12	30
57. Tuscarawas	May 16	41	43
58. Auglaize	May 29	22	26
59. Van Wert	May 31	24	27
60. Lucas	June 10	213	214
61. Lorain	June 26	46	50
62. Brown	July 2	15	18
63. Monroe	July 6	12	14
64. Trumbull	July 12	28	28
65. Fulton	July 19	25	26
66. Hamilton	Aug. 3	451	473
67. Noble	Aug. 7	9	12
68. Lake	Oct. 1	10	16
69. Greene	Oct. 4	32	32
70. Geauga	Oct. 6	8	9
71. Champaign	Nov. 24	29	29
72. Portage	Dec. 4	28	28

WATCH THESE THIS YEAR!

Here are the 16 counties which in 1915 failed to equal their 1914 membership records:

	1914	1915
Ashtabula	28	27
Athens	52	51
Carroll .....	..	..
Crawford	31	28
Defiance	11	6
Erie	27	24
Hocking	14	11
Jackson	22	21
Lawrence	18	17
Licking	41	35
Madison	16	9
Medina	23	21
Perry	23	19
Union	15	13
Washington	41	40
Wayne	26	25

In several of these counties membership campaigns are now in progress, and a different result may be expected this year.

RAISE DUES.

The annual dues of the Academy of Medicine in both Cleveland and Toledo have been raised to \$10.00. In Toledo, non-resident membership has been raised to \$2.00, with associate membership at \$1.00. The Toledo Academy expects to raise \$2,000, of which \$600 goes to the State Association, \$600 for entertainment and expenses of speakers, \$200 for salaries, \$100 for meeting places, \$150 for the weekly bulletin, and the balance for stationery, postage, etc. The Toledo Academy has decided to add a section of stoma-

TWO CONSTITUTIONAL AMENDMENTS TO BE CONSIDERED AT CLEVELAND

Associate Membership and Co-operative Defense up for Final Consideration.

Attention is again called to two pending constitutional amendments which, under the association's form of procedure, will come before the House of Delegates for final action at the Cleveland meeting.

The first is an amendment to Article IV, and provides for the admission of "associate members" to the State Society, by the addition of the following:

"Sec. 5. Members in good standing in state associations or societies of allied professions may be elected associate members by the House of Delegates upon recommendation of the Council or by majority vote of the council at any regular meeting of that body upon payment to the treasurer of the Ohio State Medical Association, a proportional part of the annual assessment. Said assessment to be fixed by Council. They shall be entitled to receive the Journal, to attend the meetings of the Association, but have no representation in the House of Delegates."

The second proposal, which was introduced at Cincinnati and laid over under the rules, provides for the installation of a system of co-operative defense against civil malpractice suits, as follows:

"To amend Chapter VIII, Section 1, by adding after the words, 'a committee on arrangements,' 'a committee of three on medical defense, one of whom shall be for one year, one for two years and one for three years and one for each year thereafter, to devise plans for, institute and direct a defense against suits for civil malpractice brought against members of this Association.'

"There shall be one member elected annually by each county society, to serve as auxiliary to said committee."

These proposals should be considered by each county society. The delegates should be instructed as to action on them.

The Committee on Medical Education of the state society, which is working on the details of the plan for a standardized lecture and demonstration on the subject of fractures, hopes to have same ready within the next two or three months.

Dr. Charles E. Briggs, of Cleveland, associate professor of surgery at Western Reserve and member of the visiting surgical staff at Lakeside Hospital, who last year was chairman of the section on surgery of the state society, has been enlisted in the work by the committee and is now preparing the matter for the general lecture. He will thoroughly cover the entire subject of fractures

and dislocations, and prepare for its presentation in the most practical manner possible. Charts, manikins, apparatus and probably lantern slides will be prepared to accompany the demonstrations.

As soon as Dr. Briggs has completed his work, the matter of presenting the subject to the various county societies will be handled by the councilors. They will see that it is presented to each society in the district, either personally or through a representative selected by them.

NEW BUDGET SYSTEM IS NOW IN OPERATION BY STATE SOCIETY

Business Placed Upon Modern Basis With Careful Checking of All Expenditures.

The details of the new budget system of regulating expenditures of the State Association were completed at a meeting of the standing committee on Auditing and Appropriations held late in December. Under this plan the State Society will operate on a modern business basis.

The committee is composed of Drs. Wells Teachnor, of Columbus, chairman, Dr. J. S. Rardin, of Portsmouth, secretary, and Dr. C. W. Moots, of Toledo. Each officer and committee of the State Society, which is entitled to draw upon the funds of the organization, was notified in November to file 1916 estimates with the committee. After two meetings these estimates were adjusted and finally determined upon so that with the beginning of the present year each committee and each officer knew exactly the amount that could be expended for each activity.

The new system provides that all expenditures must be approved by the chairman of the Appropriations Committee. In the past, the vouchers have been passed upon by the president.

In order to make the recommendations elastic, the committee decided to apportion the amounts on the basis of each \$3.00 received under the per capita assessment by the State Society. A certain number of cents per member was apportioned to each activity. Expert accountants will check the books of the Association, as in the past.

IMPORTANT NOTICE

Every county society, at a meeting before February 15, must elect a Medical Defense Committeeman. Care should be taken to secure a man who will give the work careful attention, as the success of the plan will depend upon the work of the co-operating committeeman. Bring this up, without fail, at your next meeting.

Notify Mr. Sheridan, the Executive Secretary, as soon as your committeeman is selected.

NEWS OF STATE MEDICAL BOARD

OFFICIAL BOARD

LESTER E. SIEMON, President, Cleveland, March 17, 1915
 J. H. J. UPHAM, M. D., Vice President, Columbus, March 17, 1920
 S. M. SHERMAN, M. D., Treasurer, Columbus, March 17, 1921
 T. A. McCANN, M. D., Dayton, March 17, 1916
 JOHN K. SCUDDER, M. D., Cincinnati, March 17, 1919
 BEN. R. McCLELLAN, M. D., Xenia, March 17, 1922.
 LEE HUMPHREY, M. D., Malta, March 17, 1917
 GEO. H. MATSON, M. D., Secretary,
 Office, State House, Columbus.
 Examiner in Preliminary Education,
 K. D. SWARTZEL, M. Sc., Columbus.

Approximately 480 men and women have applied for licenses to practice some form of "non-medical healing" under the two exemption provisions of the Platt-Ellis law, which lodges the registration of cult practitioners with the state medical board.

This is exclusive of the 90 who applied for licenses to practice Massage and Swedish movements, and of the 145 who applied for exemption certificates to practice chiropody; also, it does not include the rather large number who applied for licenses to practice optometry. The status of the latter class under this law has not been determined by the courts.

Of these who claim exemption, 266 have filed affidavits that they have practiced in Ohio for more than five years. They, if this fact is definitely established, will be entitled to licenses without any form of examination, or any proof whatever of their ability to treat the sick.

The additional 218 claim to have practiced in Ohio more than one year, but less than five. They have been forced to take a flimsy examination in the alleged branch in which they seek to practice. They are not compelled to be examined in any of the basic subjects, or to prove that they have a knowledge of the human body.

The examinations for the latter class of exemptions were conducted by practitioners representing the branches. It was almost impossible for anyone to fail.

Those who apply for certificates in the future will have to meet conditions similar to those now imposed on medical applicants.

When this issue of *The Journal* went to press, the board was preparing to announce the first list of successful applicants. For months an investigation has been in progress to ascertain the honesty of the claims of applicants, regarding their length of practice and their morality. Many physicians have aided materially in this examination,

and for some weeks the board has had special investigators in the field.

They have succeeded in eliminating a few of the applicants, but it is very probable that a great majority will be able to meet the requirements of the law and be admitted to practice.

The bulk of the applicants for healing certificates applied for licenses to practice chiropractic—263 in all. Many asked for several certificates. For example, one Allen Welk of Youngstown, who was recently convicted and fined in the courts for practicing medicine without a license, paid five registration fees and asked for everything on the bill-of-fare—chiropractic, spondylotherapy, hydrotherapy, electrotherapy, mechano-therapy, psychotherapy, magnetic healing, massage, Swedish movements, chiropody and anything else that might later be offered.

Undoubtedly the lowest grade of persons, as a class, applied for certificates to practice in the alleged mental healing fields—suggestive therapy, psycho-therapy, and magnetic healing. In all there were 77 applicants for licenses to practice in one or more of these branches. This included professional Spiritualists, fortune tellers, purveyors of Indian charms, and a variety of other shady occupations. Applicants for certificates in this group have been subjected to an exceptionally careful scrutiny.

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The law became operative January 1, and an effort will be made to entirely dispose of the exemption applicants by March 1. By the time this *Journal* reaches you, the board will have issued licenses to nearly one-half the applicants. The remainder are being held up for further consideration. A large number will be summoned to appear individually at the offices of the board and furnish proof as to the authenticity of certain of their claims.

If any member of the association desires information as to the board's action on the application of any individual, the office of *The Journal* will endeavor to furnish the same. Send stamped envelope for reply. Later we will publish a classified list of those who receive licenses under this law.

The Federated Association of Drugless Practitioners and Allied Professions of Ohio is the rather imposing title of a new association that is being formed to fight "the pernicious medical trust"—at least that is the announced intention in circulars that have been mailed by the association to applicants for limited licenses under the new Platt-Ellis law. The association, we are informed by its stationery, has headquarters at 734 Euclid Ave., Cleveland, in rooms 404 and 405. The

only officer noted is one M. K. Mullen, the secretary. It offers membership on a sliding scale. Schools, colleges and institutions teaching "drugless healing" may join for \$50.00; proprietors of businesses in which massage, Swedish movements, etc., are used, are assessed \$25.00; individual practitioners of drugless methods are assessed \$5.00 down and a dollar a month, while manicurists and massagists are charged a dollar down and 25 cents per month.

Bars Company Names.—By action taken on December 9 in revising the rules and regulations under which cult practitioners must operate in Ohio, the board nipped in the bud the plan of a number of chiropractors and similar non-medical healers to operate their practices under company names. All recipients of limited practice certificates will be notified that they must practice under their own names and not in connection with any company or corporation. The ruling is designed to protect the public from fake "medical institutes," which cover up the crooked practices by frequent changes of practitioners.

New Licenses Issued.—At its meeting on January 4 the board passed upon the grades of the medical students who took the mid-winter examination in December. All passed, as follows:

Aurora Station, Portage County—Carl Howard Kent, O. S. U., Homeopathic Med. Dept., 1915.

Cleveland—Moses Thamar Knappenberger, O. S. U., Homeo. Med., 1915; Viola Janet Erlanger, Woman's Med. Col., Philadelphia, 1915; Thomas Edward Walker, Western Reserve Sch. of Med., 1915.

Warren—Philip Frederick Martsoff, Jeff. Med. Col., 1915.

Youngstown—William Hall Bruner, Jeff. Med. Col., 1915.

Cincinnati—Domer Slater Newill, Elec. Med. Col., Cincinnati, 1915.

Wilmington—William B. Yoakley, Howard Univ. Med. Col., Washington D. C., 1915.

Toledo—Herbert Howard Hildred, Starling-Ohio, 1914

The following were granted reciprocity certificates at the meeting of the Board, January 4. The town in which the doctor will locate, or has located, is first given:

Springfield—Amos R. Kent, licensed New Jersey, 1915; New York Homeopathic, 1915. Practiced as intern, Flower Hospital. Will take practice of the late Dr. House.

Canal Dover—David T. Rees, Hyndman, Pa., licensed Penna., 1896; Baltimore Medical, 1896. Member of the Bedford County (Penna.) Medical Society.

Youngstown—George D. Dunn, Pittsburg, licensed Penna., 1909; University of Pittsburg, 1909. Dean A. Nesbit, Butler, Pa., licensed Penna. 1915; Jefferson Medical College.

Cleveland—Saul H. Franks, Pittsburg, licensed Penna., 1913; University of Pittsburg, 1913.

Akron—Fayette E. Reed, Brandon, Vt., licensed Vermont, 1905; Jefferson Medical College, 1905.

Hepburn, Hardin County—John H. Holcomb, Uniondale, Ind., licensed Indiana 1897; College of P. & S., Baltimore, 1892.

Yellow Springs—Jessie F. T. Bogel, licensed New York, 1897; Women's Medical College, Philadelphia, 1886.

East Liverpool—Wm. McC. Johnson, Butler, Pa., licensed Penna., 1876.

At the December meeting of the board reciprocity certificates were granted the following:

Akron—Myrtle L. McLatchy, licensed Pennsylvania. Women's Medical College, Philadelphia, 1913.

Galion—Donald B. Marsh, licensed, Michigan, 1915.

Leesburg—John W. Higgins, licensed, Colorado, 1887. Medical College of Ohio, 1881.

LaMont B. Smith, Youngstown, whose license was revoked in 1913 after his conviction on a charge of illegally selling narcotics, and who later served 17 months in the Ohio penitentiary after conviction for second offense on this charge, applied to the board on January 4 for reinstatement. He claims that his conviction was based upon false evidence. Inasmuch as he is now on parole and under an indeterminate sentence, the board notified him that his case could not be considered until citizenship is restored.

L. F. Preston, Cincinnati, whose license was revoked a year ago following his conviction on charges of advertising a tuberculosis cure with intent to defraud, again appeared before the board on January 4, requesting reinstatement. He promised to discontinue his former practices and to conduct himself in accordance with any regulation the board might prescribe. Decision on his case was continued.

At the annual election of officers on January 4, Dr. L. E. Siemon, of Cleveland, was elected president of the Board, for the ensuing year; Dr. Upham, vice president, and Dr. Sherman, treasurer. Dr. Geo. H. Matson was re-elected executive secretary. Dr. Matson in February completes his tenth year as executive officer of the Board.

Drs. Upham, Scudder and Siemon will represent the Board at the annual meeting of the Federation of State Medical Boards of the United States to be held in Chicago, February 7. Dr. Matson will read a paper before the federation describing cult registration in Ohio.

The summer examination will be conducted in Columbus this year during the first week in June.

SMALL HOSPITALS PROTEST AGAINST 15-PATIENT REQUIREMENT; 4000 NURSES ARE REGISTERED

Vigorous opposition was registered with the State Medical Board January 4, by representatives of the smaller hospitals in the state, against the ruling of the board that hospitals which conduct nurse training schools whose graduates may be eligible for state registration shall have a minimum daily average of 15 patients.

Executives of the smaller hospitals who addressed the board claimed that the enforcement of this provision would cause the closing of a number of small hospitals in towns where it would be impossible to maintain a daily average of 15 patients, and where local hospitals are greatly needed. They pointed out to the board that it would be financially impossible for them to maintain their hospitals if they are compelled to close their training schools and employ nurses. They nurse training schools in the state are affected in further declared that they cannot secure pupil nurses if their institutions are not recognized as training schools by the State Medical Board.

Inasmuch as only about 25 of the 123 hospital any way by the minimum requirement, and because the board has received many protests against the lowering of the 15-patient average requirement, no action was taken on the protest at the January meeting. At the April meeting of the board, a hearing will be given the representatives of those hospital training schools which maintain that nurses cannot be properly trained in schools attached to hospitals which have an average of less than 15 patients daily.

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To meet the immediate situation, however, and to tide over the small hospitals during their present crisis, the board, by unanimous vote, authorized Dr. Matson to announce to all hospitals that matriculants in Ohio training schools, diplomas of which are or have been recognized under the waiver, and who graduate and present diplomas from these schools prior to June 1, 1918, will be given full credit for their work and will be eligible for registration.

This insures the status of all nurse pupils who are now in training, regardless of whether the school in which they are undergoing training later meets the board's minimum requirements and is recognized as an eligible school.

This assurance lies in the fact that the board has been extremely liberal in recognizing schools that have graduated nurses under the waiver clause of the new law prior to 1915. It has recognized all training schools which followed a definite curriculum and gave its nurse training in good faith. The extent to which the board has carried its liberality in this point is indicated by the fact that very few of the 4,000 nurses who applied for

registration under the waiver have been or will be denied certificates.

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Dr. M. H. Cherrington, of Logan, was official spokesman for the delegation on January 4. He pointed out that practically every hospital in the state can meet the general requirements for eligibility laid down as minimum requirements by the board, with the exception of the rule requiring a daily average of 15 patients. He stated that it is the opinion of the smaller hospitals that the large hospital training schools have been unduly active in securing this limitation. He described the general character of service rendered in the small hospitals and held that nurse pupils are given more practical experience and a better general training in the small hospital—where they are under the close supervision of the staff—than in the large hospital, where the work is divided among a large number of pupils. Dr. W. S. Hoy, of Wellston, urged the board to either abolish the patient requirement entirely, and to base its eligibility upon examination of the nurse pupils after graduation from any hospital, or to fix the limitation at a daily average of five patients. The five-patient limitation, he urged, would protect the public and insure the nurse pupil sufficient clinical material, and at the same time, work a hardship on no bona-fide hospital.

Drs. W. M. Lawyer, of Cambridge; W. C. Gates, Bucyrus; J. S. Cherrington, Logan; D. W. Shumaker, Canal Dover; Mr. Moody of Denison, and Mr. Wood of Ashland, all representing local hospitals, strongly urged a modification of the limitation, and approved the five-patient standard.

In view of the fact that protests equally vigorous have been received from an even larger number of hospitals *against* a modification of this provision, the board could not take definite action until these proponents had been given a hearing. Those advocating a high standard for nurse training point out that the limitation of a daily average of 15 patients is the lowest requirement of any state in the Union, and that all but six states register nurses. In New York, for instance, the smallest hospital permitted to train nurses must have at least 50 beds and a daily average of not less than 30 patients.

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Members of the medical board are almost unanimous, however, in their determination to fix a limitation that will not work a hardship upon the small hospitals of Ohio. This state has an unusually large number of these institutions and it is generally recognized that they are doing very good work.

At the executive session following the general

protest meeting, members of the board discussed the possibility of adopting a sliding scale whereby the minimum patient requirement might be raised during a period of years—a term sufficient to give the smaller hospitals time to gradually meet the demands. At least three of the seven members of the board, and probably more, are of the opinion that the size of the hospital is not a factor of prime importance in the adequate training of nurse pupils. They hold that the board, through its nurse committee, will have complete power to evaluate the nurse training facilities of all hospitals in the future and that if it is found that the small hospitals are giving an adequate course, they may be recognized without regard to their actual size or volume of business.

In every state where an attempt is made to regulate the training of nurses and the practice of nurses, this point is the chief cause of dispute.

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The Journal takes this opportunity to point out that had it not been for the State Medical Association, the last legislature would have enacted a nurse training law that would have barred at least half of the hospitals in the state which are now maintaining schools. The law, as it was originally passed by the legislature and before amendments were secured by the State Medical Association in the Senate, placed the complete control of registration and training schools with a board of nurses. The amendment transferred this control to the State Medical Board—and in the determination of this and all other problems, the members of this board will have complete jurisdiction.

In the present controversy, had the control of registration been lodged with a board of nurses, it is very probable that the minimum requirement would have been placed at 30 patients daily and that all hospitals outside of the larger cities would have been barred.

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Ohio nurses who graduated prior to May 1, 1915, from a nurse training school located in this state, are now receiving the certificates which entitle them to practice in the future as Registered Nurses.

About 4,000 nurses qualified under the exemption clause of the law, which was passed last winter and which extended complete registration to all nurses who filed their diplomas prior to January 1. At its meeting on January 4, the State Medical Board authorized Dr. Matson and the nurse's examining committee to issue certificates at once. The board took a liberal view of the exemption clause and admitted to registration all nurses who were graduated from a school which followed an established curriculum and which gave its training in good faith. This admitted practically every nurse who applied. Of the 4,000 applicants, less than 50 were refused registration. Twelve license certificates were granted to men.

As soon as the task of issuing exemption certificates is completed, the board will take up the

grading of hospitals now training nurses whose graduates will apply for registration in the future. To secure recognition, the hospital must file an application with the State Medical Board, giving an accurate description of its course, facilities, etc., upon blanks furnished by the board. Several hospitals have already filed this application.

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The difficult question of caring for the nurse training schools in special hospitals (children's hospitals, maternity homes, insane asylums, etc.) has been met by the board by the adoption of a general rule that not more than one year's credit shall be given for work done in training schools where the course does not embrace medical, surgical, pediatric, and obstetrical nursing. Under this provision it will be possible for special hospitals to affiliate in nurse training with general hospitals, and for general hospitals which are lacking in any special field to meet the minimum requirements of the board by giving nurse pupils one year in the smaller special hospitals. For example, in Akron, the City and People's hospitals do not provide pediatric work. The Akron Children's Hospital is, of course, limited to this work. An arrangement has been effected whereby nurse pupils in the two general hospitals will be given service in the Children's Hospital, and credit in their general nurse course of not to exceed one year. This permits the general hospitals to meet the provisions of the law, and at the same time supplies Children's hospital with nursing service.

DEATHS IN OHIO

D. L. McIlvray, M. D., aged 63, New York University Medical School, for the past forty years a practitioner at Magnolia, Tuscarawas county, died at the home of his sister in Des Moines, Iowa, December 22. Dr. McIlvray was born in Magnolia and lived there all his life.

Anna Groff Smith, M. D., Univ. of Mich., Ann Arbor, 1892; aged 54; a Fellow of the American Medical Association; for twenty-three years a practitioner of the East Side, Toledo, Ohio; died in Flower Hospital, Toledo, November 15, two days after a surgical operation. She was a member of the Toledo Academy of Medicine.

John J. Siegfried, M. D., aged 60, Hahneman Med. Coll., Chicago, 1888; died December 13, at the home of his sister in Sandusky, where he had gone a few days before, accompanied by his wife. Dr. Siegfried has been in ill health since the spring of 1914. He began the practice of medicine at Charlotte, Michigan. He located in Ashtabula in 1893. He is survived by a widow, one son, one daughter, and one sister.

Joseph Brandham Justice, M. D., aged 42, Miami Med. Coll., Cincinnati, 1896; died at his home in Ashville, Pickaway county, December 16, after a long illness. He retired from practice eight years ago. Dr. Justice began the practice of medicine at Lawrence Furnace, Lawrence county. He is survived by a widow and five children.

Caleb M. Chalfant, M. D., aged 82, Western Reserve University School of Medicine, died at Lutheran hospital, Cleveland, December 29, after a short illness of pneumonia. Dr. Chalfant served during the Civil war as an army surgeon. He had practiced in Cleveland for fifty years and was active in his profession up to a week before his death.

Frank Gibson Mitchell, M. D., aged 38, Eclectic Med. Coll., Cincinnati, 1899; died at his home in Marietta after an extended illness. After graduation, Dr. Mitchell opened an office in Marietta, with his father, the late Dr. William Mitchell. For a number of years he was on the medical staff of the Ohio National Guard. A widow, one son, and three brothers survive.

James Lisle, M. D., aged 67, Miami College, Cincinnati, 1873; died at his home in Columbus, December 22, following a stroke of apoplexy. Dr. Lisle had practiced in Columbus 14 years. He had practiced previously in Roseville and Pataskala for over 30 years. Dr. Lisle served in the Civil war. He was a member of the state legislature from Licking county from 1884 to 1888. He is survived by a widow and one son, Dr. Charles Lisle, of Sidney, and two brothers—Drs. John M. and Lewis Lisle, of Columbus.

Jule E. Marcus, M. D., Cincinnati College of Medicine and Surgery, 1871; died December 6 at his home in Walnut Hills, Cincinnati, after an illness of two weeks. He was associated in practice with his brother, Dr. Joseph C. Marcus. He was a member of the Cincinnati Academy of Medicine. He is survived by a widow and brother. Dr. Marcus was a member of the staff of Jewish hospital and secretary of the staff for thirty years.

James William Rabe, M. D., aged 48, Univ. of Penn., Med. Dep., 1888; died December 16, 1915, at his home in Akron, after an illness of four weeks. Dr. Rabe was born in Cleveland. For a short time he practiced in Cleveland, but moved to Akron later where he had practiced for 29 years. For the last five years he has been associated with Dr. W. A. Parks. He was physician for the Goodrich Rubber Company. A widow and three children survive. Dr. Rabe was a member of the Summit County Medical Society, having been elected May 3, 1892.

A. R. Russell, M. D., Eclectic Medical College, Cincinnati, 1898, died December 12 at Hamler, Henry county (where he had practiced since

1899), from self-inflicted injuries. Unusually heavy professional duties caused a physical breakdown shortly before Dr. Russell's death. He shot himself with a revolver. The sad news shocked entire Northwestern Ohio, as Dr. Russell was highly respected. At the time of his death he was mayor of the village. He is survived by a widow and two sons.

Charles Eugene Norris, M. D., aged 57, University of Michigan, 1886; died at his home in Akron, December 29, after a short illness of pneumonia. Dr. Norris was born in Quakertown, Indiana, September 8, 1858. Dr. Norris had been a member of the Summit County Medical Society since 1889. He served as treasurer of the society from 1901 to 1905. He was also a member of the Ohio State Medical Association, the Sixth District Medical Society, and the Celsus Club of Akron.

Abraham Turner Fulton, M. D., aged 61, New York Univ. Med. Coll., 1882; died in Mt. Vernon Hospital, November 29, after a short illness of Bright's disease. Dr. Fulton was born in Licking county, and attended college in Granville, Wooster and Oberlin. He studied medicine in Mt. Vernon with the late Dr. John W. Russell. He started practice in Mt. Vernon in partnership with the late Dr. Joseph Gordon. Dr. Fulton was never married. He is survived by three brothers and two sisters. He was a member of the Knox County Medical Society.

Robert Bruce House, M. D., Clev. Univ. of Med. and Surg., 1869; died suddenly at his home in Springfield, December 11. Death was caused by acute indigestion. Dr. House was born near Perysville, New York. After graduation he practiced for some time at Tecumseh, Michigan. He moved to Springfield in 1887. Dr. House was active in many charitable and health movements in that city, having served upon the board of health for a number of years. He was prominent in church circles and was deeply interested in the affairs of the Springfield Y. M. C. A. He was a member of the Clark County Medical Society. Dr. House is survived by a widow, one son, Dr. Wallace B. House, of New York, and a sister.

Ezra B. Heistand, M. D., aged 85, Bell. Hosp. Med. Coll., 1872; died suddenly November 28, at his home in Kenton. Dr. Heistand's body was discovered by his granddaughter. He was born in Fairfield county and received his early medical education from Professor Samuel Weaver. He entered the practice of medicine in 1847, but later attended Starling. In 1874 he moved to Kenton where he had since made his home. Dr. Heistand was one of the charter members of the Hardin County Medical Society. Physicians from Kenton and Dunkirk acted as pall bearers. Dr. Heistand is survived by one son, Dr. Howard Edwin, and one granddaughter.

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 * PUBLIC HEALTH NOTES *
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Seventeen children of each 1,000 born in Ohio last year were illegitimate, according to 1914 statistics prepared by Dr. Morton W. Bland, State Registrar of Vital Statistics. The total number of births was 101,801, and 1,748 of these were illegitimate, making a rate of 1.17 per cent of all children born.

Illegitimate children were born to 23 mothers under 15 years of age, one over 45, 58 at the age of 15, 111 at 16, 238 at 18; 188 at 19, 180 at 20, 147 at 21, and 113 at 22. Of the total 1,583 were white and 163 colored, 192 were of foreign parents. Geauga was the only county which reported no illegitimate births. Ross had 30 and the highest rate, 3.76 per cent. Counties with low rates of illegitimacy were: Belmont, .17 per cent; Brown, .18; Coshocton, .02; Wyandot, .28; Ashtabula, .41; Erie, .43; Henry, .38; Knox, .38; Lorain, .34 and Seneca, .48.

Other counties with their number of illegitimate births and rate were: Allen, 12, 1.19; Butler, 13, .76; Clark, 19, 1.46; Columbiana, 26, 1.61; Cuyahoga, 346, 2.02; Fayette, 6, 1.56; Franklin, 146, 3.16; Guernsey, 11, 1.53; Hamilton, 281, 3.15; Hancock, 6, .89; Jefferson, 17, 1.19; Licking, 16, 1.66; Lucas, 93, 1.92; Mahoning, 34, 1.19; Montgomery, 80, 2.16; Muskingum, 26, 2.76; Richland, 12, 1.23; Scioto, 17, 1.48; Stark, 35, 1.37; Summit, 19, .48; Washington, 17, 2.12.

Illiteracy tables show that in counties where there is a large proportion of persons who cannot read or write the percentage of illegitimacy is correspondingly high.

Marietta, Cambridge, Warren and Wapakoneta have filed applications with the state supervising nurse for public health nurses.

Large steel plants in Youngstown have posted notices requesting employees to co-operate in securing general vaccination of the members of their families.

Glanders developed in Cleveland early in December. Health Commissioner Ford immediately closed all public watering troughs and ordered all infected animals killed, and thereby succeeded in preventing a disastrous epidemic.

Dr. Reuben Peterson of the University of Michigan recently addressed a public meeting on the subject of cancer prevention, held in Youngstown under the auspices of the Mahoning County Medical Society. An audience of 200 heard the speaker. The address was given wide publicity in Eastern Ohio newspapers.

Practicing physicians of Delaware were elected as an advisory board to the new Delaware Health and Welfare League, which has been organized to maintain a central headquarters to promote public health and to co-operate with the local public nurses.

Lancaster Anti-tuberculosis League has requested the co-operation of the Fairfield County Medical Society, in the establishment of a free clinic for the treatment of tuberculosis. Dr. C. O. Probst, Columbus, addressed the annual meeting of the society December 9.

With 24 cases of scarlet fever developing in ten days, Health Officer Light, of Dayton, on December 11 issued a circular to physicians requesting more care in diagnosis and rigid observance of the thirty-day period for quarantine. Several cases had been diagnosed as "stomach rash."

Youngstown city law department ruled recently that where the board of education compels vaccination, it must pay from its funds for the medical service in those cases where the pupil's parents are unable to bear the expense. The opinion is based in a general way upon a ruling of the Attorney General of Ohio that where children are prevented from attending school by lack of necessary clothes, the boards of education must furnish the necessary wearing apparel.

Dr. A. L. Light, health commissioner of Dayton, is collecting statements from practicing physicians of that city relative to the value of adequate ventilation of street cars, for the purpose of creating public sentiment in favor of remedying insanitary conditions existing in Dayton. The general questionnaire under date of December 23 calls for information in regard to the importance of the street car as a factor in the spread of disease, suggestions for improving ventilation, eliminating overcrowding, etc.

Dr. Sidney M. McCurdy, Youngstown, reviews the experience of the Youngstown Sheet and Tube Company in providing systematic physical examination for all employees, in a paper in the December 11 issue of the Journal A. M. A. The extent of this service has materially increased in Ohio as well as in other states in recent years until it has become a new specialty in the field of medical practice. Dr. McCurdy gives an interesting review of some of the problems in that field.

Cincinnati Research Society has elected the following officers for the ensuing year: President, Dr. Roger S. Morris; vice-president, Dr. Jacob Tuechter; secretary-treasurer, Dr. Wade Oliver; executive committee, Drs. David I. Wolfstein and Martin H. Fischer.

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Campaigns against disease and agitation for improved health administration in Ohio are resulting in the saving of over 3000 lives a year, according to computations of the statisticians of the state board of health. These figures are based on a preliminary statement issued by the federal census bureau, which places the death rate for the United States registration area at 13.6 for 1914.

This statement gives Ohio's death rate as 13 per 1000 on an estimated population of 5,026,898. The rate in 1913 was 13.8 in this state. The average rate for Ohio over the five-year period, 1909-1913, was 13.4.

Had this rate prevailed in 1914 there would have been 3000 more deaths than actually occurred in the state during that year. The rate of 1914 alone shows a saving over 1913 of more than 4000 lives.

Economists have placed the monetary value of a human life at \$2000, certainly a conservative es-

timate. Taking this figure as a basis, Ohio has been saved at least \$6,000,000 to \$8,000,000 in human life, against which the few thousands spent in health conservation seems a ridiculously small sum.

"These figures," said Dr. McCampbell, "furnish a concrete argument in favor of a more adequate health administration in Ohio. With the appointment of better trained health officers, the appropriation of larger funds for health work and greater co-operation on the part of the public, we should be able to make wider use of our increasing knowledge of the science of sanitation and cut the death rate still lower in the next five years."

National Baby Week will be observed throughout Ohio, commencing March 4. The movement which is being backed by the Federal Children's Bureau, will receive the active co-operation of the Division of Child Hygiene of the state health department. In a statement for *The Journal* Dr. Hollingshead says:

"Baby Week may be observed in whatever way the local interests may best express themselves. It may be a city-wide or county-wide campaign involving all of the agencies in any way interested in the child welfare work from one to fourteen years, or it may be a simple educational venture which is undertaken with the idea of stimulating the development of active work later, or, again, it may be sharply limited to the period of infancy.

"That March was chosen as the time for this celebration is distinct evidence of the fact that it is being recognized more and more that work for babies is not summer work but all the year round work.

"The Ohio State Board of Health, through the medium of its Division of Child Hygiene, is urging that the medical profession of Ohio enter into the active work of this educational campaign with real enthusiasm. It is their hope that there will be established in every county in the state at least one Mothers' Health Conference. A Health Conference is really the latest word in the "Baby Contest" movement. Here the mother brings her baby merely for conference. There is no publicity as to the baby; no prize and no score card of a uniform type to which each baby need measure up. A simple memorandum is filled out; one copy is kept and the other given to the mother to take away. This bears merely a statement of the child's development as the examining physician sees it and a short summary in plain words which informs the mother as to the child's condition and advises her to take the baby to her own doctor for advice. The examination should be made in the presence of the mother. If it is possible, work behind glass in the sight of the people who are interested. The interest in such a demonstration has been continuous and the crowds enormous all summer long at the Panama-Pacific Exposition in San Francisco, where Dr. Frances Bradley has conducted the examinations.

"A very excellent feature of the conference is the display of a series of well-worked up wall cards, models or living exhibits, which will explain to the public local conditions pertaining to the child and public health, such as studies of housing conditions, milk and water supplies, registration of vital statistics, and any good reliable health data which may be presented in an attractive form.

"Will the medical men and women of Ohio help in this nation-wide educational campaign by doing active work during this week? The State Board of Health will have ready in a short time simple suggestions as to the organization of a conference; also the memoranda and registration blanks, which may be had upon application to the Division of Child Hygiene."

A comprehensive survey of all institutions and organizations in Ohio engaged in public health work, or in social service, has just been issued by the board. It was prepared under the direction of R. G. Paterson, director of the division of public health education and tuberculosis, and represents the first attempt that has been made in this state to gather under one cover a synopsis of the agencies which exist in Ohio to meet one or more of the specific social needs. The data is classified and indexed so that the information contained in the volume of nearly 300 pages is readily accessible. It gives the capacity and essential information about all hospitals and institutions, both public and private, and lists all organizations—including county medical societies, tuberculosis leagues, etc. It will be very valuable in carrying forward the various propagandas for the improvement of social conditions in Ohio.

Dr. Walter H. Snyder, Toledo, member of the Ohio Commission for the Blind, who recently returned from New York where he investigated the work of eastern states in the prevention of blindness, advises the board that the Ohio campaign is a model which other states are following. In a letter to Director Paterson, of the division of public health education of the state board of health, Dr. Snyder compliments the board upon the manner in which it is carrying out the provisions of the new Deaton law, which makes compulsory the reporting of all cases of inflammation in the eyes of the new born.

The new state law requiring immediate report by physicians of all cases of inflammation in the eyes of the new born—for which report the physician is paid fifty cents by the state—is gradually becoming effective. In November 67 cases were reported from 26 counties together with six cases of ophthalmia neonatorum, and 27 cases of trachoma. In only three of these cases was it necessary for the state board of health to supply a nurse from state headquarters, as in all other instances there was a local public health nurse available or

the matter was left with the attending physician and health officer. To date, four instances have been reported where cases of inflammation are alleged to have been neglected and not reported, in accordance with the provisions of the law. In one of these cases the information against the attending physician has been forwarded to the prosecuting attorney of the county in which he resides, with instructions to proceed with the prosecution.

Dr. W. W. Ryall, Youngstown, was appointed December 16 to membership on the state board of health for the term ending December 13, 1922. He succeeds Dr. Robert H. Grube, of Xenia, the president of the board, who retires after a long and splendid service to the state. The governor had under consideration the appointment of a number of physicians for this honor, and for some time was undecided as to his exact choice.

During the holidays the traveling public health exhibit was stored in Canton, where it was shown under the auspices of the local health department. A conference of Stark county health officers with staff members of the Board, was held late in December.

UNCLE SAM FINES HEAD OF SO-CALLED "MEDICAL" COMPANY

Trifling with the Mails Proves Costly to Cleveland
Healer-for-Revenue-Only.

One Charles M. Simpson, who operated the "Charles M. Simpson Medical Institute" at 1340 West 40th St., Cleveland, was found guilty in United States Court of violating the federal pure food laws in shipping medicines which were misbranded. The medicine was found by competent chemists to chiefly consist of a small amount of bromide and ammonium carbonate. The mixture was advertised extensively as an "effective remedy" in the treatment of lost nervous strength; all diseases which are really the result of diseases of the brain, spinal cord, medulla oblongata and the nerves given off from each of them; all nervous diseases and heart troubles; nervous prostration; spinal diseases; mania; melancholia; neurasthenia; dementia or "acquired feeble-mindedness"; katatonia and alternating insanity.

Attorneys from Washington joined forces with the U. S. District Attorney Wertz's office and vigorously prosecuted the case. To support their claim that the composition of the product as shown by the analysis was not such as to render it effective, or "cure all," in the treatment of the diseases referred to, the government summoned Doctors Charles F. Hoover, H. H. Drysdale, M. J. Lichty, J. S. Tierney, C. W. Stone, John Phillips and T. Sollmann, of Cleveland, as witnesses. Simpson was fined \$200 and costs.

STATE HEALTH DEPARTMENT INAUGURATES MOVEMENT TO EXTEND PHYSICAL SUPERVISION TO RURAL SCHOOLS

The first serious attempt to standardize the work of physical supervision of the health of children in the public schools, and at the same time to promote and extend such supervision throughout the state, has been undertaken by the new Division of Child Hygiene of the state department of health, under the direction of Dr. Frances M. Hollingshead.

Dr. Hollingshead has prepared a physical examination blank suitable for use in any grade school in the state. The same has been approved by the state department of public instruction, which, under the new school code, is authorized to provide systems of physical supervision.

Before starting the work of securing the installation of inspection, Dr. Hollingshead has started an investigation as to the exact amount now being done in the state. She recently has sent to the county superintendents of public schools a questionnaire designed to bring out these facts. It calls for a statement of the amount and character of supervision in each school, and an injury as to method of correcting defects. The response thus far indicates that very little of this work is being done in Ohio. The larger cities, of course, have completely equipped departments for medical inspection and their work is supplemented by adequate nursing facilities, but the rural schools of the state are lamentably weak.

Will Boost Movement.

From this time forward it will be one of the chief functions of the Division of Child Hygiene to co-operate with local agencies in the extension of this work in the smaller cities and towns and rural communities. A number of county medical societies have taken an interest in local inspection movements. These societies will find that the state department of health will be very glad to co-operate with them.

The department is now prepared to furnish data cards for grade school records to school officials and physicians. These will be supplied without charge in quantities sufficient to meet the local demands.

This card is designed to secure information from three sources—the teacher, the school nurse, and the school physician.

The teacher is expected to fill in the personal and family data regarding the pupil, including the facts regarding relatives, conditions in the home, personal habits, and previous illnesses.

The nurse is expected to examine the child for apparent defects—such as defective hearing,

mouth breathing, enlarged tonsils, orthopedic defects, sore throat, etc.—and for signs of the more common ailments—anaemia, tonsillitis, mumps, whooping cough, nervous diseases, skin affections, etc.

The physician, where such inspection is available, is expected to make a complete physical examination, covering the eyes, ears, nose and throat, heart, lungs, and to look for symptoms of nervous diseases.

Care, a Local Problem.

The method of caring for the child after the defects have been noted is, of course, left to local development. In some cities, particularly in those in which visiting nurses are now engaged, the teacher and nurse will make the chief examination. They will note the defects and report to the parents with a suggestion that immediate treatment be given. In several of the smaller cities, an endeavor will be made to organize a volunteer staff of physicians to care for the child, where the families are unable to pay for the necessary services.

It is believed that the time is propitious for a state-wide extension of school inspection. The public, generally, is awakening to a realization of the need of such work and school authorities almost without exception are eager and anxious to co-operate. County medical societies and physicians individually should keep in close touch with this system as its eventual success will depend upon their co-operation.

CINCINNATI OFFICERS.

At the annual business meeting, January 3, the Cincinnati Academy of Medicine elected the following officers: C. T. Souther, president; D. T. Vail and J. E. Pirrung, vice-president; W. R. Abbott, secretary; A. G. Drury, treasurer; Arch I. Carson, librarian; Julius Eichberg, board of censors, 3-year term; J. C. Oliver, trustee, 3-year term; state delegates, Louis Schwab, 2 years; Louis Stricker, 2 years, and E. O. Smith, 1 year; alternates, Fred Lamb, Mark Brown, J. L. Ransohoff, J. M. Bentley and F. M. Burns.

The annual meeting of the Union Medical Association of the Sixth Councilor District will be held in Akron, Tuesday, February 8. We learn from Dr. J. H. Seiler, secretary, that an unusually good program is being prepared, with clinics in the morning at People's Hospital, where the general sessions will be held, and a late afternoon clinic at City Hospital for those who care to stay.

OHIO CONTRIBUTORS TO MEDICAL LITERATURE

The following is a list of scientific communications printed in November and December in the various medical journals by members of the Ohio profession:

Bettman, H. W., Cincinnati: "Intestinal Pro-lapse and Adhesions"; *Lancet-Clinic*, Oct. 30, CXIV, No. 18. (Abs. Jour. A. M. A., Nov. 20.)

Biggar, H. F., Cleveland: "Clinical Experience with Capsicum, Potassium Bitartrate and Terebene"; *Clev. Med. Jour.*, Aug., XIV, No. 8.

Bigelow, O. P., Cleveland: "Treatment of Syphilis of Central Nervous System"; *Clev. Med. Jour.*, Aug., XIV, No. 8.

Bonifield, C. L., Cincinnati: "Present Tendencies in Gynecologic and Obstetric Practice"; *Amer. Jour. of Obstet.*, Nov., LXXII, No. 5. (Abs. Jour. A. M. A., Dec. 4.)

Bowers, L. G., Dayton: "Pelvic Infections and the Application of Drainage"; *Jour. A. M. A.*, Dec. 4, LXV, No. 23.

Bubis, J. L., Cleveland: "Small Doses of Pituitary Extract in Obstetrics"; *Surgery, Gyn. and Obstet.*, Nov., XXI, No. 5.

Caldwell, C. E., Cincinnati: "Fractures in Vicinity of Joints"; *Lancet-Clinic*, Oct., CVIX, No. 15. (Abs. Jour. A. M. A., Nov. 20.)

Crile, G. W., Cleveland: "Newer Conceptions of Intestinal Stasis"; *Amer. Jour. of Obstet.*, Nov., LXXII, No. 5. "The Kinetic Drive: Its Phenomena and Its Control"; *Jour. A. M. A.*, Dec. 18, LXV, No. 25.

Cole, H. N., and Eng-Kiu Chiu, S., Cleveland: "Coagulation Test for Syphilis, Hirschfeld and Klinger"; *Arch. of Inter. Med.*, Nov., XVI, No. 5. (Abs. Jour. A. M. A., Dec. 4.)

Eyman, H. C., Massillon: "Institutional Stasis"; *Amer. Jour. of Insanity*, Baltimore, Oct., LXXII, No. 2.

Hoover, C. F., Cleveland: "Significance of Acro-Ataxia and Proximo-Ataxia"; *Amer. Jour. of Med. Sciences*, Nov., CL, No. 5.

Hall, R. B., Cincinnati: "Case of Gallstone Causing Intestinal Obstructions and Volvulus"; *Amer. Jour. of Obstet.*, Nov., LXXII, No. 5. (Abs. Jour. A. M. A., Dec. 4.)

Hendley, F. W., Cincinnati: "Auto-Truck Couplings for Escort Wagons"; *Military Surgeon*, Chicago, Oct., XXXVII, No. 4.

Haines, T. H., Columbus: "Mental Examination of Delinquent Boys and Girls"; *Ill. Med. Jour.*, Oct., XXVIII, No. 4.

Iglauer, S., Cincinnati: "Accidental Pneumothorax During Tracheotomy; Report of Cases"; *Annals of Oto., Rhi. and Laryng.*, June, XXIV, No. 2.

Jacobson, J. H., Toledo: "Local Anesthesia in

Herniotomy"; *Amer. Jour. of Obstet.*, Nov., LXXII, No. 5. (Abs. Jour. A. M. A., Dec. 4.)

Kiely, C. E., Cincinnati: "Blindness After Salvarsan Therapy, Optic Atrophy, Atypical Psychosis"; *Lancet-Clinic*, Oct. 16, CXIV, No. 16.

Kramer, O. M., Columbus: "Prevalence of Syphilis in Penal Institutions"; *Ill. Med. Jour.*, Oct., XXVIII, No. 4.

Lange, S., Cincinnati: "Sarcoma of Upper Jaw Symptomatically Cured by Roentgen Ray"; *Lancet-Clinic*, Nov. 6, CXIV, No. 19.

Landis, J. H., Cincinnati: "Report of Committee on Industrial Hygiene and Sanitation of Home"; *Amer. Jour. of Pub. H.*, Oct., V, No. 10.

Levison, L. A., Toledo: "Treatment of Horse Asthma by Repeated Injections of Normal Horse Serum"; *N. Y. Med. Jour.*, Oct. 30, CII, No. 18.

Marine, D., Cleveland: "Quantitative Studies on in Vivo Absorption of Iodin by Dog's Thyroid Glands"; *Jour. of Bio. Chem.*, Oct., XXII, No. 3. (Abs. Jour. A. M. A., Nov. 13.) "Problems of Wounded Men in War"; *Clev. Med. Jour.*, Sept., XIV, No. 9.

McKay, W. H., Columbus: "Inherited Syphilis in Feeble-mindedness"; *Ill. Med. Jour.*, Oct., XXVIII, No. 4.

McCurdy, Sidney M., Youngstown: "Physical Examination and Regeneration of Employees"; *Jour. A. M. A.*, Dec. 11, LXV, No. 24.

Morris, R. S., Cincinnati: "Probable Toxic Effects of Prolonged Administration of Parathyroid Gland"; *Jour. of Lab. and Clin. Med.*, Oct., I, No. 1.

Moots, C. W., Toledo: "Unusual Contents of Inguinal Hernia; Report of Case"; *Amer. Jour. of Obstet.*, Nov., LXXII, No. 5. (Abs. Journal. A. M. A., Dec. 4.)

Murphy, J. W., Cincinnati: "Brain Infection of Optic Origin; Report of Five Cases"; *Laryngoscope*, Oct., XXV, No. 10. "Acute Middle-Ear Inflammations"; *Lancet-Clinic*, Nov. 6, CXIV, No. 19.

Malceod, J. J. R., Cleveland: "Protein Metabolism"; *Jour. of Lab. and Clin. Med.*, Nov., I, No. 2.

Perkins, R. G., Cleveland: "Epidemiology of Whooping Cough and Diphtheria in Cleveland in 1914"; *Clev. Med. Jour.*, Sept., XIV, No. 9.

Pearce, R. G., Cleveland: "Criticism of Bang and Lewis-Benedict Methods for Estimation of Blood Sugar"; *Jour. of Bio. Chem.*, Oct., XXII, No. 3. (Abs. Jour. A. M. A., Nov. 13.)

Philips, J., Cleveland: "Cases of Hemorrhagic Conditions in Infants"; *Clev. Med. Jour.*, Aug., XIV, No. 8.

Ryan, N., Cincinnati: "Social Service Handicraft Shop"; *Lancet-Clinic*, Oct. 16, CXIV, No. 16.

Reed, R., Cincinnati: "Clinical Study of Stammering"; *Lancet-Clinic*, Oct. 16, CXIV, No. 16.

Rachford, B. K., Cincinnati: "Obscure Fevers of Infancy, and Childhood," *Lancet-Clinic*, Oct., CXIV, No. 14.

Richardson, M. L., Cleveland: "Branchiogenic

Carcinoma; Report of Case"; *Clev. Med. Jour.*, Sept., XIV, No. 9.

Ransohoff, J. L., Cincinnati: "Acute Gangrene of Gallbladder Following Injury"; *Ann. of Surg.*, Oct., LXII, No. 4.

Tuechter, J. L., Cincinnati: "Medical Results at Tuberculosis Dispensary in 1914"; *Lancet-Clinic*, Nov. 6, CXIV, No. 19.

Thoburn, T. W., and Hanzlik, P. J., Cleveland: "Salicylatis; Methods for Quantitative Recovery of Salicyl from Urine and Other Body Fluids"; *Jour. of Bio. Chem.*, Nov., XXIII, No. 1.

Stone, W. J., Toledo: "Differentiation of Cerebral and Cardiac Types of Hyperarterial Tension of Vascular Disease"; *Arch. of In. Med.*, Nov., XVI, No. 5. (Abs. *Jour. A. M. A.*, Dec. 4.)

Stewart, G. N., and Scott, R. W., Cleveland: "Studies on Circulation in Man"; *Jour. of Pharm.*, Baltimore, Oct., VII, No. 3. (Abs. *Jour. A. M. A.*, Nov. 6.)

Smith, E. O., Cincinnati: "Urinary Calculi"; *Lancet-Clinic*, Oct. 16, CXIV, No. 16. (2) "Physician; His Profession"; same, Nov. 13, CXIV, No. 20.

Stewart, G. N., Cleveland: "Id. Criteria by Which Deficiencies in Blood Flow Due to Mechanical Causes May Be Discriminated From Changes Due to Functional Causes"; *Jour. of Pharm.*, Oct., VII, No. 3.

Sawyer, C. W., Marion: "Mental Disease"; *Ill. Med. Jour.*, Oct., XXVIII, No. 4.

Southworth, R., Cincinnati: "Non-Drug Therapy"; *Lancet-Clinic*, Oct. 30, CXIV, No. 18.

Sollmann, T., Cleveland: "The Handwriting on the Wall"; *Jour. A. M. A.*, Dec. 25, LXV, No. 26, "J. W. Mueller, on Transfusion-Retrospect"; *Clev. Med. Jour.*, Aug., XIV, No. 8.

Woolley, P. G., Cincinnati: "Lesions in Experimental Infection and Bacterium Tularensis"; *Jour. of Infect. Dis.*, Nov., XVII, No. 3. "Intestinal Stasis and Intestinal Intoxications"; *Jour. of Lab. and Clin. Med.*, Oct. 1, No. 1. (Abs. *Jour. A. M. A.*, Nov. 27.)

Warner, A. R., Cleveland: "Manufacture and Administration of Nitrous Oxid for Anesthesia: the Experience of Lakeside Hospital"; *Jour. A. M. A.*, Dec. 4, LXV, No. 23.

Woltmann, H., Mansfield: "Transfusion by the Citrate Method in a Sixty-Hour-Old Baby with Melena Neonatorum"; *Jour. A. M. A.*, Dec. 18, LXV, No. 25.

Dr. C. A. Coleman, Dayton, has been added to the staff of the hospital at the National Military Home, and has established a special clinic for the treatment of genito-urinary diseases. Dr. Coleman will conduct two clinics a week and soldiers resident in smaller hospitals and homes will be referred to the Dayton institution for treatment. The establishment of a clinic for genito-urinary cases will meet a need that has been felt for many years.

FIRST DISTRICT SOCIETY HELD INTERESTING ANNUAL MEETING

Dr. Lummis, of Middletown, Succeeds Dr. Sproull as President for 1916.

The First Councilor District of the Ohio State Medical Association met in Cincinnati, Thursday, December 16, at the Cincinnati General Hospital. Although the weather conditions were very unfavorable, there was a good attendance.

The meeting was opened by our councilor, Dr. Robert Carothers, who introduced Dr. Bachmeyer, the superintendent of the hospital. Dr. Bachmeyer welcomed the members to our city and especially to the new hospital, and invited each to go through the various buildings. O. T. Sproull of West Union, Adams County, the president of the First District, then took the chair.

The following papers were then presented and well discussed: 1. Anesthesia, by C. L. Bonifield, Cincinnati. 2. Loose Kidney by Robert T. Morris, New York City.

A most appetizing luncheon was served at one o'clock in the students' lunch room at the hospital. This afforded an opportunity for a sociable hour and everybody enjoyed themselves very much. At three o'clock the program was continued in the Pathological Amphitheater. The papers were: 3. Treatment of Fracture, W. P. Carr, Washington, D. C. 4. Fracture of the Back of the Femur, Alexius McGlannan, Baltimore, Md. 5. Clinical Pathological Conference, Roger T. Morris and Paul G. Woolley, Cincinnati, Ohio.

The following officers were then elected: President, George D. Lummis, Middletown, Butler county; the vice presidents are the presidents of the various county societies of the First Councilor District; secretary, Dr. John D. Miller, Cincinnati. Cincinnati was selected as the next meeting place but the time was not decided upon.—John D. Miller, Secretary.

MEDICAL POSITIONS IN STATE SERVICE.

The State Civil Service Commission has announced examinations for January 25, for assistant physicians, male and female, for all state hospitals, salary \$900 to \$1200 with full maintenance. Examinations will be held in Cleveland, Cincinnati, Columbus, Toledo and Dayton. Applicants should have one year's experience, preferably in a general hospital, and special knowledge in psychology, including cause, effect and treatment of insanity. Those with laboratory experience are particularly desired. On January 20, in the same cities, examinations will be held for the position of chief medical examiner of the Industrial Commission, salary \$3500. Further information regarding these examinations may be secured from the commission's office, corner High and Rich Streets, Columbus.

 * NEWS OF THE COLUMBUS *
 * ACADEMY OF MEDICINE *

Columbus Academy of Medicine closed a splendid year under the presidency of Dr. John Dudley Dunham, with an annual meeting at the Hotel Virginia, on the evening of December 20. More than 150 members gathered at the tables and heard the annual reports and the review of medical progress during 1915.

The report by Dr. Bigelow shows that during the year the Academy held thirty meetings with an average attendance of 110—undoubtedly the largest average in the state. During the year, 19 new members were added and the Academy was the first to reach the One Hundred Per Cent class. Despite the heavy expenses, there was a balance of \$409.00 for the year. The Academy is, in fact, in flourishing shape.

Dr. W. J. Means, retiring chairman of the board of trustees, turned over a surplus of \$798.00. Dr. H. M. Platter, chairman of the Committee on Public Health, reported upon the advanced sanitation work being carried on in Columbus by the city health department. Dr. G. H. Matson, chairman of the Committee on Legislation, briefly explained the new laws affecting medical practice and complimented the academy upon its prompt response to requests of the committee.

Dr. I. B. Harris reported on surgical progress during the year, confining himself to consideration of gall bladder surgery. Dr. F. O. Williams, in reporting on medicine, cited the great advance in the preventive field, calling particular attention to the wonderful results of prophylaxis in the European armies. He reviewed the progress during the year in medical education, research, and the development of public health education, speaking especially of the addition of courses in public health to several universities. Dr. J. W. Sheets ably reviewed the new things in therapeutics. (His paper is published in this number.)

Dr. S. J. Goodman, in reviewing obstetrics, called attention to the increased public interest in this field and cited instances to show that the laity is coming to regard obstetrics as a surgical practice, to be surrounded by all the safeguards usual to surgical procedure. He advocated the establishment in Columbus of a municipal hospital open to all physicians, where the prevailing rate would not exceed \$10.00 a week. He praised pituitrin as the greatest advance in modern obstetrics and declared the standardization and regulation of the dosage developed during the past year to be the year's most important contribution to obstetrics. Incidentally, Dr. Goodman in his extremely forceful manner, paid his respects to the so-called "twilight sleep." He branded it as "the arch fake," and charged that certain Colum-

bus practitioners had deceived their patients by leading them to believe that they had received "twilight sleep" when as a matter of fact, he said, they had been given merely scopolamin or morphin or even pituitrin.

Dr. Dunham, in a brief presidential address, reviewed the accomplishments of the Academy during the year. He urged general practitioners of the city to contribute more freely to the programs, and the Academy as a whole to take a greater interest in local public health problems.

On motion of Dr. J. E. Brown, the Academy tendered a unanimous vote of thanks to Dr. Dunham for his splendid administration.

The result of the first preferential ballot taken under the new plan adopted by the Academy was then announced. Dr. H. M. Platter was elected president; Dr. Hugh J. Means, vice president, and Dr. I. B. Harris, trustee. Drs. George H. Matson and J. B. Alcorn were elected delegates to the State Association, for a period of two years.

At the Meeting December 13.—The following program was presented: "The Mistreatment of Dysmenorrhoea," Yeatman Wardlow; discussion, Earl Gilliam and W. D. Inglis. "Photophobia and Tinted Lenses," C. F. Clark; discussion, W. K. Rogers and Clayton McPeck.

 * NEWS OF CINCINNATI *
 * ACADEMY OF MEDICINE *

(Report by W. R. Abbott, M. D., Correspondent)

Meeting of November 29.—In his resume of the subject, "Carcinoma of the Stomach," C. T. Souther advanced the four theories which, in his opinion, are the most plausible in the etiology of cancer. First, cell atony or misplaced epithelium; second, embryonic cell nests; third, abnormal cell polarization; fourth, a medium of diminished alkalinity. Cancer is found most frequently in the pyloric end of the stomach, in the colon and in the cervix, all acid media. It is rarely found in the cardiac end of the stomach. In the stomach, the essayist believes, cancer develops on an ulcer base, and, if operated upon early, a cure can be effected. His own experiences seem to bear this out. Dr. Souther took up the pathology, X-ray diagnosis and operative technique, and illustrated his remarks with lantern slides.

Dr. Haines said that though carcinoma is on the increase, mortality from cancer is decreasing. This decreased mortality is due, however, not to better methods of diagnosis, but to the extension of the life age limit. Dr. Seigel believes that many inoperative cases are greatly benefited by the administration of potassium salts, which can be facilitated, according to the essayist, by the additional use of hydrochloric acid. Discussions of this paper also by Drs. J. H. Caldwell, W. Griess, Ricketts and Steinharter.

Meeting of December 6.—Dr. Wm. Ravine, in his paper "The Binet-Simon Test for Mentality," divided defectives into the classes: Idiots, imbeciles and feeble-minded. The test consists of a series of questions and answers, identification of figures, color, size and weights of articles. The result is based upon any deviation from what is considered normal at the different ages. This test must be taken only as a symptom in arriving at a conclusion of the patient's mentality.

Dr. Breese, professor of psychology at the University of Cincinnati, opened the discussion, and spoke of the practical use of this method in examining defective school children.

Dr. Ralph Reed believes good results can be obtained if the examiner uses his own intelligence and judgment, and takes into consideration the emotional state of the child at the time of the examination. Dr. Charles Kiely also agreed with Dr. Reed's views. Dr. North brought up the question as to whether there is anything in child life which might determine psychoses in later life.

Dr. Jesse Wyler reported his results in the use of optochin in external eye diseases, these results being for the most part favorable. Optochin is a derivative of quinine, and is used as an antiseptic and for disinfecting the conjunctival sac preparatory to operating. It is claimed to be superior to silver nitrate, as there is no irritation or symptoms of intoxication following its use.

Dr. Walter Griess read a report of a case of ruptured tubal gestation (four months pregnant) in which he removed the blood from the abdomen, diluted it with 2 per cent solution of sodium citrate, then injected it into the veins. The pulse immediately became perceptible and respiration fuller. If the fetus had been in a ruptured sac, it would not have been advisable to use the patient's blood.

Meeting of December 13.—In his paper, "The Use of Nitrous Oxide in the Production of Painless Childbirth," Dr. Moses Salzer emphasized the following points: That nitrous oxide is without danger to both mother and child; the babies when born are of good color and the mother's recovery leaves her mentally clear and with no unpleasant recollections. This anesthetic can be used at any stage of labor and can be continued indefinitely for hours, if necessary, and is successful in the elimination of pain, when properly administered, in practically every case. The effects of nitrous oxide are, at all times, absolutely controllable. It can be deepened for examination or the patient can be allowed to come completely from under its influence at a moment's notice. Cyanosis, which must be carefully avoided, is never due to too much nitrous oxide, but is due to the exclusion of oxygen.

The essayist believes that gas anesthesia does not retard labor, and can not, therefore, in itself be a cause of uterine inertia. In one case re-

ported, where it was necessary to substitute chloroform for gas, due to failure of the latter, the interval between pains were immediately increased. Laughing gas is to be given in the first stage, undiluted with oxygen and at the very beginning of pain.

Dr. Rothenberg, in discussion, objected to the use of morphine scopolamine and morphine-narcophine on the grounds that we have no way of counteracting the dangerous symptoms which may arise. Drs. Bernheim, Mombach and Goldenburg discussed the cases reported. Discussed by Drs. Porter, Gillespie and Johnston, who believe the use of chloroform to be still ideal, particularly in the final stage. Emphasis was laid upon the importance of the proper administration of this anesthetic.

Meeting of December 20.—Dr. J. H. Schroeder in his paper on "The Clinical Control of Diabetes," discussed the various phases of the disease and the means available for any effective control over them. The character of the possible intoxications and the methods of prevention and treatment of these conditions were considered in some detail. The paper embodied a comparative study of eight cases of diabetes that were treated according to the method of Allen, with success. The excretion of sugar in the urine was compared with the hyperglycemia, which was pointed out as the real diagnostic factor.

Dr. Alfred Bettmann opened the discussion and described the experiments which Allen conducted in the formation of his theory, which Dr. Shawl, of Baltimore, spoke of experiments conducted in the clinics of Johns Hopkins as to acidosis from a quantitative standpoint.

Dr. Louis Heyn believes that proper dieting is sufficient in the great majority of cases, but the Allen treatment is of great benefit in the more severe cases of diabetes. Dr. Mitchell agreed with Dr. Heyn. Dr. Rose advised guarded prognoses in apparently fatal cases.

Dr. Otto Seibert presented a very rare condition—hernia of the stomach and the duodenum through the diaphragm and behind the heart. The patient had symptoms of carcinoma. The proper diagnosis, however, was made by the X-ray. Dr. Goosman presented and explained the X-ray plates in this case. The hernia was reduced and the rent in the diaphragm closed by means of chronic catgut suture—a difficult procedure—due to the depth of the wound and the proximity of the large blood vessels in this region. Dr. Johnson said that the heart pushed to one side and a tympanitic note in this region are diagnostic points. He suggested an osteoplastic operation through the chest. Dr. Lang cited several slightly similar conditions, discovered accidentally by the X-ray. Dr. Pirrung has seen one such case, and Dr. Haines reported one in the literature in which the intestines had penetrated the pleural cavity.

 * NEWS OF CLEVELAND *
 * ACADEMY OF MEDICINE *

(Report by J. E. Tuckerman, M. D., Correspondent)

The one-hundred and twenty-fifth regular meeting of the Academy was held Friday, December 17, at the Cleveland Medical Library; the President, Dr. C. F. Hoover, in the chair. Attendance, 131.

Annual reports of the following were read: J. E. Tuckerman, treasurer; C. E. Ford, chairman legislative committee; A. S. Story, civic committee; R. G. Perkins, public health committee; Lester Taylor, program committee; G. W. Morehouse, membership committee; J. J. Thomas, for the milk commission.

The annual election of officers resulted as follows: President, Dr. Wm. Evans Bruner; First vice-president, Dr. R. K. Updegraff; Second vice-president, Dr. R. E. Skeel; Secretary-treasurer, Dr. J. E. Tuckerman; Trustees, Dr. W. H. Weir and Dr S. L. Bernstein.

After the ballots had been cast the Academy listened to the paper of the evening, "The History of the Discovery of the Secretory Glands and their Function," by Dr. Mortimer Frank, Secretary of the Society of Medical History of Chicago. Dr. Frank's paper gave a chronological review of the development of our knowledge of the anatomy and physiology of the ductless glands, accompanied by lantern slide pictures of many of the investigators. The subject was very interesting and the presentation excellent. Dr. G. W. Crile moved a vote of appreciation.

Dr. G. W. Moorehouse introduced the following resolution: "To the Ohio State Board of Medical Examination and Registration:

"Whereas, In a recent interview published in the Ohio State Medical Journal for December, 1915, Mr. Elbert H. Baker, president and general manager of the Cleveland Plain-Dealer, has stated that he has in his possession evidence of the payment of commissions for the reference of patients for operation, and

"Whereas, The revocation of license to practice medicine is the penalty provided by the laws of the State of Ohio for this offense, therefore, be it

"Resolved, By the Academy of Medicine of Cleveland, that the Ohio State Board of Medical Examination and Registration be, and hereby is, requested to call upon Mr. Baker for such evidence as he may possess and having received it that it take such steps to punish this offense against the public and the profession as are provided by law."

The resolution was referred to the Council for action.

CLINICAL AND PATHOLOGICAL

The one hundred and twelfth regular meeting of this section was held Friday, December 3, 1915, at the Cleveland Medical Library, the chairman, S. J. Webster, in the chair. The regular program follows:

1. *The Diagnosis of Intracranial Hemorrhage in the Newborn*, by H. G. Sloan.

Intracranial hemorrhage in the newborn is divided into two general types, namely, supratentorial and infratentorial, as is indicated by the names. If the clot is of long enough standing, cell degeneration at the site of pressure may take place. Intracranial pressure is largely increased, for the dead cells swell and increase from 20 to 30 percent in size. The loose manner in which the cranial bones are joined in the infant may accommodate for this increase.

Immediately after an intracranial hemorrhage the picture which the child presents may be a normal one. Later the reflexes become hyperactive, and there are twitchings of muscles and other irritative phenomena such as convulsions. Later there is spasticity of the affected parts. Finally, with cell death, there is flaccid paralysis and finally lethal exitus.

As for the symptoms which such a child presents, whereas the normal infant sleeps for many hours after birth, the infant with intracranial hemorrhage is restless. There is contortion of the facial muscles. The child refuses to take nourishment. The child with a supratentorial hemorrhage is usually pale, and the pulse is slower than normal. The pallor results from a general vasoconstriction which occurs in an attempt to raise the blood pressure. There may be a widened interspace between the bones at the lambdoid suture on the one side and not on the other. The fontanelles may remain sunken, even though there are other unmistakable signs of an intracranial hemorrhage. Later, however, they may bulge. The veins of the eye on the same side as the hemorrhage may bulge and the pupil may be contracted. The medulla with its vital centers is not affected in the supratentorial type as early as in the infratentorial type. Of the motor area the face and arms are usually involved first as the blood from the hemorrhage tends to run down. The sternocleidomastoid muscle on the same side of the lesion may show increased tone, pulling the child's head to one side, due to involvement of the spinal accessory nerve. The heart rate becomes progressively faster and the blood pressure falls at the same time. With facial signs, the possibility of an injury to the facial nerve at the time of delivery must be eliminated. To localize the hemorrhage one depends on the ordinary methods of cerebral localization. A rapidly developing hemorrhage is easier to diagnose than one which develops slowly.

Differentiation of the supratentorial from the infratentorial type is possible. If the hemorrhage

is of the former type, the indication is for a decompression over the parietal region, if of the infratentorial type, for a decompression over the occipital region.

In the infratentorial type the child lies quietly, and is likely to be cyanotic, from early involvement of the respiratory center. There is evidence of spinal irritation with bilateral rigidity of the parts. Lumbar puncture gives a blood tinged fluid. In the early stage there is less tendency to convulsions than with the supratentorial type. Also there is less tendency to early bulging of the fontanelles. Coma ensues early in the course followed by death.

It is also to be remembered that birth injury, without hemorrhage is able to produce the same symptoms as actual pressure of a clot. After a difficult labor the child should be watched closely. Symptoms may not develop until five or six days after birth. Such a child should be kept quiet to guard against the onset of convulsions.

In all cases there should be an early operation while the pulse is still slow, before it has become weak and rapid and before the blood pressure has fallen. No anaesthesia should be used, for the child is in all cases unconscious and suffers no pain, and further with anaesthesia the blood pressure falls. The fall may be just sufficient to cause an ischemia of the brain cells which will result in their dissolution. If a clot is found and has been thoroughly evacuated, the dura is carefully sutured to prevent, as far as possible, the formation of subsequent adhesions and the piece of bone is replaced. If not clot is found the base of the brain should be carefully explored. The average mortality in such cases is 50 percent. This will doubtless be reduced with earlier diagnosis of such cases.

The paper was discussed by S. L. Bernstein, H. J. Gerstenberger, D. S. Hanson, W. E. Lower and W. G. Stern.

2. *The Prognosis of Infantile Paralysis*, by Walter G. Stern.

At the present time Cleveland and other points in Ohio are in the throes of an epidemic of poliomyelitis anterior. In Cleveland, during the past year, there has been, according to the writer's estimate, between 300 and 400 cases. The type of the present epidemic is severe, and very few mild cases have been noted. The death rate of the disease in Ohio is estimated at 10 per cent of the total cases. According to some statistics approximately 25 per cent of the total cases result in complete, spontaneous recovery.

When complete recovery takes place spontaneously, the climax is reached not later than six months from the time of onset. The prognosis in a given case depends first, on the amount of real damage which has been done to the anterior horn cells, second, on the amount of congestion and neuritis in a given case, third, on the amount of muscular degeneration and deformity, and fourth, on the regenerative power of the nervous

system. Improvement in the condition can be secured later than six months provided the patient is under proper treatment. To give a prognosis in any given case is difficult, since all the factors involved must represent unknowns to the physician.

In the treatment the patient should not be made to support weight of any kind from the parts affected, that of bed clothes included. The parts involved should be removed from the influence of gravity. In addition, when a given group of muscles is effected, care should be taken that they are not forced to contend against the extreme pull of adversary muscles. To make the child get up and move about, on the theory that he needs exercise for the weakened parts is sheer nonsense.

The location and number of the muscle groups involved has no bearing on the prognosis. However, there is one exception, namely that in cases where the facial muscles are involved, and these alone may be effected, the prognosis is uniformly favorable.

EXPERIMENTAL MEDICINE SECTION

The eighty-fourth regular meeting of this section was held at the Cleveland Medical Library, Friday, December 10, 1915, the chairman, T. Wingate Todd, in the chair. The regular program follows:

1. *Sugar Retaining Power of the Liver*, by J. J. R. MacLeod and R. G. Pierce.

The sugar retaining power of the liver, under various conditions, was discussed by the speaker, his points being illustrated by charts and tables. In a general way, his conclusions were that unlike a bucket of water, which when full tends to run over more than when empty, the liver, filled with glycogen, seems to be more competent to retain additional sugar, than does the liver of a starving animal which contains no glycogen.

The speaker qualified his conclusions, not claiming an absolute deduction, but suggesting that the conclusions seemed likely on the basis of the data collected by him in his experiments.

2. *Behavior of Acid Amides in the Organism*, by C. H. Fiske.

3. *Some Clinical Observations on Blood Flow*, by G. N. Stewart.

The method of estimating blood flow through the hands and feet, the only portions of the body which adapt themselves to such procedure, consists of determining the amount of heat given off by these parts, with properly constructed calorimeters. Relative to the reliability and constancy of such estimations, as shown by repeated checkings in a given case, there is a remarkably small amount of variation.

There are certain generally constant results on the blood flow in different diseases. In the case of valvular lesions, the blood flow, naturally, varies greatly with the degree of compensation. In arterio sclerosis, the flow, as would be ex-

pected, is small. In bradycardia, the flow may be good or bad, depending on the efficiency of the mass movement of blood with a slow cardiac rate. In tachycardia the flow is quite apt to be small, showing that an overacting, rapid heart is less likely to be efficient. In cases of hemiplegia, there is quite commonly a deficiency in the flow on the paralyzed side, the vasomotors, doubtless, being effected with the other nervous supply of the part. In progressive muscular atrophy, however, there is no change.

In tabes, as would be expected, it being a spinal cord disease, the vasomotor reflex is small. That is to say, that while normally, when one extremity is placed in warm or cold water there is a corresponding increase or decrease in the blood flow through the opposite part, such a change is but feebly exhibited in tabes.

Estimation of the blood flow is of interest in cases of emboli, aneurism, and many others. It has a real clinical value. Thus, when a part following operation or disease, has a small blood flow, the increase or decrease in the blood flow, may indicate either the gradual restoration of the circulation of the part to normal, or may show likelihood of a subsequent gangrene. The method, therefore, is valuable from the standpoint of prognosis.

The disadvantage in the method lies in the amount of time consumed in the use, namely, 45 minutes, for each estimation, and also in the rather tedious technic which it demands.

COUNCIL MEETING

At a meeting of the Council of the Academy of Medicine held Wednesday, December 8, 1915, at the Bismarck, the following applicants were elected to active membership in the Academy: C. D. Christie, M. D.; E. D. Saunders, M. D.; B. J. Sawicki, M. D., and Alvin A. Stone, M. D. Dr. E. C. Konrad was reinstated in active membership. The transfer of Dr. Kate Johnson Harris from the Wayne County Medical Society was accepted, on motion. The secretary read the list of members dropped for non-payment of dues.

The following resolution was introduced by Dr. J. J. Thomas:

"Whereas, A change of city administration is about to take place, and

"Whereas, The Academy of Medicine of Cleveland is inherently interested in the promotion and maintenance of public health, and

"Whereas, The conduct of the division of health during the past six years has been in accord with the best professional standards and shows not only a high degree of personal efficiency but embodies a policy which has enlisted both professional and lay cooperation, therefore

"Be it Resolved, That inasmuch as every health interest of the public can best be served by the continuance in office of the efficient and faithful officers by whom an increasing measure of professional confidence and support have been won, we urge upon the incoming administration that the present division of health, both as to personnel and methods, be continued."

After full discussion the resolution carried. On

motion by Dr. Moorehouse, Drs. J. J. Thomas, C. F. Hoover and G. E. Follansbee were constituted a committee to present the matter of the resolution to Mr. Davis.

COUNTY SOCIETIES

FIRST DISTRICT.

Clinton County Medical Society met at Wilmington Thursday, December 23. A very enjoyable dinner was served at the New Martin Hotel at 6 P. M. After dinner the society adjourned to the Commercial Club Rooms where the regular order of business was taken up. To meet the increase in state dues, annual dues were raised to four dollars. The secretary read a communication from the state secretary relative to proposed amendment to constitution and by-laws. Dr. Robert Carothers, district councilor, discussed the amendment relative to Medical Defense. After considerable discussion of the subject by the members, practically all were unfavorable to the adoption of the amendment. A motion to instruct the society delegate to oppose the amendment was tabled until the March meeting.

The society then proceeded to the election of officers with the following result: President, Robert Conard, Blanchester; vice-president, J. F. Fisher, Sabina; secretary-treasurer, Henry Brown, New Vienna; delegate, C. A. Tribbet, Westboro; alternate, G. W. Wire, Wilmington.

I. B. Harris, of Columbus, addressed the society on the subject of "Diseases of the Gall-bladder, Diagnosis and Treatment." Dr. Harris very ably discussed the symptoms of gall bladder involvement, illustrating the point by apt quotations from a wide personal experience and from the literature on the subject. The problems involved in the decision as to the method of surgical treatment were clearly presented, and the case of excision vs. drainage set forth in a convincing manner. Due to the lateness of the hour, Dr. Harris' paper was not fully discussed as is the custom with us, but Dr. Carothers, Dr. Briggs and Dr. Hale spoke briefly in appreciation of the paper and brought out interesting points in illustration of phases of the subject.

Robert Conard, Correspondent.

Butler County Medical Society held its regular monthly meeting in Hamilton, December 22. Program, "Gastric Ulcer," W. D. Haines, Cincinnati. His paper was followed by an interesting discussion. Annual meeting January 26.

Fayette County Medical Society held its December meeting at Washington C. H. C. F. Bowen, Columbus, discussed the treatment of cancer with X-Ray. H. L. Stitt, Washington C. H., read a paper on mouth infections. New of-

ficers elected: President, W. E. Ireland; secretary, Lucy Pine; vice-president, R. M. Hughey.

SECOND DISTRICT.

Montgomery County Medical Society met December 3 and elected the following officers for 1916: President, C. L. Patterson; first vice-president, E. R. Crew; second vice-president, J. L. Carter; third vice-president, J. H. Farber; secretary, E. R. Arn; treasurer, W. F. Prather; board of censors, R. S. Gaugler; state delegate, H. V. Dutrow; alternates, Drs. W. A. Ewing and A. O. Peters; public policy and legislation, J. W. McKemy; milk commission, long term, 3 years, A. H. Lane, N. D. Goodhue; short term, unexpired of C. L. Patterson, Dr. Frank Thomson; joint contract practice committee, C. C. McLean; program committee, long term, H. V. Dutrow; short term, A. J. Moorman.

E. R. Arn, Correspondent.

Preble County Medical Society met December 23rd and was favored with a very interesting paper by Dr. J. E. Hunter, of Greenville, on diseased tonsils. Election of officers at this meeting resulted in the selection of all old officers for the ensuing year.

J. C. Ryder, Correspondent.

Darke County Medical Society held its regular monthly meeting on December 8. P. W. Byers, of Arcanum, retiring president, delivered an address and A. F. Sarver, secretary-treasurer, made the usual annual report. Dr. R. H. Spitler, Greenville, reported a case of typhoid in a young male adult, running an uneventful course until in the third week when there were eight hemorrhages in four days, followed shortly by all the classical symptoms of perforation and ending in complete recovery without surgical intervention. After the use of emetin hydrochloride the hemorrhage cleared and did not recur. Officers elected: President, B. F. Metcalfe, Greenville; vice-president, Harry Riegel, Lightsville; secretary-treasurer, A. F. Sarver, Greenville; delegate, state meeting, J. E. Monger, Greenville; alternate, E. G. Husted, Greenville; public health committee, M. M. Corwin, Ansonia, and C. I. Stephen, Ansonia; board of censors, P. W. Byers, Arcanum.

Councilor Hunter addressed the society on the importance of thoroughly instructing the delegate to the state society meeting on pending state matters. Our delegate was instructed to support the amendment of the by-laws admitting associate members to state society, also to exercise his influence in favor of medical defense. He was further instructed to introduce an amendment to the state society by-laws lengthening the term of delegate to A. M. A. meetings.

B. F. Metcalfe, Correspondent.

Miami County Medical Society met at the Piqua Club, Piqua, Thursday, December 2. This was the annual business meeting and after a lengthy business session the following officers were elected: President, M. M. Brubaker, Covington; vice-president, L. A. Ruhl, Covington; secretary-treasurer, R. D. Spencer, Piqua; member board of censors, 3 years, S. D. Hartman, Tippecanoe City.

R. D. Spencer, Correspondent.

Champaign County.—The December annual meeting of the Champaign County Medical Society was held December 9th at the office of Dr. Earle. After disposing routine business the following officers were elected for 1916: President, Mark C. Houston; vice-president, Vogt Wolfe; secretary-treasurer, David H. Moore; censors, 3 years, E. W. Ludlow; 2 years, C. A. Offenbacher; 1 year, Robert Henderson; delegate to state meeting, 2 years, C. D. Houser; alternate, E. R. Earle. The new president and secretary are arranging a program for the coming year. It is hoped to have one of the most prosperous and instructive years in the history of the society.

David H. Moore, Correspondent.

Clark County Medical Society, at its annual meeting on December 13, raised the dues from \$3.50 to \$5.00. D. C. Houser, Urbana, was the visiting essayist. Following committees have been appointed by the society to make arrangements for the Second District meeting: Arrangements, C. L. Minor, J. R. McDowell, J. A. Link and R. B. House; finance, W. C. Taylor, F. P. Anzinger, R. C. Rind, F. A. Hartley, C. S. Ramsey and L. L. Syman; reception, J. E. Moore, South Charleston, H. B. Martin, E. R. Brubaker, L. E. Niles, W. A. Ort and C. W. Russell. W. B. Patton, Springfield, is president.

Shelby County Medical Society held its annual meeting in Sidney December 2, with a large attendance. Officers elected: President, C. M. Faulkner, Anna, R. F. D.; vice-president, A. W. Reddish; secretary, O. O. LeMaster; representative to state meeting, Arthur Silver. F. M. Hussey was elected censor for three years. Dr. Hussey read a paper on "Dementia Praecox." He was asked by the society to re-read it at the joint meeting of the Miami and Shelby county medical societies to be held in January.

Greene County Medical Society met in Xenia. December 2nd, at 11 a. m., with 14 members present. Interesting cases were reported by several of the members. A representative of the Max Wochoer Co., of Cincinnati, was present with quite a display of surgical instruments. The following officers were elected: President, W. C. Ride-nour, Xenia; vice-president, R. R. Richeson,

Yellow Springs; secretary-treasurer, H. C. Messenger, Xenia; delegate to State Medical Society, H. R. Whitacre, New Burlington; alternate, R. H. Grube, Xenia; board of censors, H. R. Whitacre, R. W. Smith, W. A. Galloway.

The paper of the day was read by Dr. W. A. Galloway Subject, "Fitzgerald's Zone Therapy." This paper elicited quite an animated discussion.

D. E. Spahr, Correspondent.

THIRD DISTRICT.

Hancock County Medical Society met December 8 with ten present. Physical Examination Day in Hancock County was not a "howling success." Reports from six of the nineteen who offered to conduct free examinations on Wednesday show eight examinations, with two repeaters—making just six persons who took advantage of the offer. The opinion of those present at the meeting was that the day should have been given to the examination of school children, and any future work will be along that line. Dues were raised from \$2.50 to \$5.00 per year and a resolution was introduced to collect through the bank after 30 days' notice.

Election of officers resulted as follows: President, J. M. Firmin; vice president, N. L. McLachlan; secretary, N. B. Kennedy; treasurer, E. J. Thomas; delegate, J. C. Tritch; alternate, A. J. Reycraft; censor, J. C. Martin; state and local legislative committeeman, N. B. Kennedy,

Nelia B. Kennedy, Correspondent.

Seneca County Medical Society convened in regular session in the parlors of the Hotel Shawhan, Thursday, December 16, at 8 p. m. President Marion W. Uberroth and Drs. Raymond A. Palmer, George W. Williard, George L. Lambright, Harmon B. Gibbon, Robert G. Steele, Naaman C. Miller, John D. Howe, John A. Gosling, Edwards H. Porter, Neil S. Storer and Chas. F. Daniel responded to the roll call. Naaman C. Miller, of Fostoria, read an excellent paper on: "Some Problems in Obstetrics." Every physician in attendance took an active part in the general discussion, and much valuable information was gleaned from the impromptu talks.

The annual election of officers resulted as follows: President, G. W. Williard; vice president, Naaman C. Miller; secretary, Victor L. Magers; treasurer, George L. Lambright. The Seneca County Medical Society will be governed, during the year 1916, by men who have always been active in the welfare of the organization. The year will no doubt be a most prosperous one in the history of medical activity in the Seneca County fraternity.

Following the election of officers, the retiring president briefly reviewed the achievements of the society during the past year, and pleasantly expressed his keen appreciation of the kindness and good-will shown him by his colleagues during his

incumbency. President Uberroth has proved himself an excellent presiding officer, and the welfare and interests of the society have been greatly augmented as a direct result. The year, 1915, of genuine medical activity in Seneca County, will be classed with the most prosperous in the history of the Seneca County Medical Society.

Burton R. Miller, Correspondent.

Logan County Medical Society held its regular monthly meeting Friday afternoon, December 3, 1915. There were 14 members present and 3 guests. The essayist was Dr. W. W. Hamer, Bellefontaine. Subject: "The Dyspeptic Type of Appendicitis." The paper was interesting and was discussed by all present. Officers elected for 1916 are: J. S. Montgomery, Huntsville, president; J. W. Croft, West Liberty, vice president; Clyde K. Startzman, Bellefontaine, secretary-treasurer; E. R. Henning, Bellefontaine, delegate to the State Medical Association; Guy Swan, alternate.

Applications of two physicians, W. H. Carey, Bellefontaine, and Dr. Fulwider, of Zanesfield, for membership were received.

The average attendance at the ten meetings this year was 11.

In the future the society will meet on the first Friday afternoon of each month. We have adopted this motto: "Every physician in the county a member of the County Medical Society in 1916." We hope to "make good" on it.

A. J. McCracken, Correspondent.

Mercer County Medical Society met in Celina, December 28, and elected W. R. Taylor, of Ft. Recovery, president; J. E. Hattery, of Celina, vice president; D. H. Richardson, of Celina, secretary; F. E. Ayres, Celina, treasurer; L. P. Arthur, Montezuma, delegate to the State Association; H. J. Cordier, Celina, censor for three years. The hospital committee asked for further time. The dues were increased to \$4.00 per year. Owing to the busy season and bad roads, no program was attempted except one of a purely business character. The next meeting will be held on March 28, when we hope to have an interesting program.

D. H. Richardson, Correspondent.

Marion County Medical Society met Tuesday, December 7, and elected the following officers for 1916: C. T. Wiant, president; C. L. Baker, vice president; R. C. M. Lewis, secretary-treasurer; F. Young, state delegate; H. L. Uhler, alternate; censors, J. W. McMurray (one year), W. J. Weiser (two years), Maud Bull (three years); public policy and legislation, J. W. McMurray; Red Cross committee, F. E. Mahla.

Dr. A. M. Crane has been ill for several weeks with pneumonia.

Dr. N. F. Tilton was in Chicago in November taking a post-graduate course.

The committee is actively engaged in the preparation for the hospital.

J. W. McMurray, Correspondent.

Hardin County Medical Society met in Kenton, December 23. Program: H. J. Morgan, Toledo, "Meningitis and Conditions Simulating Meningitis in Children"; Omar H. Tudor, "Notes on Blood Pressure"; West Montgomery, Ada, "Some Psychoneurosis With Which I Have Had to Do"; H. R. Wynn, "Nephritis." Next meeting January 27.

Van Wert County Medical Society has elected officers for the coming year as follows: President, Robert C. Flemming, of Van Wert; vice president, J. H. Bender, of Wetsel; secretary and treasurer, C. G. Church, of Van Wert.

Auglaize County Medical Society met December 16, at 8 p. m., in Wapakoneta. Dr. Andre Crotti, Columbus was the essayist. Banquet was served later.

Allen County Medical Society met December 16 at Lima State Hospital, the guests of C. H. Clark. C. O. Probst and A. M. Bleile, Columbus, were the essayists, the former discussing the value of rest in the treatment of tuberculosis. About 75 were present. On December 21 forty members, in a regular meeting at the hospital, heard Paul Stueber's paper on "Ethmoiditis."

FOURTH DISTRICT.

Fulton County Medical Society met at Wauseon on December 2, with ten members present. Following instructive case reports by Drs. Miller, Bishop and Paterson, the society—after an interesting and spirited discussion—went on record as favoring the plan of the committee on public health legislation regarding Examination Day. Some time was then given to the subject of fees and their collection.

The following officers were elected: President, W. H. Maddox, Wauseon; vice-president, C. F. Murbach, Archbold; secretary-treasurer, A. A. Brindley, Swanton. The rules were then suspended and Dr. Evers, of Tedrow, was elected to membership in the County Society. Ten members paid their dues for the ensuing year.

A. A. Brindley, Correspondent.

Putnam County Medical Society met Thursday, December 2, in the Court House at Ottawa. On account of the busy season there was but a small representation present. The meeting was called to order by the president, C. E. Beardsley. Several interesting cases were reported after which C. O. Beardsley opened a further discussion of the paper on "Sanitation" of the previous meeting, bringing out the point that the disease germ must be present in the transmitting medium—

whether it is filth, milk, waer, or food products—before the disease can be transmitted.

Dr. H. A. Neiswander read a paper on the "Diagnosis of Incipient Tuberculosis," in which he stated that by auscultation over the acromion process, apex tuberculosis can be detected four or five months earlier than by any other method. Also mentioned the fact that if but one radical pulse is obliterated when the arm is held in an erect position, it becomes a strong symptom of tuberculosis of the corresponding apex. This paper was discussed by those present and was followed by a report from the chairman of the committee on the Putnam County Fee Bill. After some discussion the bill was ordered tabled until the next meeting.

H. A. Neiswander, Correspondent.

Ottawa County Society met December 9 at Oak Harbor. Talks of interest on different subjects were given by several of the members, as no special program had been prepared. Dr. Downing of Genoa was elected to membership. The election of officers resulted as follows: President, Carlton Cully Starks, Port Clinton; vice-president, Fred Ingraham, Curtice; secretary-treasurer, S. T. Dromgold, Elmore. The other committees will be selected at our next meeting.

Dr. Dane, county superintendent of schools, and his assistants met with the society to consult the members regarding sanitation and inspection of the country schools. As there are no funds for that purpose, he asked if it would be possible to have it done free of charge by the doctors this year. After discussion of the matter all present agreed to assist and use their influence to have others do the same. Oak Harbor was selected as the next meeting place, on the second Thursday in January.

The society held its annual fish supper and meeting at Port Clinton Thursday evening, December 2d, 1915. Thirty-six were present. Dr. E. O. Smith, of Cincinnati, gave a talk on "Surgery of the Seminal Vesicles," illustrated with stereopticon views. It was one of the most interesting talks we ever had, and those who were not present missed a rare treat. Discussion was opened by J. J. Keller of Toledo, several taking part in the same.

Dr. Pool, of the Pool Hospital, presented a case of Arthrodesis, both ankles. Then came the fish supper. Talk about fish! We claim to have the banner town in Ohio for serving fish—"The Island House," Port Clinton. There were a number of physicians from Tiffin, Toledo, Cleveland, Fremont, and the smaller towns in our vicinity.

Our news editor, G. V. Sheridan, failed to attend, as he promised, hence he is the loser. Keep in mind that "little Ottawa" is on the map, and if you want a good time, and all the fish you can eat, come to our next meeting. After that you will need no invitation.

S. T. Dromgold, Correspondent.

Paulding County Academy of Medicine met December 15 in the Commercial Club Rooms and was called to order by the president, Dr. Mouser. The secretary-treasurer, Dr. Dillery, made his report, a brief resume of which is as follows:

Every physician in the county is a member, 23 in number. Eleven meetings were held during the year, at ten of which papers were read. The following papers were read during the year: January, L. R. Fast, Paulding, "Surgery, Its Scope and Its Future;" J. U. Fauster, Paulding, "Acidosis." February, E. D. Murphey, Antwerp, "Some Heart Conditions;" F. A. Burson, Oakwood, "Pituitrin in Its Obstetric Application." March, W. L. McKinney, Payne, "Cystitis and Stone in the Bladder;" C. E. Huston, Paulding, "Endometritis." April, Budd Van Sweringen, Ft. Wayne, "Hematuria;" A. E. Bulson, Ft. Wayne, "A General Consideration of Eye Affections." No meeting was held in May on account of the State Meeting. The June meeting was held at Grover Hill. The secretary read the published article of Dr. Fitzgerald on "Zone Therapy," which was freely discussed. July, C. E. Barnett, Ft. Wayne, gave a lantern demonstration and lecture on the "Pathology of Prostate Gland and Bladder Neck." August, J. W. Cartwright, Payne, "Tonsillitis." September, G. E. Huston, Paulding, "Puerperal Infection." October, A. H. Mouser, Latty, "Non-Malignant Growths of the Uterus;" R. J. Dillery, Paulding, "Appendicitis." November, E. J. McOscar, Ft. Wayne, "Intestinal and Mesenteric Rupture;" Dr. Glock, Ft. Wayne, "Acute Purulent Otitis Media." These papers were all thoroughly discussed by the members present and on several occasions by visiting members from Van Wert and Defiance counties. The secretary-treasurer reported that \$129.83 had been received during the year and \$125.93 expended. Twenty-one out of the twenty-three members responded with the \$1.00 May assessment. Too much of the credit for the successful year's work of this society can not be given to the secretary-treasurer, R. J. Dillery, for it was through his untiring efforts that such excellent programs were given. It is a pleasure to note below that he was unanimously re-elected to the most important office of the society.

Election of officers for 1916 was then held and resulted as follows: President, J. R. Heath, Grover Hill; vice-president, D. F. Russell, Paulding; secretary-treasurer, R. J. Dillery, Paulding; Censor, J. W. Cartwright, Payne; delegate, A. H. Mouser, Latty; alternate, L. R. Fast, Paulding; legislative committeeman, L. R. Fast, Paulding. The dues were placed at \$5.00 and it is the desire and expectation to have every physician in the county a member, still heading the true 100 per cent club. Two physicians have moved away from the county during the year, leaving 21 in active practice.

Modesty, as well as space in your valuable Journal, forbids further comment on our year's

work except to say that this has been accomplished without a visit from our councilor. In the six years that I have been a member of the Paulding County Academy of Medicine the councilor has been present just once, but our attendance has gradually increased—being 35 per cent for the year just passed.

C. E. Huston, Correspondent.

Henry County Medical Society held its annual meeting and banquet in Deshler December 9, with 50 guests and members present. A venison dinner was served. Essayists: Louis Miller, Toledo; D. J. Slosser, Ridgeville Corners. Dr. Beardsley, Ottawa, responded to a toast O. L. Norris, Deshler, presided.

FIFTH DISTRICT.

Erie County Medical Society held one of its best meetings at the Sunyendeand Club in Sandusky, December 2, with nearly all members in attendance. W. E. Lower, Cleveland, president of the Ohio State Medical Association, and John Phillips, Cleveland, were visiting essayists. Dr. Lower spoke on the work of the State Society, outlining the new medical education plan and the proposed co-operative defense. Dr. Phillips considered the treatment of goitre from the standpoint of the general practitioner. Annual meeting and election of officers January 6.

H. D. Peterson, Correspondent.

Medina County Medical Society held its regular meeting at Medina, December 8. F. J. Geib, Cleveland, gave a paper, "The Early Diagnosis of Tuberculosis." The idea of the paper was to stimulate search for tuberculosis in children. He advised that everyone be suspected of tuberculosis until the contrary is proved. Following the address was the election of officers for the ensuing year. R. G. Strong was elected president; Albert Wood, vice president; H. P. H. Robinson, secretary and treasurer; C. D. Freeman, Miller and Bolich, censors, and E. L. Crum, delegate to the state convention.

R. G. Strong, Correspondent.

Lorain County Medical Society met in annual session at Hotel Lorain, Lorain, at 5 p. m. on December 14, for a chicken dinner. Twenty-one members were present, although the weather was intensely cold. A most enjoyable time was spent in the usual fraternal "round table" dinner preceding the business session, and afterwards with the program and general business.

The following officers were elected by acclamation: President, E. P. Clement, Elyria; vice president, S. S. Cox, Lorain; secretary-treasurer, C. O. Jaster, Elyria; delegate, E. V. Hug, Lorain. The address of the evening was "The Borderlines of

Ophthalmology," by O. B. Monosmith, Lorain. Two applicants were elected to membership.

C. O. Jaster, Correspondent.

SIXTH DISTRICT.

Summit County Medical Society members, December 7, 1914, held their seventy-fourth annual meeting under the guidance of the president, T. K. Moore. The attendance numbered 67, from Akron, Cuyahoga Falls, Doylestown and Kenmore.

Three physicians were admitted to membership: Myrtle L. McLatchy, Akron; C. B. Rogers, Cuyahoga Falls; L. S. Ebright, Sharon. Both Drs. Rogers and Ebright were formerly members, having first joined in 1901 and 1866 respectively. The membership is now 189. Three applications were presented. E. K. Nash, G. L. Starr, A. E. Foltz and W. S. Hough have been made life members of the Ohio State Medical Association.

Officers elected are: President, J. N. Weller; vice president, E. W. Barton; secretary, A. S. McCormick; treasurer, E. C. Banker, committees—board of censors, G. M. Logan, chairman; D. H. Morgan, T. K. Moore; health and legislation, F. C. Newcomb, chairman; C. E. Held, C. S. Hiddleston; library, D. S. Bowman, chairman, J. H. Seiler; delegates, H. H. Jacobs, J. H. Weber; state legislation, H. S. Davidson; normal legislation, W. A. Searl.

The program follows: Specimens—"Hydrocephalus," exhibited by J. M. Denison and J. D. Smith.

Annual report of the secretary for 1915 shows:

Two members died: E. B. Harper, of Clinton; M. D. Stevenson, of Akron, and one left the county. For the second time no member was lost for non-payment of dues. Thirty-three new members were admitted: From Akron 20, Tallmadge 1, Uniontown 1, Lakewood 1, Loyal Oak 2, Manchester 1, Wadsworth 1, Cuyahoga Falls 2, Doylestown 1, Kenmore 1, Hudson 1, Sharon 1. The membership is now 189, divided as follows: Akron 138, Barberton 10, Bath 1, Clinton 1, Copley 2, Cuyahoga Falls 8, Doylestown 2, Ghent 1, Hudson 4, Inland 1, Kenmore 2, Lakewood 1, Loyal Oak 2, Manchester 2, Mogadore 1, Peninsula 1, Rittman 1, Sharon 1, Tallmadge 1, Twinsburg 1, Uniontown 1, Wadsworth 4, West Richfield 1, Chicago, Ill., 1, London, Ontario, 1. There are 204 physicians in the county of whom only 29 are not members.

Ten meetings were held with a total attendance of 623, averaging 62 from 13 cities and towns in Ohio, Ontario, District of Columbia and Michigan. The programs were given by 23 members and eight visitors and consisted of 14 papers, three lectures, five case exhibitions, one symposium, nine specimens, one vaudeville act, a total of 33 items. Seven members suffered bereavements, 12 were ill, nine were married and eight became the proud fathers of children, in one case twins.

The record for attendance for the year is held by D. H. Morgan, J. E. Springer and the secretary who attended every meeting. Next are L. B. Humphrey, F. Kunz, R. H. McKay, C. E. Townsend and the veteran E. K. Nash, now in his eighty-eighth year, who each missed but one meeting. A pleasing fact is the increasing attendance by the members residing outside of Akron. The average attendance of 62 is the largest ever, being in preceding four years 1911-12-13-14 the increasing figures 19, 20, 28, 46.

A. S. McCormick, Correspondent.

Richland County Medical Society held its regular meeting Wednesday evening, December 15, with eighteen physicians present, Drs. H. W. Patrick and Francis A. McCullough, of Mansfield, being guests. James E. Gray, of Butler, and Francis A. McCullough, of Mansfield, were elected to membership. (In October, K. G. Parker and Albert Shunk were received as members, and in September, J. Y. Salzman, of Mansfield, was transferred from the Medical Society of Northampton County, Pa.)

The chairman of the Hospital Committee, A. H. McCullough, gave a report and the secretary, H. Woltman, read the resolutions for the government of the new hospital staff, whose head in lieu of a chief of staff will consist of an executive committee composed of members chosen from the county medical society. The resolutions were carried over to the next meeting.

The annual election of officers resulted as follows: President, W. S. Mecklem; vice-president, George C. Smith; secretary-treasurer and corresponding secretary, Francis A. McCullough; auxiliary committeeman, C. G. Brown; board of censors, J. L. Stevens, R. C. Wise and Edward Remy, Jr.; delegate to State Meeting, J. M. Garber; alternate, J. Lillian McBride.

C. G. Brown read abstracts from recent medical literature on tuberculosis and cancer complicated by pregnancy.

J. Lillian McBride, Correspondent.

Portage County Medical Society held their regular monthly meeting on December 7 at the office of L. A. Woolf in Ravenna. Those present were Woolf, Waggoner, Prichard, White, and Hill of Ravenna; Dyson of Rootstown; Andrews, Krape, Gorham, Jacob, Widdecombe and Evans, of Kent; and several nurses from the White Hospital. Dr. Sloan, of Cleveland, gave a very interesting and practical talk on "The Acute Abdomen." He gave, in a very clear and concise manner, the differential diagnosis of the various acute surgical conditions of the abdomen. This talk was very much appreciated by all. There was some discussion about increase of fees for next year and finally decided to make an assessment for what was necessary. The meeting adjourned to meet in Jan-

uary at the White Hospital for election of officers.

John F. Hill, Correspondent.

SEVENTH DISTRICT.

Columbiana County Medical Society met in Lisbon December 14 with M. J. Lichty, Cleveland, as essayist. His topic, "Sickness as the Result of Multiple Lesions," was an admirable production, illustrated by several cases taken from his records showing that in a great many cases there are a number of factors, any one of which might not be in evidence at all times in the course of the disease; that three or four physicians had seen the case at different times, and each made a different diagnosis because each had discovered a symptom that had not been in evidence at the time of any of the other examinations. The meeting was well attended and a lively interest shown.

The following officers were elected for the new year: President, Francis R. Harrison, East Liverpool; vice-president, Paul E. Barckhoff, Salem; secretary-treasurer, W. E. Morris, Salem (re-elected); board of censors, L. A. Conrad, Leetonia. The next meeting will be held in East Liverpool.

W. E. Morris, Correspondent.

Jefferson County Medical Society, at its annual meeting in Steubenville Tuesday, December 14, elected officers as follows: President, W. A. Strayer; vice-president, John A. Bradley; secretary and treasurer, J. R. Mossgrove; censor, H. D. McCollough, Toronto; delegate to state society, C. Maxson; alternate, H. C. Minor, Toronto.

Probate Judge J. G. Belknap delivered an exceedingly interesting talk upon the subject of medical testimony, dealing with the legal requirements relating to coroner's hearings, court statements, etc. Miss Edith Stringer, secretary of the Steubenville Social Service Union, dealt interestingly with social service problems related to hospital attention. About 50 attended, including wives of members.

J. R. Mossgrove, Correspondent.

Belmont County Medical Society at a meeting on December 7 elected officers, as follows: President, D. M. Murphy, Bethesda; vice-president, J. M. S. Heath, Bellaire; secretary-treasurer, J. S. McClelland, Bellaire; delegate to state convention, C. W. Kirkland, Bellaire; alternate, D. W. Boone, Bellaire; member of state legislation committee, R. H. Wilson, Martins Ferry; program committee, J. O. Howell, Bridgeport, F. S. Wright, Bellaire, and Robert Blackfort, Martins Ferry; board of censors, P. L. Ring, Shadyside, L. P. Parks, Glencoe, and E. V. Arbaugh, Martins Ferry.

Eighteen members of the society attended the

meeting. At noon fourteen of that number dined at the Windsor hotel, following which they went to the new hospital, where the meeting was held. R. H. Wilson of Martins Ferry delivered a very interesting address on "Hospital Management."

Tuscarawas County Medical Society met in the Mayor's Office in Uhrichsville, Tuesday evening, December 7th, at 7:30 P. M. Officers for 1916 were elected as follows: President, A. C. Dempster; vice-president, H. A. Coleman; secretary-treasurer, G. T. Haverfield; member board of censors, R. A. Wilson; delegate, E. D. Moore; alternate, J. A. McCollam. The secretary will be responsible for the reporting of the medical news to the Journal for the next year and J. A. McCollam will represent the society on the committees for public health, education and legislation.

A. M. Steinfeld and H. B. Blakey, of Columbus, presented the subjects "Joint Disease" and "Nephritis," in a very interesting and instructive manner. The subjects were discussed by nearly all of the members present.

James A. McCollam, Correspondent.

EIGHTH DISTRICT.

Perry County Medical Society met at New Lexington on Thursday, December 16, with twelve members present. President Michael Clouse, of Somerset, presided. Dr. Spung, of New Lexington, read an interesting paper on potassium iodide. The discussion was participated in by almost every member present, and the value of the various iodides in general practice was strongly approved. Robert W. Miller, Hemlock, the secretary-treasurer, interestingly reviewed the subject of ectopic gestation and reported three cases in his own experience. Other members in the ensuing discussion reported additional cases and the discussion was exceedingly helpful in calling attention to the necessity of care in considering the possibility of this condition.

G. V. Sheridan, of Columbus, the executive secretary of the State Society, outlined briefly the state problems which are facing the medical profession and urged an intensive membership campaign for Perry county. The society enthusiastically acquiesced and an effort will be made to enlist all practicing physicians. The annual dues were raised to \$4.00 per year in order to provide for the increased state assessment.

Ellis I. Dozer, of Crooksville, was elected president for the ensuing year, with J. H. Wright, of New Lexington vice president. R. W. Miller, of Hemlock, was re-elected secretary-treasurer and delegate to the state meeting, and Edgar D. Allen, of Crooksville, alternate. Neil McTeague, New Lexington, who has long served as legislative committeeman, was continued in that important position.

The Perry County Society, which was organ-

ized a year ago, is developing into one of the most active county organizations, and it is believed that unusually effective work will be done during 1916. It meets on the third Thursday of each month.

Athens County Medical Society met Tuesday, December 7, and elected the following officers: President, H. M. Taylor, Athens; vice-president, W. T. Sprague, Chauncey; secretary-treasurer, T. A. Copeland, Athens; board of censors, F. A. Osborn, Athens, 3-year term; E. F. Danford, retired, was elected an honorary life member. H. M. Taylor read a paper on "Some Suggestions as to the Cause of the Loss of Prestige of Physicians among the Laity." Dr. John Sprague reported a case of ovarian cyst with a twisted pedicle.

T. A. Copeland, Correspondent.

Noble County Medical Society met Thursday, December 2, and elected the following officers for 1916: President, J. L. Romans, Sarahville; vice-president, G. G. Mallett, Caldwell; secretary-treasurer, J. L. Gray, Caldwell; member board of censors, W. S. Williams, Carroll. Dues for 1916 were changed to \$4.00 per year, and all members are urged to pay their dues early, so we can stay in the 100 percent list. We expect to make 1916 the banner year for our society and while ours is the smallest county in the district, we are planning for a big district meeting at Caldwell next fall.

F. R. Dew, Correspondent.

Washington County Medical Society met in annual session at Marietta Wednesday, December 8. Officers elected for the new year: C. A. Gallagher, president; C. A. S. Williams, vice-president; F. E. McKim, secretary.

F. E. McKim, Correspondent.

Fairfield County Medical Society met Tuesday, December 14, at the Lancaster Armory. A. A. Bradford, Bremen, read a paper on "Pneumonia."

Licking County Medical Society held its annual banquet at the Warden Hotel in Newark December 22. President H. B. Anderson delivered the address.

NINTH DISTRICT.

Scioto County.—The Hempstead Academy of Medicine held its annual banquet at Hotel Washington, Portsmouth, November 30. Officers for the new year were elected as follows. President, W. A. Quinn; vice-president, C. E. Early; secretary-treasurer, O. D. Tatje; censor, J. D. Jordan; librarian, J. W. Fitch. The evening was largely devoted to consideration of the need of a new hospital in Portsmouth.

George Mytinger, Correspondent.

Clinton County Medical Society met in special session at McArthur, Ohio, December 27th, 1915. The following officers were elected for the ensuing year: President, W. R. Moore, Orland; vice-president, W. R. L. Dwyer, New Plymouth; secretary-treasurer, W. H. Henry, Hamden; delegate, W. H. Henry, Hamden; alternate, A. A. Boal, Zaleski.

W. H. Henry, Correspondent.

TENTH DISTRICT.

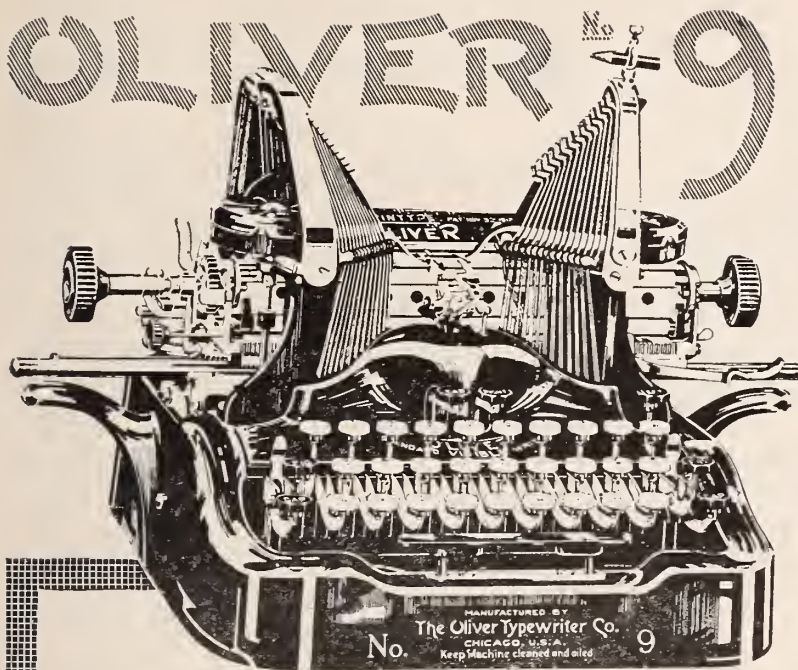
Madison County Medical Society has not relished the poor membership showing of 1915 and is busily engaged in a reorganization movement by which it is hoped to develop one of the strongest county medical organizations in Ohio. After slumbering for several months, the society met for its annual meeting on Friday evening, December 10, at the home of J. W. Parker. Mr. Sheridan, of Columbus, executive secretary of the State Society, was present and impressed upon the members the need of thorough organization in each county in order to adequately protect the best interests of legitimate medical practice. General discussion followed in which it was agreed that the development of a strong state organization has become a necessity.

With the hearty acquiescence of each member present it was decided to raise the annual dues to \$5.00 a year, and to inaugurate an immediate campaign to enlist every physician in Madison county, including several in the smaller towns who have never affiliated. A. F. Green, of West Jefferson, was elected president for the ensuing year and A. J. Strain, of London, vice-president. W. F. Smeltzer, despite his protest, was prevailed upon to take the secretaryship. F. E. Rosnagle was elected member of the board of censors, for a term of three years, J. W. Parker two years and M. L. Naughton one year.

Knox County.—C. D. Selby, of Toledo, secretary-treasurer of the State Society, addressed the regular meeting of the Knox County Medical Society which was held at the Hospital-Sanitarium, Mt. Vernon, on Wednesday, December 8, at 3:30 p. m., with nearly one-half of the members present. He dealt with practical questions affecting medical practice, including the fixing of fees and the maintenance of fee agreements. He urged members of the society to be more careful in making collections and attending to their business affairs.

Mr. G. V. Sheridan, of Columbus, executive secretary of the State Society and news editor of The Journal, spoke for a few moments upon legislative matters and briefly reviewed some of the achievements of the State Society. He outlined plans for the coming year.

The committee on fee-bill presented a partial report, and the committee was continued and final action was deferred until the next meeting.



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The secretary and treasurer presented their reports which show the society to have more members than ever before, and the financial condition to be good—there being a balance of \$13.30 in the treasury with all bills paid.

The election of officers resulted as follows: F. W. Blake, of Gambier, president; F. F. Dowds, of Mt. Vernon, vice-president; E. V. Ackerman, of Fredericktown, secretary; J. H. Norrick, of Fredericktown, treasurer; J. R. Claypool, of Mt. Vernon, delegate (2 years); J. F. Lee, of Mt. Vernon, censor (3 years), the other members of the board of censors being F. L. Singery (1 year) and C. K. Conard (2 years), both of Mt. Vernon.

E. V. Ackerman, Correspondent.

Union County Medical Society met Tuesday, December 14, at the Oakland Hotel in Marysville, where dinner was served. G. V. Sheridan, of Columbus, executive secretary of the State Society, talked informally on state legislative problems and the trend of legislation in Ohio toward state sickness insurance.

Delaware County Medical Society met at the Court House in Delaware December 3 at 8 P. M. Dr. Wells Teachnor, of Columbus, our Tenth District Councilor, was present and gave us a very interesting address on "What the State Society Has Been Doing, Is Doing and What It Expects to Do the Coming Year."

The following officers were elected: President, O. W. Bonner; vice-president, A. J. Willey; secretary-treasurer, A. H. Buck (re-elected); censor, E. M. Semans.

The society decided to send to the Massachusetts General Hospital for Dr. Cabot's case reports to be used for general discussion at society meetings. The meetings will be held the first Friday of each month instead of quarterly, as they were held during the last year. After the meeting adjourned the members present went to a restaurant where a banquet was served in honor of the retiring president, G. W. Morehouse.

A. H. Buck, Correspondent.

Pickaway County Medical Society met at Dr. Courtright's office with a good attendance. The regular business was omitted and J. A. Riebel, of Columbus, occupied the entire time with a clinic, assisted by Dr. Oelgoetz. Dr. Riebel gave an instructive talk upon the "Differential Diagnosis of Kidney and Bladder Lesions" and demonstrated the use of the cystoscope, catheterization of the ureter and the pheno-sulpho-phthalein test. At the close of the clinic Dr. Riebel exhibited with stereopticon many X-Ray plates of kidney lesions. The evening was very much enjoyed and a vote of thanks was given Riebel and his assistant and the patients he brought with him. The Society adjourned until the regular meeting in January,



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THE REGISTRAR,
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when the election of officers for the ensuing year will be held.

D. V. Courtright, Correspondent.

Ross County Academy of Medicine met in regular session December 8 in the Chamber of Commerce rooms with a very good attendance. Drs. Teachnor and Probst of Columbus were present. Dr. Probst read a comprehensive paper on "Rest and Exercise in the Treatment of Tuberculosis." The paper was discussed by the members present and enjoyed by quite a number of laymen who were present. Dr. Probst insists that very many cases of consumption are curable, provided that an early diagnosis be made and provided also, that you can control the patient. That is next to the impossible, unless the patient is in a hospital. Another startling statement made by the Doctor was that there is very little diminution in the death rate from tuberculosis—in the face of the fact that district nurses and the press and the profession as a whole are teaching the doctrine of prevention every day in the year.

Dr. Teachnor explained the new policy of the State Society as regards the increase of dues. It was the opinion of all present that instead of an expected decrease in the membership, the reverse would happen and that an actual increase in the membership would follow the change.

The following officers were elected for 1916: President, R. E. Bower (re-elected); vice-president, H. L. Brehmer; secretary-treasurer, W. H. Silbaugh; censor, W. L. Counts; legislative committeeman, G E. Robbins.

G E. Robbins, Correspondent.

Crawford County Medical Society held its annual banquet Thursday evening, December 16th, at the Deal House, Bucyrus, Ohio. There were twenty members present and a sumptuous six-course dinner was enjoyed by all present. Following the banquet, Wells Teachnor, of Columbus, addressed the society. He told us what the State Society is doing and also about *The Journal*. He also talked to some extent of the medical protection which will now be available. The dues of the society were raised by an unanimous vote from \$2.50 to \$5.00 per year.

Officers were elected for the year as follows: Charles Trimble, of Crestline, president; E. D. Helfrich, of Galion, vice-president; W. Glenn Carlisle, of Bucyrus, secretary and treasurer; C. D. Morgan, of Galion, delegate to state convention; H. L. VanNatta of Lemert, alternate; W. H. Guiss, censor.

A vote of thanks was extended Dr. Teachnor and it was decided by vote to hold the next meeting at Galion.

R. J. Caton, Correspondent.

Please notify *The Journal* promptly of changes in the officers of your county society.

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PERSONAL DIAGNOSIS NECESSARY FOR NARCOTIC PRESCRIPTIONS

United States Court Hands Down Important Construction of the Harrison Law.

Medicines containing cocaine or its derivatives cannot be dispensed through a mail-order business. United States District Judge Sater held December 4, in a decision which will be far reaching in its influence on the operation of the Harrison anti-narcotic law.

The decision was in the injunction suit of the Dr. Nathan Tucker Asthma Specific Company, of Mt. Gilead, brought individually by Dr. Tucker and Dr. W. B. Robinson, also of the company, to enjoin Internal Revenue Collector B. E. Williamson from seizing their plant and from furnishing information to District Attorney Stuart R. Bolin and Deputy James N. Hengst, with view to bringing criminal prosecution.

The Court sustained the District Attorney's motion to dismiss the suit. Judge Sater at first said he would issue an injunction restraining the Internal Revenue Collector from seizing the plant, but would refuse the other injunction asked for. District Attorney Bolin and Collector Williamson each asserted then that it had never been the intention to seize the plant, whereupon the Court sustained the motion to dismiss in its entirety.

The substance of Judge Sater's decision is that medicines containing cocaine can be prescribed only by physicians after a personal examination of the patient and personal attendance upon him, and that Congress has the right to set its own standards for the physicians who shall be permitted to prescribe cocaine. Drs. Tucker and Robinson are registered physicians under the Ohio laws, but, according to Judge Sater, are not permitted thereby to prescribe narcotic medicines without examining the patient. The fundamental requirement is personal diagnosis of every case for which a narcotic prescription is made.

CANNOT RENEW BY NUMBER.

Writing renewals of narcotic prescriptions merely by indicating thereon the druggist's serial number no longer will be permitted, according to a new ruling of United States treasury department. In the past, physicians have been allowed, inasmuch as no ruling had been made, to renew prescriptions for drugs coming under the scope of the Harrison anti-narcotic law by adding the druggist's serial number given him at the time of his registration.

Hereafter, the name and address of the patient, the names and quantities of all the ingredients and the full name, address and the United States registry number of the physician must appear on each prescription for narcotic drugs.

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SANATORIUM SUPERINTENDENT URGES THE STATE TO INCREASE HOSPITAL FACILITIES FOR TUBERCULOUS

An appeal for greater activity on the part of the state in preventing tuberculosis is contained in the annual report of Dr. S. A. Douglass, superintendent of the Ohio State Sanatorium for Tuberculosis, filed with the state board of administration. Dr. Douglass says:

"The necessity of state aid for the education and treatment of the tuberculous is firmly established. While we have been operating one small institution at full capacity for the past several years, Pennsylvania, our neighboring state, is operating 118 free state dispensaries, instructing and treating 10,000 patients annually; and is maintaining a number of state sanatoria with a combined bed capacity for approximately 2,000 patients. Massachusetts finds it necessary to maintain four institutions all larger than our own.

"When we look over the distribution of tuberculosis as it exists today, killing nearly 7,000 of our citizens annually; when we realize that a large per cent of the deaths from this disease have been foci of infection, and that the deaths represent possibly but one-tenth of the living cases equally wide in their distribution, we cannot but feel that the time is not far off when preventive measures will become an imperative state duty in Ohio; and that 'the hand of private charity will not mask the duties of public necessity.' There is ample room in a work of such magnitude for the activity and co-operation of all the agencies of modern civilization. The work of our larger municipalities and of numerous counties in this field is commendable."

Dr. Douglass in his report further points out that incipient cases in Ohio are not being given the attention they deserve. A large per cent of admittances at Mt. Vernon are classed as moderately advanced, under the rating established by the National Association for the Study and

Prevention of Tuberculosis. These histories at Mt. Vernon show delayed diagnosis, averaging nine to ten months from the onset of the first symptoms before the diagnosis is made. Dr. Douglass points out that these facts, while unfortunate, are not reflections upon Ohio physicians in particular, for statistics in other states show that diagnosis is even more delayed.

Like other state institutions, Mt. Vernon is filled beyond normal capacity and has a waiting list, despite enforced limitations of stay in numerous cases. At present the average duration of treatment for those who remain over the probation period is 6.9 months.

Dr. Douglass urges that means be provided for the care of tuberculous children. Admission of children to wards for adults, he feels, tends to spoil the children and harass the adults. His recommendation on this point is important and should be given attention by the next legislature. Next year, \$50,000 will be available for the construction of a hospital building for the care of advanced cases. The next step will undoubtedly be provision for tuberculous children.

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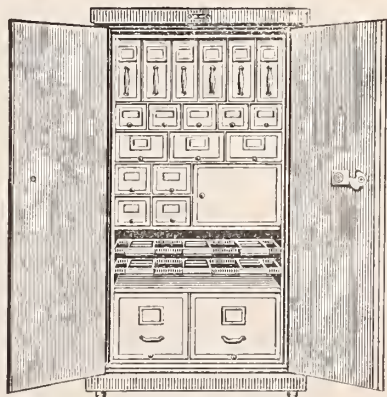
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STATE CHARITIES CONFERENCE CONSIDERS MEDICAL PROBLEMS

Section on Public Health is Launched with Several Medical Speakers.

Through an oversight we neglected to mention last month the twenty-fifth annual state conference of charities and corrections, which was held in Dayton in November. The meeting was of particular interest to physicians this year because of the unusual attention devoted to medical and public health topics. For the first time in the history of the conference a special section was devoted to public health, with Dr. Robert H. Bishop, of Cleveland, as chairman, and Robert G. Paterson, of Columbus, as secretary.

In this section, hospital problems, public health nursing and medico-social subjects were discussed. Drs. E. R. Crew of Miami Valley, Dayton, A. C. Bachmeyer of Cincinnati General, and S. A. Douglass of Mt. Vernon Tuberculosis, and Mr. Howell Wright of Cleveland City Hospital, contributed papers on hospital subjects. Several women prominent in public health nursing organizations were on the program. Dr. J. C. M. Floyd, of Steubenville, contributed a very able discussion on medico-social problems. Dr. Thomas H. Haines, Columbus, described the work and aims of the State Bureau of Juvenile Research. Dr. Frances Hollingshead outlined plans for the Division of Child Hygiene, which she is establishing for the State Board of Health, and Mr. C. V. Williams, Columbus, told of the important work of the child welfare department of the Board of State Charities.

Dr. J. Morton Howell, Dayton, ably presented the problems of medical services in county institutions, which was discussed in an interesting manner by Dr. J. Lillian McBride, of Mansfield. The same problem from an institutional standpoint, was dealt with by Mr. J. L. Jordan, superintendent of the Marietta Children's Home.

One of the chief addresses of the meeting was delivered by Dr. P. F. Morse, of Detroit, professor of pathology at the Detroit College of Medicine. In it he severely arraigned many physicians for failing to get the new social service viewpoint, and failing to realize that conditions are very rapidly changing.

FROM OREGON.

Editor, The Journal—As a member of the Ohio State Medical Association in 1912, I still take considerable interest in the doings of the Association, even if I am several thousand miles away. Kindly place me on your mailing list and send me a statement and I will forward check for same immediately.

B. R. Shoemaker, M. D.
Roseburg, Oregon, Dec. 1, 1915.

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OHIO DENTISTS CONTRIBUTE TO SCIENTIFIC RESEARCH INSTITUTE

Exhibit Keen Interest in Furthering the Splendid
Work of New Organization.

Members of the dental profession affiliated with the Ohio State Dental Society, which held its fiftieth anniversary meeting in Columbus in December, indicated a keen interest in the advancement of their profession and the development of scientific dentistry. During the meeting the board of directors voted a contribution of \$4,000 to the Research Institute of the National Dental Association, and set aside \$1,000 for the committee on public health education. These are remarkable financial contributions from a society whose membership does not exceed twelve or thirteen hundred.

The Research Institute, which was incorporated in Ohio last June, was organized to carry forward original research in the fields of particular interest to the dentists. It has already purchased a \$60,000 home in Cleveland where headquarters laboratories have been established. Special research is now being carried on under grants in Minneapolis, Champaign, Ill., Ann Arbor, New York, Boston, Cincinnati, Colorado Springs, and Cleveland.

Among the research problems upon which the institute is working is a study of a cause, course, treatment and prevention of systemic diseases from oral infections. Among these the following are listed: Muscle and joint rheumatism, arthritis deformans, iritis, focal and diffuse kidney infection, blood vessel coat diseases, heart infections, stomach and duodenal ulcer appendicitis, liver infections including colicystitis and gall stones, skin diseases, including erythema nodosum and boils, nervous system infections, glandular infections, including thyroid, pancreas and lymphatic; pneumonia and lung infections.

It is now conducting a careful research into the subject of pyorrhea alveolaris, which is the cause of the loss of over 50 per cent of all teeth sacrificed. The institute is investigating other similar problems, such as saliva disorders, the relation of defective tooth structure in children to nutrition in early childhood, the question of facial deformities with their accompanying subnormal mental development, and various problems of dental technique such as the cause of teeth stain, substitute for costly platinum, etc.

Dr. Weston A. Price, of Cleveland, is president and managing director of the institute. Dr. George W. Crile, of Cleveland, and Dr. Homer C. Brown (D.D.S.), Columbus, are Ohio members of the board of trustees, and a number of Ohio physicians are included in the advisory board of corporation members.

The dentists of Ohio, by the substantial monetary gifts and interest manifested in this work, have materially raised the profession in the estimation of the people of the state.



In the gigantic struggle now engaging the nations of Europe it's only the hits that count. Every Government and Commander knows that. And therefore they don't depend on judgment to find the range. They find it with all the exactness and certainty of mathematics, **before they fire a shot!** Modern range-finders, scientifically correct, are their guides. No guesswork, **there!**

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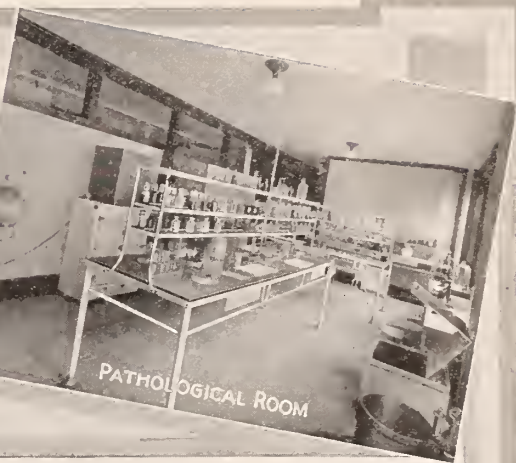
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 **
 ** STATE BOARD QUESTIONS **
 **

The following questions were asked at the winter examination of applicants for medical practice certificates, conducted in Columbus, December 7, 8, and 9. An unusually small class of nine took the examination. The questions:

MATERIA MEDICA AND THERAPEUTICS.—1. What is the formula of Dover's powder? Give physiologic action, use and dose. 2. Iodine—name principal preparations. Give physiologic action and therapeutic use of each. 3. Give indications for use of thyroid gland. Give dose, mode of administering and effects produced by over-dose. 4. State the source of ichthyol and state its use in medicine. 5. Name the preparations of aconite and veratrum. Give dose and use of each. 6. Strychnia—give dose, symptoms of poisoning and treatment. 7. Name four narcotics in the order of their importance and give maximum dose of each. 8. Give the principal remedies you would use in case of dysentery. State dose of each and general plan of treatment. 9. Define—(a) cardiac stimulant; (b) cardiac sedative; (c) cardiac tonic. Give examples and doses of each. 10. For what conditions would you advise X-Ray treatment? What are the dangers of over-exposure? How frequently should treatments be given?—L. H.

PATHOLOGY, BACTERIOLOGY AND HYGIENE.—1. What is the possible pathological relation between gastric ulcer and gastric cancer? 2. To what group does the bacillus typhosus belong and how may it be differentiated? 3. Describe the Wassermann reaction and state upon what principles it is based. 4. What is the pathology of purpura hemorrhagica? 5. Describe the precautionary protective measures to be employed in treating scarlet fever.—J. H. J. U.

CHEMISTRY.—1. Define distillation, rectification, sublimation, efflorescence, effervescence, and give one example of each. 2. Give official title, strength and mode of preparation for peroxide of hydrogen solution. Give one test of identity. 3. Give chemical antidotes for poisoning by silver nitrate, zinc sulphate, corrosive sublimate. 4. What is the standard composition of human milk? How would you test for butter fat? 5. Describe a process for obtaining salicylic acid from its natural source. Give properties of the acid, and one test for same.—J. K. S.

PRACTICE.—1. Name the physical signs of pleural effusion and indications for aspiration. 2. Give the differential diagnosis between epidemic cerebro-spinal and tubercular meningitis, including the cyto diagnosis by spinal fluid. 3. What is meant by anaphylaxis and how is it to be avoided in serum therapy? 4. What are the symptoms of heart block, prognosis and treat-



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ment? 5. How would you recognize a case of epilepsy? Give treatment. 6. What is the treatment of gastric ulcer? 7. What are the causes and symptoms of multiple neuritis. 8. Give diagnosis and treatment of diabetes mellitus. 9. Give symptoms and treatment of acute cystitis. 10. Discuss the general treatment of arterio sclerosis.—J. H. J. U., S. M. S. and L. E. S.

SURGERY.—1. Describe an operation for the radical cure of inguinal hernia. 2. Describe the treatment of wounds when a part of the tendons and nerves have been severed. 3. What treatment would you advise for an epithelioma of the cheek? 4. How would you treat a fracture of the femur in the upper one-third in a child four years old? 5. Give symptoms of acute intestinal obstruction and describe the procedure if by celiotomy Meckel's diverticulum is discovered to be the cause.—T. A. McS.

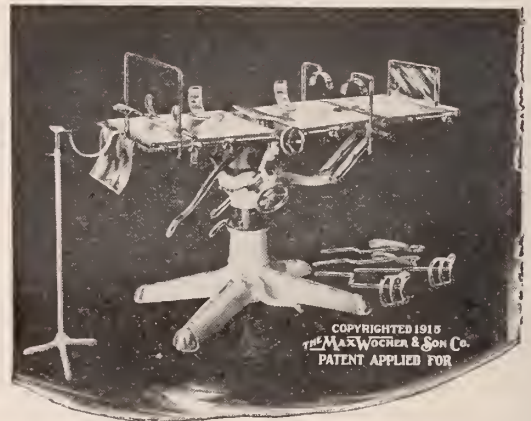
DERMATOLOGY, SYPHILOLOGY, AND DISEASES OF EYE, EAR, NOSE AND THROAT.—1. Define herpes zoster. Give cause and treatment. 2. Give the cause and treatment of urticaria. 3. What is erythema nodosum? 4. How would you distinguish between chancre and chancroid. 5. Give treatment of syphilitic iritis. 6. Describe trachoma. 7. Give the principal cause of mastoiditis. 8. How differentiate between follicular tonsillitis and diphtheria? 9. Why does aphonia sometimes follow thyroidectomy? 10. Describe glaucoma and give treatment.—B. R. McC.

DIAGNOSIS.—1. Give differential signs of gastric and duodenal ulcer. 2. Give pathognomonic signs of locomotor ataxia. 3. Give diagnostic signs of hyper- and hypo-thyroidism. 4. Give pathognomonic signs of cholangitis. 5. How could you be sure that both kidneys were functionally competent? 6. How can you make early differential diagnosis between typhoid fever and influenza? 7. What are the physical signs of acute dilatation of heart? 8. Of what significance is the finding of (a) hyaline casts, (b) granular casts, (c) blood cells, (d) pus cells. 9. Differentiate between delusion and illusion. 10. Give early signs of infantile paralysis.—B. R. McC.

OBSTETRICS.—1. Outline, in detail, the management of the third stage of labor. 2. Differentiate between a tubal pregnancy and an acute salpingitis. 3. Give indications and contra-indications for the use of the curette. 4. Describe an approved method of converting a persistent occipito posterior into a normal presentation. 5. How often would you make digital examinations during labor? What would you expect to ascertain by such examinations?—L. H., and S. M. S.

PHYSIOLOGY.—1. Describe changes in blood composition produced by the kidneys. 2. Briefly describe hemoglobin. 3. How is vaso-motor paralysis manifested? 4. Describe normal heart sounds and name at least two important factors in their production. 5. What is asphyxiation—how is it

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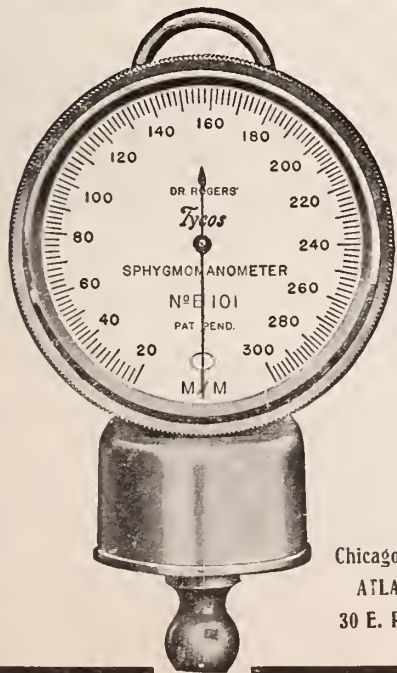
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produced? Name some of the reasons why it causes death. 6. Name the active principles of the pancreatic juice and state how they affect the food. 7. How may death be produced by an over-distended stomach? 8. What digestive changes take place in the large intestine? 9. What is aphasia? What causes it? 10. Describe the iris. What is its function?—L. E. S.

ANATOMY.—1. Give the gross anatomy of the kidney. 2. Give the nerve and blood supply of the stomach. 3. Briefly describe the cecum and vermiform appendix. 4. Name the bones of the skull, and of the face. 5. Briefly describe the eye.—S. M. S.

BIG INDUSTRIAL PLANTS IN OHIO ADOPT PHYSICAL INSPECTION

Employment of Physicians to Conduct Periodical Examinations is Growing, Report Holds.

The movement for physical examination of applicants for work, and of employes, grew rapidly among industrial establishments in Ohio during 1914, according to a report of Chief Statistician Fred C. Croxton of the state industrial commission, made public recently.

Before 1914, only four establishments, not including railways and street car companies, required employes to undergo physical examinations. During the first eight months of 1915, 11 establishments began physical examinations for applicants for work and for employes, the report shows. Fourteen plants started the physical examination of applicants for work.

At the end of August, 1915, Mr. Croxton reported, at least 42 establishments normally employing 68,000 persons, had systems of physical examinations for either applicants or employes, or both.

Of the 12 establishments which conduct periodical examinations of employes, eight employ graduate physicians on full time to diagnose and treat illness or injuries, and four employ physicians on part time. Apparently the practice of hiring a "company physician" is growing, the report indicated. Several companies pay for surgical treatment when it is found this is required, and supply trusses when they are necessary. In most cases where necessity for medical attention is disclosed, the employee is referred to his family physician. This is equally true of the 17 companies examining only applicants for employment. Female nurses are employed by those establishments which employ women and require physical examinations.

Very few establishments have found it possible to do any very extensive work towards furnishing treatment or medical aid to applicants for work, Statistician Croxton reported. Particular attention was paid, however, to those suffering from tuberculosis and many of these were referred to sanatoriums for treatment.

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What to do in Diarrhoea
A majority of cases of diarrhoea occurring in babies under six months of age are due to sugar fermentation. Over six months it may be either purgative or fermentative.

The treatment of fermentative diarrhoea is stop all sugars and give $\frac{1}{2}$ milk $\frac{1}{2}$ water and boil the feeding. As the stools show improvement add $\frac{1}{4}$ oz. Dextrin-Maltose to the total 24 hour feeding, then gradually increase the milk and Dextrin-Maltose until baby is getting the proper feeding for his age and weight. The treatment of putrefactive diarrhoea is stop all milk feeding and give $\frac{1}{2}$ water, $\frac{1}{2}$ milk, 1 oz. of Dextrin-Maltose, gradually increasing the milk and Dextrin-Maltose until he is getting the proper feeding for his age and weight. Mead's Dextrin-Maltose is 100 per cent less likely to produce diarrhoea than milk sugar or cane sugar.

What to do in Constipation
Constipation in the bottle fed baby is usually caused by errors in his diet. The most common are: too high fat content, causing hard, granular stools; food of insufficient quantity or strength, causing scanty stools; not enough sugar; also boiling the milk. Having decided as to the possible cause of the constipation, the thing to do is change the food so as

to overcome the cause; for example, fat constipation is corrected by giving a skimmed milk feeding, deficient sugar constipation, by adding $\frac{1}{2}$ ounce of cane sugar to the regular formula. In some of the cases of persistent constipation it is often necessary to add milk of magnesia to the feeding, using one teaspoonful to the morning and evening feeding.

What to do in Vomiting
Vomiting may be due to many causes, the principal causes being: too frequent feedings; large hole in the nipples, allowing the food to be taken too rapidly; not keeping the baby quiet after nursing; tight belly bands.

The treatment of acute vomiting is immediately stop all food. In severe cases even water should not be given. Calomel is at once given, $\frac{1}{2}$ grain every $\frac{1}{2}$ hour until 1 to 2 grains are given. Food should not be given until the vomiting has ceased entirely for a number of hours, and it is shown that water is retained. A feeding of $\frac{1}{2}$ milk and $\frac{1}{2}$ water, no

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MARRIAGES IN OHIO.

William E. Kiser, M. D., Bellaire, Ohio, to Miss Gertrude Helen Coleman, at Dover, Ohio, October 19.

Warren Deweese Coy, M. D., Youngstown, Ohio, to Miss Alma Shollenberger of Montgomery, Pa., November 3.

Edgar Paul McNamee, M. D., Cleveland, Ohio, to Miss Ethel Marian Petrie of Oneida, N. Y., October 30.

Carl Bair, M. D., Greenwich, Ohio, to Miss Carrie Warren, Columbus, at Columbus, December 1.

Frank Thomas, M. D., to Mrs. Lola Turner, both of Piqua.

Robert Spencer, M. D., to Miss Grace Clark, both of Piqua, November 20, 1915.

Paul R. Hawley, M. D., of College Corner, O., to Miss Frances Gilleland, of Cincinnati, December 11. They will reside in College Corner, where Dr. Hawley will be associated with his father, Dr. M. H. Hawley.

ZANESVILLE ACADEMY.

The Muskingum County Academy of Medicine held its annual meeting in the Chamber of Commerce Rooms at Zanesville, December 8. The secretary-treasurer read his report for the year 1915, showing a membership of 50. There have been 11 meetings, with the average attendance considerably higher than last year. The retiring president read a very interesting address, which was well received. The election of officers resulted as follows: President, E. M. Brown; vice-president, L. F. Long; secretary-treasurer, E. R. Brush; censor, J. T. Davis; member board of public policy, S. Kelly.—E. R. Brush, Secretary.

FROM TENNESSEE.

Editor, The Journal—I greatly enjoy the Ohio Journal and really consider it a most remarkable periodical. It must take a tremendous amount of work to get out so complete a Journal as yours. I really believe that it is appreciated throughout organized medicine wherever it is sent

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Olin West, M. D.,
Secretary-Editor, Tennessee State Medical Association.

Nashville, Tenn., Dec. 25, 1915.

Deaconess Hospital, Ironton, plans to enlarge its operating rooms and add a new sterilization equipment.

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May 17, 18 and 19, at Cleveland. Make this notation on your engagement book today. They are the dates selected for the seventy-first annual meeting of the Ohio State Medical Association. Many of you missed the meeting at Cincinnati last year, and regretted it later. This year the Cleveland Academy of Medicine is determined to have this the greatest medical meeting ever held in the state of Ohio—scientifically, socially, and in every other way.

+ + +

It costs far more to practice medicine today than it did ten years ago. In the first place, the cost of living has doubled. Today the automobile is almost a necessity in general practice to give the quick service which the public demands. And to cap the climax comes the inflated cost of drugs—a serious consideration for the physician who dispenses.

Yet in many counties in this state, medical practitioners are working for the same scale of fees their grandfathers worked under fifty years ago—when eggs were ten cents a dozen and garage charges were unknown.

+ + +

Medical practice is essentially a matter of education. The better a man is educated, the better his idea of the human body and the better is his ability to recognize disease and to apply adequate treatment.

Physicians and educators, and all educated people, agree on this. The result has been a transformation in legitimate medical education. The

"diploma mills" of 15 years ago, have disappeared. States, as well as medical colleges, are demanding increasing degrees of preliminary education, and the colleges are constantly extending the period of professional training.

Under the Platt-Ellis Law, Ohio is licensing about 500 men and women who pose as non-medical healers to meet and treat the sick for compensation. The public, by patronizing these people, to a certain extent, has fostered their growth.

Recently an examination was made of the sworn statements of 150 of these "limited practitioners," as filed with the State Medical Board, in order to gauge their qualification by the educational standard. The 150 applications were picked at random from the 500, so it is fair to assume that the showing is typical. The following table gives the net result:

College Graduates	0
Attended College	13
High School Graduates.....	16
Partial High School.....	35
Grammar Grades Only.....	47
No Education	39

Total150

The Cincinnati Department of Health, as a matter of public health protection, recently issued a public warning calling attention to the fact that the 500 people licensed under the exemption clauses of this law have not been compelled to show the state that they are qualified to treat disease.

We feel that the above figures justify the department in this statement, or one far stronger.

The recent resignation of Dr. W. J. Means as Dean of the College of Medicine at Ohio State University, has aroused very generally, two sentiments: the one, sincere regret that his health is not what it should be, and the second, an appreciation of the very great service Dr. Means has rendered to the advancement of medical education, not only here, but throughout the entire country.

Dr. Means has been actively interested in medical education ever since he came to Columbus, over a quarter of a century ago. He was one of the founders of the Ohio Medical University, becoming its dean while it was still a young struggling institution, remaining its guiding spirit until he had successfully produced (for those days) a well equipped modern school, free from incumbrances, with property worth approximately two hundred thousand dollars, and better still, a reputation for earnest, progressive work. Realizing the increasing demands of the times, and the need for still greater efficiency in equipment and energy, by the exercise of great tact and persistency, he overcame apparently unsurmountable obstacles and consummated the union of Starling College and the Ohio Medical University, and eventually brought about the incorporation of this school into the Ohio State University.

All the while, also, he has been actively interested in medical education as a national question; he has been chairman of the Executive Council of the Association of American Medical Colleges, and for the Council on Medical Education of the American Medical Association has inspected and made constructive criticisms on medical colleges all over the country. At the same time he has been the medical director of a very large fraternal insurance organization, and has been actively engaged in the practice of his profession. It is no wonder that his health should show signs of impairment, after such a long and strenuous period of effort, and it is not to be surprised at that, after achieving what we believe to be one of his life's ambitions, the union of the local medical schools, bringing them up to the high modern requirements and then insuring their future by placing them in the safe hands of the state—that now he seeks relief from part of his burdens.

We congratulate Dr. Means on what he has accomplished; we feel that our profession owes him an earnest meed of appreciation for his services, and we sincerely hope that a well-deserved rest will completely restore him to health again.

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Members of the Association who visit Columbus are cordially invited to make use of *The Journal* office while in this city. The State Society is nicely located on the second floor of the Ruggery Building, at 20 East Gay Street, where telephones, stenographic service, and other conveniences are always at the disposal of visiting members. When you are in the city drop in at headquarters. We are always glad to receive calls from visiting doctors.

Feeling that the increase in state dues would cause a falling off in our state membership, as predicted by some of our friends who were inclined to be pessimistic, has been entirely dispelled by reports received from county secretaries during January. Instead, the prediction is warranted that 95 per cent of the men who were members in 1915 will continue their affiliation and that the new features offered by the State Society, particularly the new plan for co-operative defense against civil malpractice suits, will add between two and three hundred new members to our rolls. As this is a most important year in the development of the State Society the growth in membership will mean that our future as a virile association is absolutely assured.

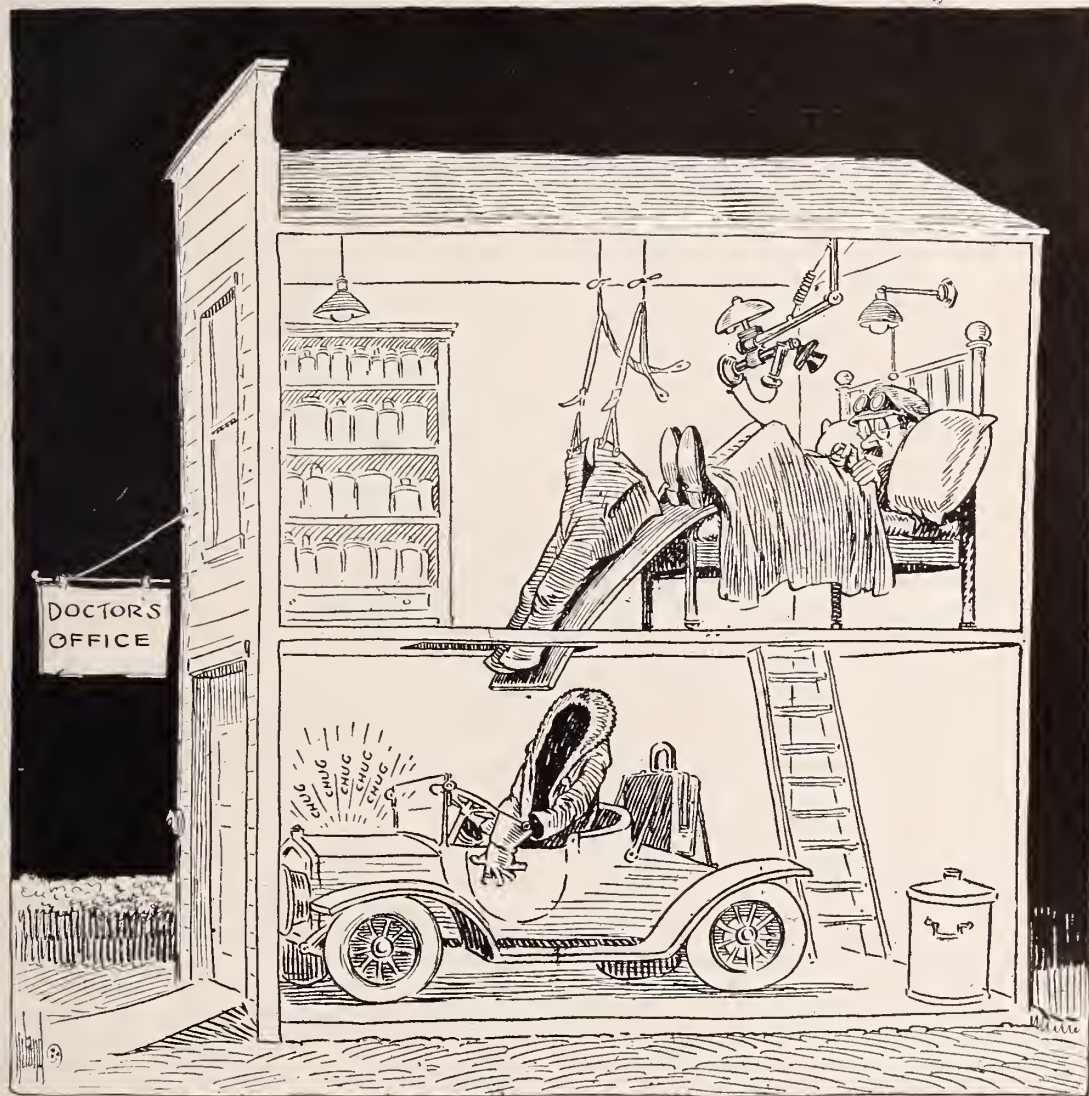
Doctors are proverbially slow in paying dues, but responses to date have broken all records for January collections. Three county societies which had practically lapsed into complete inactivity—Defiance, Madison, and Lawrence—have been reorganized during the past month, and started toward renewed activity with enthusiastic memberships. *One county, Huron, has already qualified for the 1916 One Hundred Per Cent Club.* On January 18, Dr. J. D. Coupland, the secretary, remitted to Dr. C. D. Selby, the secretary-treasurer, the state dues for 13 members, thus equaling its 1915 record.

From many counties reports have been received of material increase in membership. In Columbus, for instance, President Platter and Secretary Bigelow, by the middle of January, had received 18 new applications for membership, and are prophesying the 1916 total for the Academy will be 350 members—a gain of nearly 50 over last year.

From the Columbus office a systematic campaign is being conducted by Executive Secretary Sheridan to aid county secretaries in enlisting reputable physicians who reside in the rural communities of their districts. In 33 counties, secretaries have submitted to the Columbus office lists of desirable men who are not members, with the result that a list of 450 "prospects" has been secured. The Executive Secretary, by mail, is presenting to these men the advantages of affiliation with their county society, and to date the responses have been exceedingly liberal.

The immediate need is better response by our present members in the matter of paying their dues. Dues are due in each county on January 1, and we assure you that it will materially aid in the state work if each member will promptly remit to his secretary. This will be an exceedingly busy year for the State Association, and you should endeavor to lighten the work by relieving its officers and the officers of the county societies from the necessity of "dunning" you for that which you owe, and that which is now overdue nearly two months.

"DOC" McGARGLE HAS REMODELED HIS OFFICE SINCE THE GRIP HAS COME TO TOWN



Surely, we know that you are busy, (*) Doctor. But it takes only two minutes and nine seconds, and it is vital to the future of organized medicine in Ohio.

We tried it, and we know.

See if you can do it as quickly. Follow the technique:

Sit firmly at your desk, pen in the right hand.

Remove check book from pigeon hole.

Write out check. Blot, and fill in stub.

*We are re-printing this cartoon by Mr. Billy Ireland through the courtesy of The Columbus Dispatch. It appeared last month when Columbus was in the midst of an epidemic of la grippe.

Fold, and enclose in an envelope.

Inclose a line on office stationery saying that you are sorry that you hadn't sent it January 1,

Address envelope to the Secretary-treasurer of your county society.

In Columbus, by January 20, forty-five per cent of the 300 members of the Academy had paid their dues. Many of the balance have paid by this time. This prompt action leaves the officers free to devote their time to building programs that will be worth while.

Help make this possible in your county by sending in a check for your dues.

In these days when the subject of military preparedness is a chief topic of discussion, too little attention is being paid to the very important problem of medical attention in the event of a serious war. For that reason *The Journal* is very glad this month to offer for careful consideration the able paper of Dr. Snyder, on page 95. We trust that it will not only be read by every member but will be given careful consideration, for we believe that the plan he suggests is entirely feasible.

In the event the United States is forced into a serious war, it will be absolutely necessary to secure the services of surgeons of the highest type. It will be necessary to secure the maximum number of these and not merely the comparatively few who would enlist under our present system of army medical service. Dr. Snyder's plans would meet this demand, and the formation of a reserve medical corps can and should be made at once. The only eligible members would be those physicians who are in practice today and these must be the active members of the next war also. Every consideration points to the need of such preparedness now.

The seriousness of this need is clearly shown by the present situation in England. There about one-third of the medical profession is engaged in war service. Because of a lack of preparation this condition is working a serious hardship on the country as well as on the army. Only recently has the Central Medical War Committee developed a plan whereby an effort is being made to secure army surgeons from those localities in which they can best be spared. The London correspondent of the *Journal A. M. A.*, (January 15, page 205), gives an interesting view of conditions in Great Britain. It is not difficult to realize that conditions in this country, in the event of war, would be even more complicated and unsatisfactory.

We should be glad to receive and publish in our March number, comments from our members upon the plans suggested by Dr. Snyder.

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Speaking of preparedness, *The Journal* feels that the medical profession of Ohio should lend its weight to the movement inaugurated by President Rodman of the American Medical Association to secure adequate provision for a strengthened medical corps in the Army Reorganization bill before Congress. There is now pending before the Military Committee of the lower house a measure providing for the general reorganization and strengthening of the standing army. The measure, as originally proposed, paid scant attention to the strengthening of the medical service. Congress should be urged to give this point particular attention. In these days of preventive medicine, thorough knowledge of the etiology of diseases and the methods for the care of the sick and wounded, armies will suffer a great loss annually unless sup-

plied with a sufficient number of well-trained medical men.

The Council of the State Society went on record at its January meeting and asked Congress to provide for a strengthening of the medical corps in the proposed standing army by the addition of such a number of medical officers as may be deemed necessary by the Surgeon General. It is agreed that this number should be at least seventy-five hundredths of one per cent of the enlisted strength of the army.

The same arguments that apply to the building up of a strong medical reserve corps in the cities apply here. Following the Spanish-American war fiasco, our regular army was re-organized in 1901, but even then the medical department was not properly increased, and no provision was made for its expansion in time of emergency. Congress should not again make such a serious mistake.

We suggest that county medical societies meeting in February adopt resolutions urging the strengthening of the medical department of the army, in compliance with the plans of the Surgeon General, and that these resolutions be forwarded to the President and to the chairman of the Military Committee of the House of Representatives, at Washington.

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Cleveland has contributed another bit of evidence to the mass which is convicting the political spoils system of being the greatest single enemy to efficiency in governmental administration, either national, state or municipal. We refer to the retirement, by request, of Dr. Clyde E. Ford as Health Commissioner, after a service of six years in which he has brought his city to the front as a leader in many fields of public health protection.

Cleveland changed the political complexion of its city administration last November. For a time it was thought that the incoming mayor would refrain from disturbing the Health Department because of its acknowledged efficiency, and because of the things it has accomplished. But partisanship was too strong, and last month Dr. Ford was informed that his resignation would be acceptable February 1.

The incoming mayor made this request in face of a strong appeal from the Academy of Medicine, and despite the fact that Dr. Ford is known throughout the country as one of the ablest leaders in the field of public health administration. That he has worked to splendid advantage in the six years of his tenure is concretely indicated by the decrease of two full points in the Cleveland death rate, and by the fact Cleveland now has the lowest death rate in the group of cities having a population of 300,000 or larger. Detroit, for instance, with similar population, and similar general conditions, has an annual death rate nearly three points higher—a difference of some 1800 lives saved annually.

This has been accomplished during Dr. Ford's term by transforming the old haphazard organiza-

tion into a scientifically arranged working force which handles the various problems in a systematic manner. To accomplish this he first educated Cleveland to a knowledge that public health is purchasable. The city's present expenditure of \$250,000 for public health protection, is twice as large as it was when he assumed office.

The extent of the activity of the department under Dr. Ford, is indicated by its work in the field of preventing tuberculosis, and in the work of its child hygiene bureau. In the former, 26 instructive visiting nurses co-operate with a magnificent system of dispensaries, while in the latter, 33 nurses are engaged in caring for the children of the city. These are examples of specialized activities. In every recognized field of modern public health activity, Cleveland is at or near the top.

Our criticism is not directed especially against the new mayor of Cleveland, but rather against the prevalence of the spoils system which has made his action the usual and expected procedure in practically all of our American cities. Very few have reached the point where even the health department is regarded as inviolate from the spoils. The Cleveland situation, in fact, has one highly redeeming feature—the appointment of Dr. Ford's successor.

Dr. Robert H. Bishop, Jr., the new commissioner, is generally recognized to be splendidly qualified for the post. He has thoroughly demonstrated this in his past public service, as directing head of both the semi-public and municipal agencies which have made Cleveland the leading city in protecting its citizens against tuberculosis and in caring for its unfortunate tuberculous, but we strongly suspect that Dr. Bishop would have much preferred to continue his attention entirely to the tuberculosis field. Our rough guess is that he accepted the commissionership after it was definitely known that the local political situation made it impossible for Dr. Ford to continue, solely because he did not wish to see the work of the past six years rendered ineffective. Dr. Bishop was one of the most earnest advocates of Dr. Ford's retention.

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Last winter the legislature enacted a law requiring dentists to practice under their own names and not hide their identity under such titles as "Red Cross Dentists," "Progressive Dentists," "American Dentists," etc. One Dr. Chambers, 23 East State Street, Columbus, who advertised his practice in the newspapers as the "Reliable Sanitary Painless Dentists," is now advertising the same as "*Formerly* the Reliable Sanitary Painless Dentists." We trust that Dr. Chambers has a sense of humor.

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This is to be an important year for organized medicine in Ohio.

Summit county physicians have reason to be proud of their splendid organization. It is safe to say that there is not a county of its size in the United States that is better organized for intelligent advancement of the better things in medical practice. The annual report by Dr. McCormick, the secretary, shows that the society has a total of 189 members, which is 90 per cent of all of the physicians in the county. Furthermore, the monthly meetings show an average attendance of 62 which is particularly creditable in view of the fact that the general average was not raised by one or two large meetings. The smallest held during the year, which was in April, was attended by 43, while the largest in September, attracted 85. Dr. T. K. Moore, the retiring president, leaves a record that will be difficult to surpass, and throws a heavy responsibility upon Dr. J. N. Weller, the president for this year. The re-election of Dr. McCormick as secretary insures able administration of this important office.

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The Miami and Shelby county societies at a recent joint meeting, took action which is recommended for consideration in other counties where similar conditions prevail. The following resolution, a copy of which was forwarded us by Dr. O. O. Le Master, the secretary, was adopted:

"Resolved, That any physician, member of Shelby or Miami County Medical Societies, who shall hereafter consult with, aid or abet, osteopaths, chiropractors, or other illegal practitioners of medicine, shall be expelled from his respective society, and such proceedings reported to State Board of Registration with recommendation for revocation of license."

This action was made necessary by reason of the fact that certain legal practitioners in that territory have been in constant consultation with osteopaths. The society learned that in frequent instances these physicians have been called in by the osteopath immediately prior to the death of the patient, for the purpose of having someone qualified to sign a death certificate. The society was further informed that certain physicians had furnished medicines which the osteopath had prescribed. The prescription of medicine in any form by any osteopath, or by any of the non-medical healers, is a direct violation of the state medical law and the legal practitioner who abets this practice is therefore an equally guilty violator.

The society further learned that a so-called cancer specialist who is not a licensed practitioner, and who is not qualified in any way to engage in this delicate work, has developed a large business through the attendance and the association of a licensed practitioner.

These are matters of great interest, and the societies are to be commended for the action they have taken. The question is of particular importance at this time because of the influx

of new non-medical healers registered under the Platt-Ellis law. These exponents of the various "schools," as well as the osteopaths, are absolutely prohibited from prescribing or administering medicine in any form. Realizing that this is an almost prohibitive handicap in the successful treatment of a great majority of diseases, they will undoubtedly endeavor to enlist the aid of registered physicians to supplement their efforts. This should not be granted under any consideration. If the patient prefers to be treated by a chiropractor, or by an exponent of one of the new "schools" that is the patient's business. But certainly, no man entitled to practice scientific medicine can afford to encourage these haphazard practices by admitting this class to consultation.

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Defiance and Madison counties, the two which made the poorest membership showing last year, and the only two in which there was a material falling off in membership, decline to longer hold the cellar championship. In each society there has been a vigorous rejuvenation. These counties are among the best in the state in point of general progressive spirit and prosperity, and each is favored with a profession of an unusually high standard. It is to be sincerely hoped that neither will again permit its organization to become sluggish.

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Many druggists, the state over, are open to the censure applied to a certain class of Cleveland stores by Dr. H. N. Cole in a recent number of The Cleveland Medical Journal:

"In this day and age of osteopathy, of chiropractic, of naprapathy, etc., etc., *ad nauseum*, we have still another practitioner among us and unfortunately this healer is not of recent origin. We refer to our friend with the variegated store on the corner. His window is full of showy signs and brightly colored bottles. There is the picture of the tottering man who has lost his "manhood." N. B.—Take the great Doctor Soakem's "Manhood Restorer." We see also the poor woman coughing her life away: P. S.—The "Old Doctor Getem's Sure Cure for Consumption" in all stages is highly touted. And so we might go through the entire gamut of human ills—for all of which the druggist has his sure cures. From the babe in the cradle to the old man about to be laid in his grave, the druggist is there to get him, and if it can't be done with "Plant Juice," why then he will use something else.

"However, it is not only with patent medicine that the druggist deals, and this is much more serious—we refer to the druggist as a dispenser. How many physicians have had patients come to him after they have been treating with a druggist for weeks and even months—perhaps some of the medicaments were patents, but all too many are official preparations that the drug-

gist recommended for the complaints given. Let us give a few concrete examples. We have lately seen several basal cell carcinomata of the face which the druggist had been treating—in one instance for several months. Again, the practice has become very prevalent among druggists of dispensing calomel powder to every customer coming in and complaining of a chancre of the penis.

"This pernicious practice is working irreparable harm and the Academy of Medicine should look into it at once. Once calomel has been used locally all chance of an early, microscopical diagnosis is taken away and the physician, with his anxious patient, must then remain in doubt from one to four or five weeks until the Wassermann or other diagnostic methods will settle the diagnosis—the patient in the meantime losing all this valuable time in beginning treatment of his syphilis. At the Dermatology Clinic at the Lakeside Hospital we see on an average from three or four to five or six chancres, specific and non-specific, a week. Yet in the past year we have been able in only a very few instances to make an early microscopical diagnosis because of the fact that to practically each and every man this drug had been doled out by a druggist. Very fortunately, not all drug stores are in the category mentioned, but are a credit to the profession, and such stores all high-minded physicians should encourage and patronize. The Academy of Medicine can also be of great service, especially in an official capacity, through the lay press, and it will be a glorious day when we can send our prescriptions to *apothecaries* (not soda fountains), where drugs are dispensed *only* on a physician's order, and where the "Patent Medicine" is a thing of the past."

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Some of our friends in the dental profession are almost fighting mad because the Roentgen ray is showing up some of their very careless and inefficient dental work, says The Journal of the Indiana State Medical Association. Fillings, crowns and bridges have covered up much real dental pathology that should have been corrected before the mechanical work was done. Concealed infection in and about teeth has done an immense amount of harm and the dentists will do well to accept gracefully and profit by the disclosures made by the Roentgen ray. In fact, we believe that the science of dentistry will make wonderful advances as a direct result of the findings secured through Roentgen-ray examinations of the teeth before and after treatment. These advances will aid the medical man in eliminating some of the heretofore obscure causes of systemic infection or toxemia.

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Dues were due January 1. They are 46 days over due today.

Original Articles

The Responsibility Assumed in Nose and Throat Surgery*

JOHN EDWIN BROWN, M. D., COLUMBUS

THE committee in charge of the program of this section for 1914 asked Dr. S. H. Large of Cleveland to present a paper on the line of thought suggested by this title. Dr. Large prepared such a paper, giving it the title "Radicalism and Conservation in Nose and Throat Surgery," but was prevented by absence from presenting it. The topic seemed of so much moment that I have ventured to outline briefly some of the points in mind. It is not presumed to bring much that is new to you, but it is hoped to stimulate your continued interest in a problem that we all realize must be given satisfactory solution.

The day of the specialist—and this is not limited to the field represented by this section—has long since arrived. The physician practically agrees with the public in limiting his field of activity to give his patients the services afforded by a better knowledge and higher skill than it would otherwise obtain. It is patent that this knowledge and skill is not to be obtained in the usual undergraduate medical course; otherwise all graduates could be specialists in any line. To supply a training of the required sort we have developed post graduate and clinical schools both at home and abroad. That their work has been sufficiently comprehensive to impress the laity with an idea of its value is attested by the readiness with which the specialist is intrusted with the treatment of diseases. It is not rare now for an individual developing disease of the eye, of the ear, of the throat, or some other organ included in the field of specialism, to consult directly a limited practitioner whom he has never before met, without previously asking the advice of his long honored family physician. It has taken a long time to bring this about, but it has come to be true. Unless this is a direct benefit to the patient it is an unfortunate development of specialism. It implies that the family physician lacks technical knowledge in the disease, and further, that the specialist in addition to supplying this technical knowledge should be qualified to advise the patient as to his general condition. This cannot always be the case, and the specialist who fails to realize the limitations of his knowledge and art is to my mind more culpable than the general practitioner who fails to realize when his patient is in need of the consultant's skill, or, realizing it, refuses to give him the benefit of it.

This paper is a protest against any cheap ap-

preciation of the work and responsibility of the oto-laryngologist. This cheap appreciation is inside as well as outside our ranks; intra-mural, if I may so designate it. In this case it is the manifestation of deficient training of the specialist.

Two points of view are admirably shown by the following instances. In the first a physician had watched the operation of cataract extraction, which happily had gone smoothly without complication or difficulty. "What a snap to be able to work for a few minutes like that and get your fee for it." No appreciation of what it meant to prepare for the few minutes' responsibility, and no thought that the care of this case in the week following involved work requiring no less judgment and skill than the operation itself. In the other a general surgeon of wide experience was asked if he did tonsil operations. "No," said he, "it's the only operation I fear to undertake. I don't like any operation where I have to leave an open wound and do not ligate the cut vessels." Yet there are men who have never attempted even the simplest operations of surgery who, without training, announce the limiting of their practice to this special field and will attempt its surgical procedures.

The introduction of cocaine, the performance of intubation after O'Dwyer, bronchoscopy after Killian and Jackson, radiography, hematology and therapy based upon bacteriological findings and products, all mark epochal developments in oto-laryngology. The first of these created a new field in surgery. The applicability of local anesthesia has enormously broadened as our knowledge of how to use it has increased. In the medial and lateral walls of the nasal passages and the nasal walls of the accessory cavities, in the fauces, pharynx and larynx, in the sinuses and mastoid, local anesthesia has come to be the form largely used. Yet no rule can eliminate the necessity for sound judgment upon the part of the surgeon who must decide in the particular case what form should be chosen. Too much risk of life should not be incurred for a minor procedure that can be made successfully without that risk, and on the other hand it is not always fair to a patient who has acceded to your advice, to do an operation in a bungling or half successful way just to render the procedure less arduous to the operator.

Where it is necessary for a patient to undergo an operation requiring general anesthesia, the oto-laryngologic surgeon is often asked to perform another operation which he may previously

*Read before the Eye, Ear, Nose and Throat Section, Ohio State Medical Association, in annual session in Cincinnati, May 5, 1915.

have advised—this particularly being true of a tonsillectomy. I am convinced that tonsillectomy is so important that unless there are unusual circumstances it should not be combined with any other surgical procedure of note. The open and more or less septic wound of the tonsil operation militates against the normal convalescence in such cases.

The preparation of a patient for operation should be followed out scientifically even where the operation seems to be only a minor one. If the patient has diabetes, Bright's disease, or advanced arterio-sclerosis, the operator should at least be aware of the fact. In important conditions the opinions given should be reinforced by all the data to be obtained from collateral examinations and tests.

There has been a tendency to too much minimize the importance of our operations. Why this is true is hard to understand unless it is that the surgeon may fear that if the patient learns he is to undergo *any* risk whatsoever he may fail to consent to the operation advised. How strongly should operation be urged for a local obstruction, hypertrophy, deformity, of infective process? Patients often want to know, not so much whether they are to be cured by operation, as to how much penalty they must pay in after years if they refuse operation. It is here that a high order of scientific knowledge and conscience is called for to put before the patient correctly the facts and opinions which may determine his final decision. Even mastoid cases in which we have said operation must be performed to save life have survived unoperated to prove we erred in our prognosis. What degree of skill do the operations of nose and throat surgery call for? This question would be answered in a great many ways but of the same import—that a goodly degree of surgical skill is called for. I am sure, if one asked the members of this body whether the operation of tonsillectomy now so much performed is one of easy accomplishment that the verdict would be unanimous, namely, that in the hands of the most skilled there would always be conditions to sorely tax his resourcefulness, either in the operation itself or in post-operative difficulties. Yet this is a procedure that the layman and many general practitioners consider of little note and universally easy of performance. It is often performed by the latter. Despite the fact, as I believe, that some tonsils are needlessly sacrificed, there are undoubtedly a greatly larger number needing operation that do not get it. It is stated that in Murphy's (Chicago) clinic a radical dissection of the glands of the neck is now so rare as to be obsolete, whereas before the days of eliminating tonsillar foci of infection it was done as frequently as two or three times weekly. It requires an army of surgeons to do this work. Unless there are new discoveries in regard to

the function and usefulness of the tonsils, we are liable to have an increase rather than a diminution in the amount of surgery in this field. The results show, however, that the operator has not always left the patient as well as he found him. The unoperated case still has the possibilities of a normal throat from operation. A deformed palate, post-nasal stenosis, cicatrices, tonsil tissue buried under fibrous bands, cannot always be transformed into the normal, yet these are some of the things that are to be seen following tonsillectomy. One year in examining new pupils at the State School for the Deaf, I put those who had previously had tonsil operations in a group and found that palatal conditions were much inferior in this group than in the unoperated cases. A young woman, a musical student in one of our Ohio colleges, was advised to have her tonsils removed on account of a tubotympanic catarrh. She went to her home to have the operation. I saw her about two years later. There was a mass of scar tissue in the region of the left tonsil. Both pillars were absent on the right side and the uvula adherent to the practically untouched tonsil. There was a transverse band of scar tissue on the pharyngeal wall where the superior constrictor had been torn, contracting the opening into the naso-pharynx. Now such a result would not have ensued if this operation were of easy performance. It cannot be too much emphasized that the operator in tonsillectomy, if under general anesthesia, which is needed save in a limited number of exceptions in adults, should have a most competent anesthetist who is familiar with the routine of these operations. Many of the defects of this operation are directly due to incomplete or insufficient anesthesia. This is bad enough of itself, but if to it is added an undue desire to complete the operation quickly, the way is opened for a faulty operation. The operation should be done at such a place and such an hour as will assure that the operator can be easily called to the patient's bedside if needed. This will in most cases exclude so-called home operations.

Not all cases of post-operative hemorrhage that have been fatal would necessarily have been so if the operator had assured the patient of more or less constant oversight in the four to six hours after operation, or had given immediate response to the first notice of late bleeding. These things are not mentioned in a captious or critical spirit, but out of a desire to see our specialty truly best serve the patients that so confidently are put in our care. We must see to it that preventable accidents are prevented, that avoidable injuries are avoided. This can only be done by furnishing opportunities for the best and most thorough training for the graduate who would specialize, and then making it impossible for the untrained man to assume the responsibilities of a special work, just as the unqualified can no longer engage in general practice.

Arthritis Deformans --- from the Surgical Standpoint

ROBERT CAROTHERS, M. D., CINCINNATI

FOR more than half a century the Medical profession has labored with arthritis deformans.

It has been given more or less importance at various times and several interpretations placed upon it. From Still's disease in youth through the rheumatoid arthritis, osteo-arthritis, atrophic and hypertrophic arthritis to the joint changes consequent upon arterial sclerosis in old age we have been calling the end results arthritis deformans.

Our bacteriological friends, especially Rosanow, have demonstrated that the uninjured joint does not become disturbed primarily, but when inflammatory changes take place it is due to some poison having been carried to the joint through either the blood or lymphatic circulation from some diseased focus or foci elsewhere in the body. Be the joint acutely inflamed or the process more or less subacute or even slowly continuous in its process this rule will hold good.

The question will arise, whence comes this poison, just where is the original focus or foci? The answer to this question is any place in the body where there is diseased tissue badly drained and permitting absorption. The most likely localities, however, are the tooth, tonsil and urethra.

The teeth really are 32 bones and joints very superficially located and exposed to diseases and injuries of such a nature as to be very fruitful in producing organisms for absorption and deposit in the end arteries of joints.

Pyorrhoea is attracting much attention at present. The root which has had the nerve killed and necessarily the vessels, is as a sequestrum when crowned, and the filled cavity in a dead tooth is equally as dangerous. In such cases it is unfortunate that the safety valve—pain—has been destroyed.

The tonsil is probably not so frequently the cause of chronic joint infection as it is of the acute infections, and is the focus from which arises acute articular rheumatism. It does happen enough, however, to make it worth the while for serious consideration. When we speak of the tonsil we mean naturally the adenoid tissue in the throat, and all infections of the nose and middle ear and their accessory sinuses.

The urethra which is the avenue of entrance for germs specific is also through its adjacent tissue the prostate and the uterus the harbinger for the less active germs which when carried to the joint produce the pathological changes necessary for an arthritis deformans.

If we were only bacteriologists we might be satisfied; perhaps, to rest our case at this point; but, as clinicians, we are not satisfied to waive the joint

infections we know to be consequent upon badly drained lower bowels, or associated with diseased appendices or the joint infections associated with chronic inflammation of gall bladders, or many other sources of lesser frequency from which diseased germs may be absorbed.

One thing seems true. The entrance of infection to the body found in mesoblastic tissue is through either epiblastic or hypoblastic tissue, with epiblastic tissue far in excess of frequency. That mixed infections take place there can be no doubt, and sometimes the acutely inflamed joint subsides into one of chronic inflammation simply through a change of course.

Let us now turn our attention to the joint itself; there we find a synovial membrane in which there are end arteries and in which arteries when once a germ lodges it neither goes forward or backward, but causes an inflammation which varies in degree according to the particular germ present, and whether or not it can live in the presence of the enemy, the leucocytes.

If this germ so happened to be of the variety we find thriving in the absence of oxygen and concealed in the snag of a crowned tooth, the crypt of a tonsil or prostatic gland; or, perhaps in a frontal sinus, mastoid cell or deep in the endometrium then it answers well our purpose for a subacute or chronic inflammation of the joint. For a while, at least, an acute stage of inflammation prevails which at times so nearly resembles an acute infectious arthritis as to be mistaken for it; and, when mixed infections occur, in the beginning, not incorrectly. As this stage subsides and the slow low order of chronic inflammation occurs, then there is a slow gradual destruction of synovial membrane and such other adjacent soft tissue as the cartilage; and, either a destruction of the end of the bones in some cases, or in other cases an over-growth or lipping of the ends of the bones. In one case we will call it a rheumatoid arthritis, in the other case an osteo arthritis or hypertrophic arthritis. Just why the diseased process should take one course in one and the other in another case has not been definitely and correctly explained. In either case the deformity produced is called arthritis deformans.

It is now obvious that arthritis deformans is not a disease, per se, or the symptom of a disease, but the end result of certain infections of joints.

The recognition of arthritis deformans is usually easy if not apparent. The diagnostic importance lies in the recognition of the true joint condition before the deformity takes place.

As surgeons, in what way can we best handle these chronic infections of joints? In the first place we know that the already infected joint will continue inflamed and that other joints will be

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come infected as long as the foci of infection remain. Locate then, if possible, and eliminate the foci and this will take us again to the localities above mentioned.

The skilled dentist, with the aid of an X-ray examination, has been of inestimable help to the surgeon in arriving at a cause for some chronic infections in joints. He may discover a pyorrhoea and destroy it; or, perhaps a portion of alveolar process necrosed and sloughing as the result of an undue pressure from some tooth. In another case a dead root crowned or a decaying tooth filled may be at the bottom of our troubles. From these sources, infection may be carried to a joint which will never be relieved until it is discovered and obviated. We learned these things years ago, but waited for the bacteriologist to popularize them.

The acutely inflamed tonsil is self evident and is responsible not infrequently for the acute infectious arthritis. It is the tonsil which upon an ordinary examination and to the unskilled eye reveals nothing that is really in many cases filled with poisons and causing infection. These tonsils are buried behind the pillars and pronounced good unless exposed and carefully investigated. They should be removed when diseased and with them any adenoid tissue which can be equally as responsible for systemic infections. The middle ear and its accessory sinuses are cleansed and the nose is, after being examined and cleansed, made to drain its accessory sinuses which may or may not be diseased. As for the head, the dentist, and oto-laryngologist, aided by the radiologist, have cleaned house.

The genito-urinary tract is carefully examined and should infected foci be found in the urethra, the crypts of the prostate, vesicles, endometrium, tubes, ovary or bladder and kidney, they should be removed by surgical intervention and prevent further absorption therefrom.

Is this all? I think not. Is it not possible for the lower bowel, miserably drained and containing myriads of bacteria, to be the source of systemic infection and deposit infection in the end arteries of a joint? Is not the appendix and gall bladder worthy of consideration? Who has not known—perhaps occasionally felt—a neuritis and joint pains associated with an acute exacerbation of a chronic inflammation in the biliary tract? Is it not possible that a necrosed bone perhaps following some injury is responsible for germs in the circulation and joint? At last, after all foci are removed and no more are to be found, though our search be perfect, is it not possible that the lymphatic glands may have become infected and they themselves be responsible for some joint infections which continue to exist? And these glands may be so inaccessible as not to be discovered or capable of removal.

After all prophylactic measures have been observed and exhausted, let us turn our attention again to the joint and see what nature uses as remedies for relief.

The joint infections which are responsible for an arthritis deformans are usually chronic or sub-acute from their onset, and therefore the reaction is not so pronounced as the cases commencing with an acute inflammation. This may be the reason why they seem so persistent and rarely resolve as in the latter troubles. It is supposed that the germs causing a chronic infection are of the anaerobic variety and do not thrive in a medium which is deprived of oxygen. It would seem plausible then that a Bier's passive hyperaemia in such cases would first assist nature in bringing about a better reaction and at the same time render the field obnoxious to the germs in question. An active hyperaemia is also valuable in these cases for reaction.

One of the first things that nature does with an infected joint is to splint it with the muscles controlling the joint and thereby put it at rest. This may or may not be well done, and sometimes when the apposing muscles are of unequal strength, the stronger muscle having the advantage will cause an unfortunate deformity of the joint. A properly made splint, or better, a well applied plaster casing will not only assist nature in putting the joint at rest, but will also prevent the disagreeable deformity. Some horrible deformities could have easily been prevented at some time during the course of the disease if nature in her feeble effort had been assisted. Rest to an inflamed joint is invaluable in our treatment and will, in some cases (the cause being destroyed) restore a joint which has suffered considerable destruction to a state of considerable usefulness.

While nature splints the joint on the outside with muscles at the same time there is an effusion into the synovial sac for splinting purposes on the inside. This effusion is desirable and should rarely be withdrawn, but under extreme aseptic precaution we can assist nature very materially by substituting after withdrawal an antiseptic solution which will render an equal mechanical effect and exert some medicinal properties in destroying the infection. Such a measure is to be encouraged.

There comes a time when the pathological process comes to an end, when restoration to function is to be considered and it is here that nature unassisted has up to the present been successful. Passive motion is not advisable and when favorable results have been obtained it is through nature's unaided active motion. Such, I think, will be found the opinion of most men interested in these cases.

There always will be seen a class of cases which has received little or no attention during the stage of inflammation and destruction and is allowed to end with decided deformities either of atrophy of the bones or hypertrophy of the bones forming the joint, and, in either case, destruction of the joint. Such cases are beyond palliative measures and are for surgery.

The chapter on the operative treatment of arthritis deformans is yet to be written. It is being

written. In some cases a bone lip has been removed to give motion to a joint. It should be done. Foreign bodies in the joints such as tags from thickened synovial membranes have been removed, also synovial membranes when unduly thickened in places have been removed. Further than that little or nothing has been done of a surgical nature for these deformed joints.

It is to be hoped that the atrophied joint can be opened, the ends of bones cleaned and fat or fascia interposed with a fair joint obtained. It is to be hoped that hypertrophied bone ends can be so fixed so they will be restored to joint function, but, above all, it is to be hoped that all inflamed joints will be treated seriously as infections coming from the blood, and that under proper methods of treatment the horrible end results in the vast majority of cases can be obviated.

There is a joint condition about which I wish to speak, because it is so frequently mistaken for

those conditions which we have just been discussing. Usually it occurs in the knee joint and is caused by a static error or strain from the foot.

Flat Foot. The joint rubs and grinds, is strained on one side and pressed on the other. The subjective signs are not unlike an infection, while physically and upon X-ray examination the joint looks like an osteo arthritis. If treated as such it spells failure, and relief can and will come through a correction of the cause—the damaged foot. When a knee alone is the affected joint—see the foot.

CONCLUSIONS.

Arthritis deformans is not a disease and like dropsy it should be abandoned from medical literature.

The uninjured inflamed joint is an infection, be it either acute or chronic, and should be treated as such.

Arthritis Deformans---from the Medical Standpoint*

JOHN PHILLIPS, M. B., CLEVELAND

Assistant Professor of Medicine, Western Reserve University

DURING the past five years clinicians have manifested new interest in the various forms of arthritis, chiefly because new light has been thrown upon the etiology of certain types. Though many attempts have been made to classify the various types of arthropathies, none of these have met with universal acceptance, largely because of the fact that so many atypical forms occur, that can scarcely be classified in any of the usual groups. Further confusion is met with, as clinical writers have used many different names to describe one and the same condition. In arriving at a working classification of the various forms of arthritis it is necessary to take into consideration not only the clinical manifestations of the disease, but also the results of pathological, bacteriological, and chemical investigations. In the light of our present knowledge, it would seem that the most useful classification that could be adopted especially from the therapeutic standpoint, would be as follows:

- I. The arthritis of gout.
- II. The arthritis of chronic diseases of the nervous system, such as tabes and syringomyelia.
- III. Infective arthritis. This would include acute articular rheumatism, tuberculous, syphil-

itic, gonorrhoeal arthritis, and the arthritis of other infectious diseases. It would also include those cases of arthritis following small foci of infection in various parts of the body, but particularly about the teeth, in the tonsils, or the para-nasal sinuses. In these cases the micro-organisms can often be isolated, but frequently are unknown.

Some objections might be raised to this classification, because it might seem that certain groups of cases could scarcely be included under the heading of infective arthritis. One group that may cause confusion is the cases of osteo-arthritis, seen particularly in the aged of either sex, but occasionally in youths following trauma. These cases are characterized by mono-articular or poly-articular involvement of the large joints, such as hips, knees and shoulders, and there is distinct limitation of movement, due to the lipping of the bone at the edge of the cartilage, which shows considerable erosion, accounting for the grating palpable on motion of the joint. I believe that in the future we will be able to prove these cases to be due to a low grade of infection, possibly the result of a localized septic focus elsewhere in the body. Some writers would separate from these groups the cases of chronic arthritis of the spine and also the cases of Still's disease. The arthropathies of the spine have been proved in the large

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proportion of cases to be due to some form of infection such as the typhoid bacillus, the gonococcus, the tubercle bacillus, or the spirochaetae of syphilis. There is little doubt of the infective origin of the cases of Still's disease, which are characterized by a chronic progressive arthritis associated with enlarged spleen, secondary anaemia, and enlarged lymph glands. This is seen in children. Such rare conditions as the villous arthritis of Goldthwait and Bouchard's comptodactylie need scarcely be considered.

If one is confronted with a case of chronic arthritis, it is important from the standpoint of prognosis and treatment to place it in the class in which it belongs. To do this intelligently the main characteristics of the three groups of arthritis should be considered. The heredity, the habits of the patient, the presence of tophi in the ears, the predilection for certain joints, the increased amount of uric acid in the blood, the diminished purin tolerance—all these are an aid in the diagnosis. In the acute poly-articular forms there may be some difficulty in distinguishing the condition from infective arthritis. Barker has called attention to the fact that the X-Ray findings may be of assistance, especially the detection of small spherical foci in the bone substance near the joint, or often in the form of a semicircular defect of the articular surface of the bone with sharp punched margins. The arthropathies seen in nervous diseases are easily diagnosed if a neurological examination is always made. The presence of Argyll Robertson pupil, Romberg's sign, absence of tendon reflexes, disturbance of sensation and the cytology of the spinal fluid will often clear up the diagnosis. The absence of pain in the affected joints is an outstanding feature. The X-Ray shows striking changes in the joint in the form of huge excrescences on the bones, calcified free bodies, calcified masses in the extracapsular tissues, and extracapsular tissues, and extreme disintegration of the joint.

If the case is one of chronic arthritis and does not come under either of the first two groups it is important to determine what form of infection is present. First tuberculosis and syphilis should be considered. Here the history, the Wassermann and luetin reactions, tuberculin tests, and the presence or absence of evidences of these diseases in other parts of the body will help to clear up the diagnosis. Having eliminated the possibility of tuberculosis or syphilis it is very important both from the history and physical examination to determine the presence or absence of septic foci. This requires great care. A common site of infection is about the teeth. The physician should never depend entirely upon the dentist's report, but should have an X-Ray picture taken of the teeth. This in many cases will reveal small abscesses at the roots of the teeth that were hitherto unsuspected. Great danger lurks beneath the gold crowns with

which teeth are so often capped. Frequently I have seen abscesses develop here because the root canals are not properly filled. Again the tonsils may be infected. The physician can never depend on the simple inspection of the tonsil. One method of examination which is of value is to press on the anterior pillar with a small laryngeal mirror which compresses the tonsil and partially enucleates it from its bed. At the same time the patient should be instructed to exert pressure with his index finger on the outside of the neck below the angle of the jaw. If infected, the pus will be seen to come out from the crypts. I have been able to demonstrate infection in this way where the nose and throat specialist had considered from inspection that the tonsils were normal. Primary foci of infection are not infrequently found in the nose or paranasal sinuses. The X-Ray and transillumination are of service for their detection. Rarely the focus may be a chronic otitis media, as in one of my recent cases. Search should be made for gram negative cocci or other bacteria in the "milkings" from the prostate, urethra, or from Bartholin's glands, and the secretions of the cervix uteri. In one of my patients, which I shall mention later, a streptococcus was obtained in the "milkings" from the prostate which was identical with a streptococcus obtained from the tonsils in the same patient. Blood cultures, cultures from the joint fluids and from the glands in the neighborhood of the joints, should be made.

Excluding the infective arthritis, due to tuberculosis and syphilis, the other forms of infectious arthritis are usually, though not always, poly-articular. The small distal joints of toes, fingers, wrists and ankles are involved first. Later the knees and elbows become involved, while the hips and shoulders frequently escape. Unusual joints such as the sterno-clavicular, temporo-maxillary and vertebral, are often involved. The disease begins, acutely or subacutely, with fever, pain, tenderness, and swelling of the joints. It may simulate very closely acute articular rheumatism, except that unlike the latter, it does not clear up quickly with large doses of salicylates. In fact, I doubt whether except from the standpoint of therapeutics, we should draw any sharp line between acute articular rheumatism and the other forms of infective arthritis. It is simply a difference in infection. Muscular atrophy quickly develops, and soon there is stiffness and beginning contracture. Of interest too, is the low vaso-motor tone of the extremities, as evidenced by the sweating and clamminess of the hands and feet. The general appearance of the joints and the X-Ray findings are so generally familiar that I need not discuss them here.

It may be interesting, at this point, to review some of the recent work that has been done chiefly by Rosenow, Billings, Davis and others in regard to the etiology of many forms of infective arthritis. Rosenow, by using emulsions of glands or tonsils, and by taking dehemiglobinated blood, makes cul-

tures in ascites dextrose agar, growing the organisms at varying depths in this media so as to get a varying oxygen pressure, a graduation of H and OH ions and a wide range of nutrition. In this way he has been able to get positive cultures, while cultures prepared in the usual way remain sterile. In 54 cases of arthritis deformans, one or more glands draining the joints have been examined in each case. Non-hemolyzing streptococci resembling streptococcus viridans have been isolated 32 times, staphylococcus, 5 times, and an organism resembling the bacillus mucosus, 3 times, micrococcus catarrhalis and the gonococcus each once, bacillus Welchii in 14 cases and diphtheroid bacilli in 5 cases. In seven cases the cultures remained sterile. The strains of streptococcus isolated from acute rheumatism injected into animals commonly produce arthritis, endocarditis and pericarditis; those from arthritis deformans, arthritis and myositis, but rarely endocarditis and pericarditis. The strains from erythema nodosum showed a marked affinity for the subcutaneous tissues in rabbits, dogs and guinea pigs.

Some recent work which may have a bearing on the problems of arthritis is that of Bass and Johns of New Orleans, who found that in practically all cases of pyorrhoea alveolaris, there are present endamebae. It is quite possible that these are the primary cause of the pyorrhoea, and that streptococci and other organisms are secondary invaders. This should be recognized in the treatment of these cases as I shall mention later. The endamebae have also been found in crypts in the tonsils.

PROPHYLACTIC TREATMENT.

With the limited time at my disposal, I would like to lay particular stress upon the treatment. The most important prophylactic measure is to allow no septic focus in any portion of the body to remain untreated. The most common site for these is in the head. The focus of suppuration may be in the middle ear, the para nasal sinuses or in the tonsils. I cannot emphasize too strongly the necessity for careful examination of these parts for infection. Advantage should be taken of the X-Ray, of transillumination, and of the aid of the throat and nose specialists. If the tonsils are diseased they should be removed. A complete enucleation of the tonsil is the operation that should be done. Tonsillotomy in which the surface of the enlarged tonsil is shaved off, does more harm than good, as the resulting scar tissue seals up the pus in the tonsil, with greater danger of systemic infection. Infected adenoids should be removed. Many people, who, otherwise pay good attention to their general health will harbor in their mouths infected teeth. The aid of the dentist, but particularly the X-Ray, will solve the problem here, as to whether infection is present or not. Careful examination, too, should also be made of the abdomen, keeping in mind the fact that a chronic cholecystitis, chronic appendicitis or colitis may be the exciting cause. The urinary tract, the prostate, the seminal

vesicles and the uterus and the adnexa should be the subject of searching investigation. Billings reports two cases, one of pancarditis, the other of chronic deforming arthritis, where the original focus of infection seemed to be in the suppurating toe nail. Another prophylactic measure of importance is to keep the general health of the patient in as good condition as possible.

SPECIFIC TREATMENT.

The commonest form of infective arthritis of course is acute articular rheumatism. This yields readily, as a rule, to large doses of salicylates. Our method of giving salicylates, first started in 1904, is to give twenty grains every hour, with an equal amount of sodium bicarbonate, until the patient is toxic. In the average case this takes about 200 grains. I have never seen the depressing effects upon the heart that have been described in pharmacological text books. One week ago, one of our patients took 700 grains in 36 hours before she was toxic. In rheumatism, too, to prevent recurrence, it is advisable in the majority of cases to remove the tonsils and take care of any carious teeth. In tuberculous, syphilitic and gonorrhoeal arthritis, the indications for treatment are clear.

The most troublesome cases for treatment are the progressive cases of arthritis deformans. I firmly believe, now that we recognize these are infective in origin, they can, to a large extent, be prevented by early removal of the primary focus. If these cases are seen after several years duration, the best that can be hoped for by removal of the primary forms of infection is to stop the progress of the disease. As Oxhausen has shown, the circulation in the joints is much disturbed by an embolism of the vessels so that we could scarcely hope for them to return to normal. Furthermore the joints themselves may act as a focus of infection as will be illustrated by case 3. Having removed the focus of infection, it is important, by diet, tonics, fresh air and massage, to get the patient in as good condition as possible. When local massage is used for the joints, it is important that it should not be too vigorous. The chief function of massage is to increase the blood flow to the joint and this requires only gentle treatment.

An important question in the treatment is the use of vaccines. Various stock vaccines have been tried, but the results have generally been a failure. Autogenous vaccines, obtained from the blood, joints or the foci of infection, have been tried extensively by Billings, Rosenow and others, but the results have not been very encouraging. My own experience with the autogenous vaccine has been in the four cases which I shall give in detail.

In conclusion, the most important lesson that we have learned from the studies of arthritis in recent years is that the disease is preventable if the original focus is removed before the disease has progressed to the point where the circulation of the joint is permanently interfered with, and where

there have been destructive processes in the joints themselves.

The following cases illustrate some of the ideas set forth in this paper:

Case I. Male, aged 60, began to have pain in his joints in 1901. From that time on the disease has progressed, attacking his joints one after another, until his shoulders, elbows, wrists, fingers, hips, knees, and ankles are involved. He had tried various forms of treatment, salicylates, electricity, baths, massage, colon irrigations, without any result. His joints show the usual changes from external appearances and X-Ray examination, that are usually seen in these cases of chronic arthritis—absorption of the articular cartilage with hypertrophic changes about the joint. His greatest relief from pain comes from the use of 30 grains of atophan daily. The X-Ray pictures of the teeth and para-nasal sinuses were negative. In October, 1914, I referred him to Dr. Rosenow, of Chicago, who obtained from cultures from the tonsils, after removal, a form of streptococcus. A similar streptococcus was obtained from the "milkings" of the prostate gland. He had some relief from the removal of his tonsils, which showed chronic infection, though he had never had any attacks of tonsillitis. His pain and stiffness returned and in January, 1915, the seminal vesicles were drained, but without any improvement. During this time he has had increasing doses of the vaccine, prepared by Dr. Rosenow from the streptococcus from the tonsils and prostate, but without improvement. The initial dose of vaccine was 15,000,000; the dose was gradually increased at weekly intervals until at present it is 150,000,000. No appreciable change in his condition could be noted from the use of vaccine.

Case II. Girl, aged 20, seen November 23rd, 1914. There was nothing of importance in her family and personal history. Four years ago, following an attack of tonsillitis, she began to have pain and swelling in her joints. This condition steadily progressed so that the joints of her elbows, wrists, fingers, knees, ankles, and even her temporo-maxillary joint were affected. She had taken various forms of treatment, baths, regulation of diet, drugs, "phylacogen vaccines," but without any improvement. The physical examination showed her to be quite well nourished but slightly anaemic. There was nothing of importance beside the condition of the joints except that pus could be squeezed from the crypts of the tonsils. Both shoulders showed partial ankylosis with grating. The right elbow showed almost complete ankylosis, the left had distinct limitation of movement with bony grating. The wrists, fingers, knees and ankles showed the characteristic changes of advanced chronic arthritis. The hips and vertebrae were not affected. X-Ray examination of the teeth showed nothing of importance. Dr. Lenker re-

moved the tonsils November 28th, and from these we succeeded in isolating a streptococcus from which a vaccine was made. Since then she has had doses of the vaccine at weekly intervals, beginning at 15,000,000 and increasing to 135,000,000. Her joints have improved considerably, but not more than could be attributed to the baths, massage, and the removal of the septic focus in the tonsil.

Case III. Male, aged 46, seen first in May, 1911. For two years following an attack of erysipelas associated with a purulent otitis media, he developed a polyarthritis, involving all the joints of both upper and lower extremities. His left knee joint was much swollen and in May, 1913, a large quantity of fluid and fibrinous material was removed from this joint by Dr. Bunts. Since then he has had no swelling of the knee, and for several months following the operation, he was quite free from pain in all the other joints. In the Spring of 1914 he was worse, and his tonsils, which showed some infection in the crypts, were removed. No improvement followed this, but in September, 1914, he had a striking general improvement after the removal of two teeth which showed abscesses at the roots. In November, 1914, I referred him to Dr. Rosenow who isolated a streptococcus from an excised epitrochlear gland and also from the fluid of the left knee joint. In December he began to have more pain, particularly in the muscles about his shoulders. His left knee contained some fluid which was removed with temporary relief in all of the joints. Since that time, however, though the swelling of his joints has lessened, he still has a great deal of pain. The vaccine was used similarly to that in the other two cases but without apparent result. It is interesting to note in this case, in view of the extraordinary claims made, that another physician had given him phylacogens without any result.

Case IV. Male, aged 40, for several years has had a chronic arthritis involving the joints of both upper and lower extremities. From an abscess in the tonsil, containing about one cubic centimeter of pus, a streptococcus was isolated by Dr. Rosenow. Vaccine was prepared and given as in the other cases, except that the maximum dose reached 300,000,000. No improvement has been noticed beyond a gain in weight of ten pounds, which could be accounted for by the removal of the infected tonsils.

The above cases are of interest because they show that vaccines have little or no effect in chronic arthritis. They also show that the best that can be hoped for in the chronic cases is for the disease to become quiescent. In acute cases the results from the removal of the septic focus early are nearly always good, so that the important thing in treatment of cases of infective arthritis is prevention by early removal of septic foci.

Proposed Plan for a Reserve Surgical Corps for the Regular Army*

WALTER HAMILTON SNYDER, M. D., TOLEDO, OHIO

NO time need be taken to demonstrate that a reserve corps of medical men, trained in the latest technic, amply equipped for the work, ready at a day's notice, at a minimum cost, is a much desired and necessary adjunct to any nation, but especially to our United States. The few small wars we have had have always found us unprepared in medical affairs, not only in men, but in instruments of surgery and diagnosis, and if in time the men were trained to the highest efficiency, they were without instruments. They were many times deficient in their knowledge of what the government required in the matter of reports, requisitions, etc., etc. All of these were important, and in the matter of records of patients, imperative, if future pension rolls were to be fair and just. I therefore presume you grant the premises of the argument, and herewith offer the plan.

In every city of 100,000 inhabitants there shall be formed a reserve surgical unit, and for every additional 100,000 there shall be formed an additional unit, the unit to consist of

- 2 internists—senior and junior.
- 2 general surgeons—senior and junior.
- 2 orthopedic surgeons—senior and junior.
- 2 regional surgeons—senior and junior.
- (Eye, ear, nose, throat, head.)
- 8 assistants—junior rank to above.
- 2 anesthetists—senior and junior.
- 2 radiographers—senior and junior.
- 2 pathologists—senior and junior.
- 2 pharmacists—senior and junior.
- 2 chief surgical nurses—senior and junior.
- 2 chief orderlies—senior and junior.
- 1 chief curator-accountant.
- 3 ambulance chauffeurs.

This really forms but a skeleton unit, but is the framework on which, in Toledo for instance, in two hours, could be attached the nurses, assistants to operators, etc., etc., ready to proceed *En masse* anywhere, prepared to do any operation on the human body, (provided the unit had been formed and the proper steps taken). It can also be separated in two half-units, each one equipped to do any work the whole unit could do.

To digress for a moment:

Suppose the United States should desire to equip ten such units as proposed above, (and which, practical European experience has shown, is a minimum for present day requirements). Where would they procure the needed surgical instruments? Anyone who has seen the present depleted stocks of the dealers must surely be struck with the necessity of either storing complete out-

fits or of making use of working kits as outlined in my plan. Surgeons find it a matter of months and years to collect a harmonious and tried outfit of instruments, and the grade of the work is somewhat gauged by the instruments for doing it. For the sake of clearness, let us imagine that the Surgeon General of the United States Army Medical Corps has granted authority to equip such a reserve corps unit in Toledo, population 200,000. This city is on the frontier, 60 miles from Detroit and 110 miles from Cleveland, and all three of these cities are likely to be invaded if the attack were from the north. Say that in the year previous there had been selected a chief of staff and vice chief, a secretary, and that the entire staff consisted of the highest grade of professional men in the city; the radiographer of three hospitals was the chief radiographer, his assistant the junior; the head of a local firm of chemists was the chief pharmacist, the curator-accountant was the head of a firm of chartered accountants, and so on in every line; the choicest of the younger men having been put on the lists as assistants, dressers, anesthetists, and the graduate nurses who had worked with these men had volunteered to supply the nursing service. The entire staff had taken two correspondence courses sent by the Medical Department at Washington. They had listened to lectures supplied from the same source, as to the peculiar and special needs of military surgery. The assistants and history takers had been drilled as to the need of accuracy and brevity in their records, and the whole unit, while on waiting orders, were daily drilling in their routine civil work for the part they had been especially chosen to do. The military spirit of orderliness, accuracy, brevity, respect for the senior in service, had noticeably increased the efficiency of their hospital work. The internists had added to their outfits of precision, instruments that were portable, having in mind the possible demands of field work. The lecturers on military service had suggested to the surgeon certain special appliances, and frequent discussions on recorded cases had made them prepared to combine the results of other men's experiences with later and wiser judgment. The anesthetists had devised portable outfits, and the radiographer had in mind a tent for his work, which should shelter his high powered automobile, as the source of his energy, and be a photographic dark room at the same time.

No surgeon ever allowed his supplies, e. g., gloves sutures, silver wire, needles, etc., etc., to get below a certain predetermined amount, as the dealers in the city, forgetful of the war of 1914-1917, still purchased their instruments abroad. Therefore, they had on hand a very small and incom-

*Prepared by Dr. Snyder at the request of the Editor.

plete stock, the instruments being very slow in trickling in through the port of New York. No instrument house in Toledo carried more than a gross of haemostats, and these were of varied kinds and types. They were simply in business to supply the breakages and wastage of civil surgery, and could do this, provided there were no interference with the slender stream coming from abroad.

Suddenly, on account of certain occurrences now well known, war was in sight and New York City was threatened from the sea. Surgical units all over the United States were sent cautionary telegrams, and their stock replenished to the last great gross of safety pins from the local stores. In three days the unit in Toledo was called into active service. There were in the full unit the following:—20 surgeons, senior and junior; 15 surgeons, junior grade; 30 male orderlies and 50 female nurses.

The chief had chosen the orderlies and nurses from the graduates of the local training schools and they had been lectured and trained to the last minute. The orders were for the chief to divide his unit, sending the vice-chief with a complete working outfit to Buffalo, there to supplement the Buffalo unit in establishing base hospitals back of the trenches now being manned through the central part of New York and Pennsylvania, in front of Washington, and enclosing New York City and suburbs. The chief of the Toledo unit in ten minutes had divided his unit, which had assembled in automobile marching order, and they were taken in steamers to Buffalo, motor cars and all. The remainder of the unit went to the local hospital headquarters and began civil practice again, caring also for the few wounded men trickling back from the eastern skirmish line. The unit had divided so evenly, according to prearranged plan, that each half had their anesthetists, pharmacists, radiographers, bookkeepers and motor cars. Each surgeon had his instruments, sutures, special appliances packed with gowns, gloves, masks, bandages, gauze, and his own private motor car. In these, after disembarking at Buffalo, they had driven 80 miles to the southeast, where they took charge of a hospital.

That night there arrived one hundred and twenty patients by the Erie Railroad, and, thanks to the preparation of instruments, dressings, nurses, etc., etc., they were rapidly, carefully and properly attended. This rapidity of attention contrasted strongly with the work done during the Spanish-American War. While not criticising the medical officers attached to the militia, it is a fact that they are not always the most competent that the locality affords, and as the manner of fighting has changed so radically, some provision must be made for manning base hospitals with the highest type of men attainable. To those who know the minds of medical men it is unnecessary to say that men of these capabilities

are not the men to offer themselves or push their claim to the duties which they are so well fitted to perform.

To continue our story of the Toledo unit, the half that stayed in Toledo attended to the private work of their colleagues and shared the financial returns with their families. They attended to the regular medical duties of the civil population as well as the few of the soldiers who were being invalidated home for convalescence; they replaced from their own supplies the used-up instruments, etc., worn out by the unit on active duty. Through a wise arrangement the government had arranged to change these half-units every six months, thereby relieving the chiefs of the surgical and medical departments from the work which was too strenuous to be long continued.

After one particularly severe engagement, when the New York Central Lines, now taken over by the government but run under its former management, had been filling the Buffalo, Erie and Cleveland hospitals for four days,—the Toledo unit stationed at home motored to Cleveland and for 36 hours helped relieve the congestion, returning to their station by motor. The wisdom of the formation of these units was shown, as by no possibility could the government have organized, trained and supplied with instruments a similar number of men in less than six months, to say nothing of the added effectiveness of employing men using their own equipment, assistants and nurses.

The wars of the future are to be won with time as the chief factor. New York City, now our supply port, will be cut off, and even if not captured the supplies will not get to the men who need them further west. If captured, it is unnecessary to say what will become of the supplies there, but they are seldom if ever ample enough to supply many modern surgical units. The quality of these stock imported instruments is not of a grade to stand heavy service combined with sterilization by boiling. Instruments must be of the highest grade to stand continuous work and be efficiently sharp and always ready to functionate.

The above plan, I believe, cares for the future and enlists in its units just the men who would be best adapted. It saves to the home population a sufficient number of trained men. It supplies the munitions of surgery and medicine at a time when they are scarce. There is one point which will have to be handled carefully to make it a working success. It must be handled respectfully and with full acknowledgement of the position and standing of the men we hope to have engage in it. If the medical department of the government patterns after the War Department's handling of the rifle club situation, it is doomed to failure forthwith, but it is by no means impossible.

It can be done with tact. The quality of men

desired will not be procurable if red tape, neglect and indifference are shown. There is a suspicion, which we trust is unfounded, that the surgeons of the regular establishment rather patronize medical men of no rank, but this must be broken down. Men capable of earning \$25,000 a year in civil practice will not be anxious to accept rank as lieutenants in this reserve service. There is no reason why brevet or actual rank equal to their attainments should not be given while on waiting orders. They are patriotic enough to care nothing for the pay, and the government could not pay them a commensurate salary, but they can form units and make such arrangements by which the half that are at home could do part at least of the absent colleagues' practice and give the money to his family. In the great war now on, England has had the greatest trouble in getting a sufficient number of medical men because of lack of previous arrangement. The medical shirker stayed at home and fell heir to the abundant practice of his more patriotic brothers. Few physicians have independent income sufficient to permit them to depend on the regular army pay; their family expenses are already adjusted to an income such as they ordinarily earn. This arrangement of serving half time for the government at a low pay, plus what their colleagues earn for them, and half time at home earning nearly full pay would permit them to be patriotic and useful without sacrificing their families, and would protect them from finding on their return from the war that their practice had gone to others, leaving them no income, and placing them under the necessity of practically starting anew with lessened energy and possibly acquired dis-ease as a handicap. I speak more especially for the older men, say up to 55, who are well established and carefully prepared—often specialists—and the men we must have to get the wounded back to military or civil life in the short-

est possible time. This will aid materially in reducing the cost of the war and lessening the subsequent pension cost. The error in the Spanish-American War of diagnosing ambulant typhoid as malaria was quickly discovered when the special commission of internists examined these cases. It is not pleasant to contemplate how much was added to the pension rolls by this mistake. It may safely be taken as a maxim that this desirable class of medical men will not offer themselves as surgeons to the militia nor to the regular service unless they are carefully shown the necessity of such formations. The difference between death and a fairly useful life for years will be the difference in the ability between the hastily gathered surgical units of recently graduated, or out-of-practice men, or of the medical failures, and the carefully balanced, trained unit possible to form in times of peace.

Every pension examiner can recall many cases when such expense could have been saved the pension list by careful diagnosis and operation. It is not easy for the inexperienced to decide what to save and what to cut off; the competent surgeon has had this training in this particular, over and over again. Just a word about the formation of these units. The political doctor, the politician and the vote-gathering congressman must be conspicuously absent when these units are formed. When formed, the men who volunteer must not be neglected. Various lectures must be given on military surgery and hygiene; lists of instruments and quantities thereof must be formed and tested. Mobilization of units must be ordered and inspected. Much careful work and preparation must be had, but until this or a better plan is adopted, competent medical service will not be available at the time when most needed, and the medical history of our next war will be a shame to the government, as have been the previous ones.

We will never be prepared for war if our activities are limited to talking. Wouldn't it be feasible to give Dr. Snyder's plan a trial in one of the larger Ohio cities? Write The Journal your view on the feasibility of this plan.

The Future of State Medicine*

C. O. PROBST, M. D., COLUMBUS

I WISH first to define State Medicine as I shall speak of it. All the medical activities of the state, whether for the prevention or cure of disease, or the preservation of health, I include in State Medicine. By state is meant the federal, state or local Government.

The study of history is valuable in showing the trend of present, and probability of future events. I shall therefore, in the briefest terms possible and in a broad way, recall what the state has already done. We shall then be in a position to predicate, with some degree of probability, what is to be desired and expected in the future.

One of the first things the state did to protect public health was to enact certain prohibitory or compulsory laws and appoint individuals to enforce them. Boards of health and other health authorities were thus brought into existence.

The control of communicable diseases was almost wholly and still is very largely, the duty of such boards. Limited in the beginning to quarantine against, and the isolation of those afflicted with, one of the major plagues, the work in this field today has been immensely extended until now, practically all of the communicable diseases are included among those which health authorities are attempting to control.

Medical investigation, in which our own men have had part, has shown how the mosquito, the flea, the fly and other insects, are responsible for some of our most fatal diseases. This has greatly modified and widened the scope of preventive health measures, and has made possible the safe development of tropical countries and the building of our great canal.

New organisms have been found and proved to be the specific cause of certain diseases whose etiology was heretofore unknown, thus opening the way for more efficient measures of prevention. Diagnostic and research laboratories have been established and are being multiplied. Jenner's immortal discovery, standing alone for many generations as a means for immunization against one of our greatest plagues, has now been supplemented by a growing number of vaccines and serums.

The state has made important advances in the protection of water and food supplies that may act as conveyors of epidemic diseases. Medical inspection of schools, playgrounds and recreation centers, improvement of living conditions by enforcement of building codes, industrial diseases, special measures to lessen infant mortality and to combat tuberculosis, these, and others that might be mentioned, are forces that have already been called into action by the state in its effort to prolong the lives of its citizens.

Finally, but not least, is the dissemination of the knowledge gained by our profession through which the individual is enabled to protect himself in some measure, and the public is induced to support the laws and furnish the financial assistance necessary, in a democratic country, to carry on these various lines of health work. The state has been largely aided by numerous unofficial organizations which, directly or indirectly, are working for health protection or disease prevention.

This bird's eye view of the immense territory that has already been surveyed by health workers should greatly encourage us for the future of state medicine. What we need principally now, is not more territory, but more intensive cultivation of that we have already conquered. It is of this that I desire to especially speak of tonight.

First of all, I look upon private, unofficial health organizations as of only *temporary* value. They are like the old time volunteer fire brigade—absolutely essential under certain conditions but which must give way to trained, officially organized fire companies. They have done and are still doing an immense amount of work, but, as I regard it, they are deterring the state from assuming full responsibility for public health conditions.

If the volunteer organizations were to use their strength in getting governments to take on the health work that rightfully belongs to the state, greater results would eventually be obtained than can be hoped for by leaving it to interested public individuals. These organizations have been extremely helpful in moulding public opinion, and are still useful, but our ultimate aim should be to have the state take over all health work that can be better done by the state; this would include most of it. The state has devoted too much of its income and power to the preservation of *property*. It is just beginning to realize that health is the most valuable thing it has to protect.

I am opposed to the *principle* of a Rockefeller Institute or of a Rockefeller Hookworm Commission. The people should not have to depend upon a generous *private* purse for such work. One of the highest functions of government should be the study, on the broadest possible scale, of the causes and methods of prevention of diseases of *man*. To do this it need not curtail the work of this nature it is already doing in diseases of *animals* and *plants*.

Let this idea be once fully accepted by the people—that the state is wholly responsible for the public health and must do all in its power to promote and protect it, and the rest will eventually follow. By "the rest" I mean the changes, improvements, and enlargement of the work

*Read before the Northwestern Ohio Medical Association, in annual session at Kenton, October 20, 1915.

which the state has already undertaken, but in an inadequate manner.

What is to be the future of Boards of Health? How shall they be organized? First, we need a national Board of Health on a much broader plan than we have today. There should be a research laboratory with men of the type of Carrel and Theobald Smith, having life tenure of office, to conduct it, with adequate funds (surely in amounts equal to Rockefeller's donations) available. The federal government supports many state agricultural experiment stations for the study of problems in plant growth, and plant diseases. Why not support experiment stations for the study of health conditions and human diseases? I will not attempt even to enumerate the many additional and increased functions possible to a national health department organized on a basis commensurate with the importance of its work.

The states, most of them, are as far short in meeting their responsibilities in public health work as is the federal government.

Several of the progressive eastern states have recently abolished their boards of health and selected a health commissioner instead. The future will, I believe, see this change in every state. Many municipalities have also adopted this plan of organization. Boards of health probably will eventually be everywhere abolished.

We must have better men for these positions. Will the politicians allow us to have them? The upheavals and failures in civil service conditions in this state make us doubtful. But I have faith for the future, especially as regards the health service and health conditions.

The doctor of public health is already here. In our own state the first step has been taken by the establishment of a health course at the Ohio State University. Without doubt at some future time no man will be appointed as the chief of a state or municipal health department who does not have his D. P. H. We should all help create a public demand for this and make it a legal requirement. We should also see to it that the D. P. H. degree means proper qualification and that no unworthy person gets it.

Men for these high places must expect to make it their life work. Such men must have certainty of tenure in office and a decent salary. The government educates its officers for war, gives them continuous service and half pay on retirement. If a man devotes his life to the saving of lives is he less worthy of such provision? England proposed such a thing but has not yet carried it out. That it will come some time, here as well as there, I cannot doubt.

Our medical colleges must offer better instruction in hygiene for physicians who do *not* expect to go into public health work. I held this chair for 15 years in one of our colleges and know how inadequate such instruction still is in most of our schools. The people look to their physician as

their guide but, incredible as it may seem, in our capital city, only a few years ago, we had the painful exhibition of five of our leading physicians signing a letter to the newspapers urging the people to vote against a bond issue for water purification because you couldn't filter disease germs out of water. If medical men are to advise the people in regard to sanitary improvements, they must themselves be properly instructed.

In this connection I would call attention to a class of officials or paid workers that has enormously increased the past dozen years, engaged along a special branch of what is purely health work. I have in mind the social workers. These men are primarily trained (when trained) to investigate and find remedies for relieving unfavorable social conditions growing out of poverty. The prevention of sickness often prevents poverty, so it was but natural that many social workers should be drawn into health work. However, the prevention of poverty as often prevents sickness, and there is just as much reason for the constituted health authorities to take over the prevention or relief of poverty as for the social worker to engage in the prevention of sickness. While these two branches of public work must touch, and at times overlap, they are fairly distinct.

Medical men, who are specially trained, should have full charge of health work. There is no reason why they should not have as much knowledge of sociology as the social worker, and this supplementary to their medical knowledge and training. However, unless the medical profession shall take note of what is going on, and health officers shall properly qualify themselves, some very important fields in the domain of public health will, in the near future, be wholly occupied by the modern social worker. Tuberculosis work, for instance, in several states, including our own, is being conducted by laymen. I am not attacking the social worker. Far from it. Without him most valuable and necessary work would stop. He should not, however, be allowed to usurp purely public health functions which properly trained medical men can do much better.

Let us consider what would seem to be the natural outgrowth in the no distant future of certain lines of health work in which the state is already engaged. For many years the state has furnished and paid for vaccine virus for the protection of indigents exposed to small-pox. Later, antitoxin was supplied to the same class to immunize those exposed to diphtheria. Our army records seemingly show that protective inoculations give almost perfect security against typhoid fever. Much experimental work of this nature has been done and is being done with other diseases, including the great scourge, tuberculosis. Who can predict what possibilities in artificial immunity the future may hold out to us?

But the state has gone into the specific treatment of certain of the communicable diseases.

At least, it is supplying for physicians' use to those unable to pay, the means for such treatment. Ohio has just started to produce diphtheria antitoxin. While at present this is to be free only to the indigent, in other states it has been furnished free to all. Antitoxin not only cures the patient, but cuts short by many days the duration of his disease, and thus lessens the chances of its communication to others. While specific therapy, in my judgment, is being greatly over-worked, largely through the efforts of manufacturing houses, enough has been fully established to warrant the hope that what has been done in lessening mortality in diphtheria will be accomplished in many other microbic diseases. It may easily be, in a future not so far away, that all cases of dangerous, communicable diseases will be cared for, as regards both prevention and treatment, by physicians in the employ of the state. I shall have occasion to refer to this possibility again.

Turn now to another class of diseases that is just beginning to receive attention—the industrial diseases. It requires here a bold glance to foresee what the future may hold in store. We must necessarily tread very close to, or upon, the domains of sociology. State policies and state politics also enter here, as well as forms of government. Germany, under her plan of industrial insurance, is doing many fine things in disease prevention which we may never be able to do, unless, as some think, the great war, before it is finally finished, should see us Germanized.

But speaking of Ohio: Years ago we created a department of workshops and factories. Largely for the prevention of accidents and diseases of dust origin in the beginning, it soon took over a number of purely health functions, including approval of plans for school buildings to compel hygienic construction. Let me call your attention, in passing, to the fact that no physician or any one specially instructed in sanitary matters has been employed in this department. At least this was true a short time ago and I believe still is. By all means this department should be consolidated with the health department. Next, our state provided for a survey of industrial diseases, which is still going on. The next step, which I believe is bound to lead to a most important fourth step, was industrial accident insurance. Already there has been an attempt to include lead poisoning as an accident, but the court has overruled this. It seems to me that sickness insurance is bound to come.

If it does, how difficult it is going to be to draw the line between sickness due to faulty conditions of occupation, insanitary home environment or bad habits. It may easily lead to compulsory sickness insurance of all working men. This leads on to old age insurance.

And where does it lead the medical profession? Are we to follow the example of England, where already a considerable part of the popu-

lation—fifteen millions or more, is given medical treatment at public expense? Is it possible, as has been discussed, that some future day will see all medical men in the employ of the state, and private practice abolished? I scarcely imagine such a thing could happen, altho this condition has been most admirably portrayed by Bellamy in "Looking Backward to the Year 2000."

A writer on industrial sickness insurance suggests that the expense be distributed between the state, the municipality, the employer and the employee. He would have this on a sliding scale. Where municipal sanitary conditions were on a high plane the municipality would pay a lesser part; and conversely, where the factory owner did not meet certain standards of requirements, he should pay proportionately more, leaving the state to pay less.

Considering the increasing demands of organized labor, and the gradual awakening of the workingman to the fact that health is his capital, we may, I think, expect important changes and improvements in health conditions among the working classes.

There is a phase of health work recently started in Ohio by the state, capable of great extension. That is, medical inspection of school children. This is being done now by physicians with no special training for the work, and only in our larger cities. The wish may be father to the thought, but I see important changes coming here. We can conceive of physicians specially instructed in all phases of child life and child growth, holding their D. P. H. and qualified to direct and supervise the teaching of hygiene according to the needs and capacities of different grades of school children. Hygiene, as now taught in the schools, is a very small factor in health improvement. It would be possible to devise a course in hygiene and public health which would continue from the lower (not the lowest) grades through the high school, and even, including the health features of sociological work, through the university.

Can anything be more important than to thoroughly teach a man how to care for his mind and body? Personal hygiene, however, is not enough. The individual is largely dependent for health upon the environment over which he has only indirect control. We must teach him the requirements of municipal sanitation to secure his hearty support for such measures.

If every man in a legislative position, school board, council, legislature or congress, had been thus thoroughly trained in hygiene and public health, it would be vastly easier to secure necessary legislation and appropriations to carry out advanced health measures. And if every voter were so instructed, much of present opposition to the enforcement of such measures would melt away.

The public schools could serve another purpose

of equal or greater value. Physical culture could, and I believe should, be placed on the same plane as mental culture. Every child, each year on entering school in all grades, should have a careful medical examination by a well qualified physician under the supervision of the medical school inspector. I prefer to call the latter medical school superintendent. There should be under him a sufficient number of whole time, specially trained medical men to give to each child continuous medical supervision.

Some years ago I had the pleasure of attending a meeting of the School Masters Club of Michigan at Ann Arbor. A part of the program was a gymnastic exhibition by girls attending the university. The instructress in charge of the gymnasium told me that in practically all cases she had to give one year to the girl in simple setting up exercises to correct bad form.

A very small proportion of school children reach the university, and physical culture, and especially physical superintendence, should start with the young child.

There is a phase of public health work that has just been started, in an educational way, by the state board of health of New York. That is, conservation of life after the age of 40, the age which, in spite of what Osler is said to have said, is the period of man's greatest accomplishments.

We felicitate ourselves upon the increasing expectancy of life, but recent life tables seem to

show that the expectancy of life at ages 40-45 and thereafter is considerably less now than it was thirty years ago. We have greatly decreased the number of deaths from communicable disease and our infant mortality rates, but the diseases of middle life, incident in large part to the fierce struggle for wealth and position, and to dissipation of many forms, are on the increase. If we dance we must pay the fiddler.

Coercive measures for the prevention of diseases of this class are out of the question. The only way the state can combat this unnecessary shortening of life in its middle period is by education. Possibly, if hygiene were taught in schools and universities in the thorough manner herein suggested, the strenuous life, regardless of health, characteristic of the present time, would be sufficiently modified to show in the future life tables of those fortunate enough to reach their two-score ten.

In spite of its inevitable sorrows and disappointments, there is no boon so precious as life with health. It is within the power of man to prolong the one and conserve the other. This great work is the heritage of our profession, but while as individuals we may do much for the individual, our real work is to lead the masses into demanding with ever-increasing force that the state, to the full extent of its powers, shall do for the rights of life and health what it has so long been doing for the rights of property.

Dementia Paralytica, Within and Without State Hospitals*

G. H. WILLIAMS, M. D., COLUMBUS

First Assistant Physician, Columbus State Hospital

WHEN we consider the constantly increasing number of cases of dementia paralytica that are coming to our attention, it seems to be of the utmost importance that any warning possible is due those who have at some time had a syphilitic infection.

In a recent article, Hayward G. Thomas makes the statement that nearly all psychoses are of syphilitic origin and that in hereditary syphilitic conditions we may have the causative factor transmitted not only through one, but maybe through four or five generations. If his statements, which he admits are very radical and for the making of which he expects much censure, are proven correct our efforts of prophylaxis must be far more energetic than they have already been.

Salmon, in an article read before the American

Medico-Psychological Association at Baltimore, 1914, makes the assertion that during the year 1913 not less than 1000 persons died in the State of New York as a result of dementia paralytica; that one man of every nine and one woman of every thirty who died between the ages of forty and sixty died of this disease. These figures are very conservative, for there are, as we all know, scores, perhaps hundreds of cases of dementia paralytica taken from state hospitals, sanitarium, etc, late in the disease to be allowed to die at home, and the cause of death given in these cases is often other than the real one. It is also true that many cases of dementia paralytica die of some intercurrent infection, and if dementia paralytica is given at all in the certificate of death it is as a secondary cause. Until there are more stringent rules in regard to such matters our statistics cannot be considered authentic.

The following table shows the number of cases

* Read before the Association of Assistant Physicians at Gallipoli, October 6, 1915.

of dementia paralytica admitted to the state hos-
pitals of Ohio each year during the period 1905-

1914, inclusive—with totals of each year and grand
totals:

Hospital	1905	1906	1907	1908	1909	1910	1911	1912	1913	1914	Tot'ls
Toledo	29	30	35	36	45	43	51	62	45	38	414
Massillon	24	23	28	18	34	19	20	36	18	36	256
Dayton	17	15	18	21	6	11	24	8	31	29	180
Cleveland	37	59	37	54	35	53	46	61	62	67	511
Athens	12	18	17	20	20	26	28	24	18	26	209
Longview	19	28	31	41	41	52	51				
Columbus	16	34	44	68	56	50	57	75	92	73	503
				82		103		64	71	67	527
Totals	154	207	210	258	237	254	277	330	337	336	2600

During the year 1905 the percentage of demen-
tia paralytica cases to total admissions was 5.6%,
and during the year 1914 was 10.6%.

This increase may be more apparent than real.
There is no question but that we are making much
more accurate diagnoses; on the other hand,
there is no doubt that there is an actual increase
in the number of cases coming under observation.

Knowing, as we do, that any individual who has
contracted or has inherited syphilis is carrying
about with him, in spite of all known treatment, a
fertile field, under proper conditions, for develop-
ing a case of dementia paralytica, it behooves the
family physician to be at all times wide awake as
to his responsibilities.

We wonder if the time will come when the phys-
ician, who having treated a young man or woman
for the initial or secondary manifestations of
syphilis, will have the privilege, or perhaps the
right to demand an examination of the blood and
spinal fluid not only before such parties are al-
spinal fluid not only before such parties are al-
lowed to marry, but once a year to de-
termine whether or not such individual is suc-
cessfully resisting the onslaught of the spirochete.
A few months ago there was admitted to the Co-
lumbus State Hospital a very successful business
man in well advanced paresis. His syphilitic in-
fection occurred twenty-nine years ago and during
the elapsed period he has reared a family of sev-
eral children, all of whom appear healthy. His
mental trouble developed suddenly and the family
not knowing the previous history were completely
at a loss to explain his condition. The question
at once arises as to the future of this family and
as to what prophylactic measures should be
adopted.

In reviewing the history of four cases of syphi-
litic cerebro-spinal conditions admitted during the
past few weeks some points of interest will appear
that call for a heartier co-operation between the
physicians at large and those within our hospitals.

HISTORIES.

No. 8947—W. M., 35—Married, salesman for dental sup-
ply house. Has been constantly employed for many years
by one firm until the past few weeks when he had a quar-

rel with his employer over some gold which the patient had
taken. About this time he developed some expansive ideas,
and physical signs of dementia paralytica; talked freely
of his syphilitic history and, though the committing phys-
icians state that "he may be suffering from beginning pare-
sis," his wife and parents were not apprised of the real
facts in the case and had no idea of the prognosis. If the
probable future of this patient had been explained to his
friends by the family physician, they could not have failed
to acquire an altogether different view of the case.

No. 8924—T. M., 52—Single, engineer, committed, be-
cause of persecutory ideas—thinks some one is pouring tar
over him; has been unable to work for three years on ac-
count of mental trouble; history of marked improvement
under treatment in sanatorium; soon after, a recurrence
of symptoms; becoming disturbed, destructive and finally
committed to the Columbus State Hospital.

For a few days after admission he manifested some of
the features of a mixed maniac-depressive case, but repeat-
ed examinations and the result of the Wassermann test
solved the question as to diagnosis. Before death he de-
veloped many infections—due in part to his filthy habits—
and died as a result of septicæmia. The question of de-
mentia paralytica was apparently not considered by the
committing physicians, but in this case, the correct diag-
nosis could have been easily overlooked.

No. 8912—T. M., 35—Farmer. Admitted with a history
of syphilis, but giving a story about being carried away at
nights by large crowds of men who took him to see moving
pictures, and was also while on these trips attended by
women, etc., etc., very much like the dream phantasy of
a paranoid state. Examination shows the typical course his-
tory and physical signs of dementia paralytica, but in so
far as we can ascertain it was not suspected by the home
physician.

No. 8908—A. H. L., 40, was probated from one of our
neighboring cities with the following facts given: Condi-
tion has been present two weeks—is due to some dyscrasia;
maintains silence (facts are, patient had a very marked
motor tongue involvement as well as an aphasia), is emo-
tional; is a kleptomaniac; social habits bad; undresses be-
fore neighbors; bodily health is decreasing gradually. Here
is a case that should have been recognized as an organic
brain condition of some kind, but for some reason no such
diagnosis was made.

During the past few years it has been my privi-
lege to assist in teaching Psychiatry to the senior
medical students of the Ohio State University, and
it has been my aim, among other things, to firmly
impress upon the minds of these graduating phys-
icians the importance of knowing everything possi-
ble concerning syphilitic brain conditions. Al-
though the course is difficult and of minor interest
to many students, yet there has been a decided in-
terest in the study of these conditions. If it is
possible to awaken such interest on the part of
physicians we have done much toward the elimi-
nation of syphilitic brain diseases.

It is too often that the physician at large feels
that as soon as his patient is committed to the
state hospital his interest in the case is over. This
feeling is due not so much to the practitioner but
to the attitude that has been assumed by the mem-

bers of the staffs of our hospitals. I trust that the time will soon come when every physician who assists in the commitment of a case to the state hospital will have a pressing invitation to be present when such case is presented before the medical staff. To be present to take part in the discussion, to advance the facts in the previous history and to understand what is going to be done for the case in the way of future treatment cannot fail to awaken an interest that will be of mutual benefit. By getting the family physician thus interested it will not be a difficult task to secure examinations of the wife and children and if infected an opportunity for early treatment will be afforded. If there is to be any help for a case of dementia paralytica it must be secured very early in the condition, not waiting until the actual destructive changes have taken place.

I have no new treatment to give you. So long as we have syphilis we will have dementia paralytica and so our big mission is to prevent syphilis—a mission which under our present sociological conditions we can hardly expect to fulfil. Granted a person is infected, they should have the advantage of most thorough treatment and if they are unable to pay for such treatment it would be policy for the State to see that it is furnished free of cost.

Money is freely appropriated for the treatment and prevention of tuberculosis, cancer, smallpox, typhus and kindred conditions, but funds are not available for the treatment of syphilis, a disease that threatens to have as high a death rate as tuberculosis, and having more terrible sequelae than any other disease.

If after repeated examinations the physician finds cytological evidence that the spirochaete is active, an important question arises. Shall the patient have a guardian appointed to assist or direct him in his business affairs or shall such action be, as is often done, deferred until the savings of years are squandered in some senseless schemes or the hitherto good name of the father and family brought into disrepute by his promiscuous and shameless sexual excesses. Frequently such cases are thrown into medico-legal tangles, and it is with difficulty that many of our judges, or others in authority, can be made to realize the abnormal mental state of the patient in this early stage of the disease.

The early diagnosis is also of much interest to the employer of labor—especially so since the ad-

vent of our Workmen's Compensation Law. It is too late to correct these troubles when the patient has reached the point of commitment to some hospital. How much better to have the general physician appreciate the significance of the early signs and so prevent these all too common histories.

What as to the future? It has been a little over ten years since Kraepelin said of the cause of dementia paralytica: "It will be impossible to accept the view that syphilis is the cause of dementia paralytica until we can prove it positively present in more than 34% of cases"—a percentage at that time regarded as conservative. It is well known what has been accomplished in the way of etiology since that time. I do not believe that as yet we have a cure, but there is no doubt that the causative factor is some form of the spirochaete. No one can truthfully assert that we have not made progress in the care and treatment of this condition during the past few years. As yet we have not been able to reach the germ in all its haunts, but by continued efforts this will be accomplished. We are constantly admitting patients well advanced in the course of syphilitic brain conditions who have had the advantage of the best possible treatment without avail, while on the other hand we admit those with the history of no treatment and the progress in each case is the same.

I recall two cases of dementia paralytica who left the Columbus State Hospital in the third stage of the disease, six and nine years ago, and from my last report of a short time since both were doing well outside. The case of over nine years' duration is engaged in responsible work—handling large sums of money each week—and his services are very satisfactory.

Because we know of a few isolated cases that do show pronounced remissions under, or in spite of treatment, are we to cease all efforts to solve the question of the cure? Are we to regard dementia paralytica as the physicians of old did epilepsy—a sacred disease or one sent as a curse—which was merely to excuse the fact that they could not master it? Or shall we continue to fight this thanatic dementia in our endeavor to preserve and restore to man that faculty of all most desired? "'Tis mind that sees and mind that hears, all other things are deaf and blind."

Thomas: Optic Neuritis.

Salmon: General Paralysis as a Public Health Problem.

Kraepelin: (Clinical Psychiatry—First Edition.)

Scarlet Fever in Ohio.--Its Occurrence in Various Localities, Modes of Transmission, Diagnosis, Treatment and Prevention.

BY FRANK G. BOUDREAU, M. D., C. M.

Director of the Division of Communicable Diseases, Ohio State Board of Health.

THERE is a group of diseases, among which scarlet fever is included, regarding which we possess but little information as to the etiological factor. In some members of this group, notably smallpox, we possess ample and satisfactory means of prevention, but unfortunately this is not true of scarlet fever. It is true that a number of investigators have described various micro-organisms associated with the disease, but none of them fulfill Koch's postulates, and all have been discredited as a result of recent experimental investigations. But if we possess little information as to the etiological factor in the disease, we have accumulated large funds of knowledge concerning its epidemiology.

Scarlet fever is the cause of many deaths and much suffering every year in Ohio, and its complications not infrequently cripple for life those who escape death. Besides this, it frequently interrupts school work to a marked degree. To give an accurate idea of the annual loss of lives from scarlet fever in Ohio, Table 1 was compiled.

TABLE 1.
MORTALITY AND MORTALITY RATES FROM
SCARLET FEVER IN OHIO AND THE REG-
ISTRATION AREA FOR THE YEARS,
1909-1914, INCLUSIVE.

Year	No. of Deaths		Ohio	Rate
	Ohio	U. S. Registra- tion Area		U. S. Regis- tration Area
1909	184	5781	3.9	11.4
1910	272	6255	5.7	11.6
1911	491	5243	10.1	8.8
1912	393	4038	8.0	6.7
1913	324	5498	6.5	8.7
1914	229	*	4.6	*

*Statistics are not available for these years.

Any disease that causes an annual average loss of lives totalling more than 315 is worthy of the serious consideration of all physicians and public health officials. It is absolutely impossible to estimate the number of cases represented by these deaths. Only a fraction of the total number of scarlet fever cases are reported, although the notification of this disease is becoming more complete every year. In 1913, 7363 cases were reported, and in 1914, reports of 7526 cases reached this department. Basing the case-fatality rate upon a comparison of these reports and the number of deaths certified in the same years, gives a rate of 4 per cent for 1913 and 3 per cent for 1914. Accepting 3 per cent as the most probable case-fatality rate, the number of cases occurring each year in Ohio would average 10,500. It is probable that an estimated case-fatal-

ity rate of 3 per cent is excessive, inasmuch as it is the experience of physicians and health officials all over the country, that scarlet fever is becoming milder in type, and that many cases occur which are so mild as not to occasion the services of a physician. However, 10,500 cases occurring every year in Ohio, mean a serious interruption to school work, and a needless expense to the public and to individuals, to say nothing of the homes desolated by death. Comparing the average rate for five years, 1909-1914, in Ohio with that of the

TABLE 2.
AVERAGE SCARLET FEVER DEATH RATES
PER 100,000 POPULATION FOR THE SIX
YEARS 1909-1914 IN THE 88 COUNTIES
OF OHIO ARRANGED ACCORDING
TO DECREASING RATES.*

County.	Average annual rate, 1909-1914	County	Average annual rate, 1909-1914
1 Cuyahoga	15.3	45 Ashland	3.5
2 Mahoning	14.7	46 Lawrence	3.4
3 Summit	13.8	47 Brown	3.4
4 Jefferson	11.3	48 Fairfield	3.3
5 Fulton	9.7	49 Pike	3.2
6 Trumbull	9.6	50 Darke	3.1
7 Lake	9.3	51 Wyandot	3.1
8 Harrison	8.7	52 Butler	3.0
9 Ashtabula	8.2	53 Tuscarawas	2.9
10 Hamilton	8.0	54 Franklin	2.9
11 Geauga	7.9	55 Putnam	2.9
12 De fiance	7.5	56 Preble	2.8
13 Marion	7.2	57 Warren	2.7
14 Columbiana	6.8	58 Hancock	2.7
15 Shelby	6.7	59 Hardin	2.7
16 Portage	6.5	60 Guernsey	2.6
17 Richland	6.2	61 Muskingum	2.6
18 Belmont	6.1	62 Meigs	2.5
19 Lucas	5.7	63 Van Wert	2.3
20 Clark	5.4	64 Greene	2.3
21 Lorain	5.4	65 Clermont	2.3
22 Wayne	5.3	66 Knox	2.2
23 Carroll	5.3	67 Logan	2.2
24 Stark	5.1	68 Morgan	2.1
25 Pickaway	5.1	69 Adams	2.0
26 Vinton	5.1	70 Allen	2.0
27 Madison	5.0	71 Henry	2.0
28 Perry	4.9	72 Williams	1.9
29 Crawford	4.9	73 Seneca	1.9
30 Wood	4.8	74 Athens	1.6
31 Jackson	4.8	75 Hocking	1.4
32 Washington	4.6	76 Clinton	1.4
33 Ross	4.5	77 Huron	1.4
34 Ottawa	4.4	78 Monroe	1.4
35 Delaware	4.3	79 Erie	1.3
36 Highland	4.1	80 Coshocton	1.1
37 Gallia	3.9	81 Noble	.9
38 Champaign	3.8	82 Morrow	.9
39 Fayette	3.8	83 Licking	.3
40 Auglaize	3.7	84 Miami	.3
41 Mercer	3.7	85 Holmes	0
42 Montgomery	3.7	86 Paulding	0
43 Scioto	3.7	87 Sandusky	0
44 Medina	3.5	88 Union	0

*The estimated population for Jan. 1, 1912, were used as a basis for these calculations.

registration area for 1909-1913, we find that Ohio with an average rate of 6.5 had fewer deaths proportionately than the registration area with a rate of 9.1. In 1911 and 1912 the annual rates in Ohio exceeded the annual rates in the registration area, but in the other years mentioned the opposite was true. The conclusion to be drawn is that scarlet fever was less prevalent in Ohio for the years

¹A compact and scientific article that deals in an instructive manner with this interesting and important subject. It will be of real service to physicians.

1909-1913, than in the registration area for the same period.

The distribution of scarlet fever by counties for the period 1909-1914 is shown in Table 2.

In thirteen counties the average rates for 1909-1914 exceeded the state rate for the same period. The rates in Cuyahoga, Mahoning, Jefferson and Summit counties were excessive. In Holmes, Paulding, Sandusky and Union counties no deaths from scarlet fever were reported. Scarlet fever is distinctly a disease of urban rather than of rural districts, and the excessive rates in some counties are plainly due to the prevalence of the disease in the larger centers of population.

In Table 3 the distribution of scarlet fever deaths for the period 1909-1913 is shown for the twenty largest cities in Ohio.

TABLE 3.

AVERAGE SCARLET FEVER DEATH RATES
PER 100,000 POPULATION FOR THE FIVE
YEARS 1909-1913 IN THE TWENTY
LARGEST CITIES OF OHIO, RANK-
ED ACCORDING TO DECREAS-
ING RATES.*

City	Deaths. 1909-1913.	Average rate. 1909-1913.
1 Akron	70	19.3
2 Cleveland	507	17.4
3 Youngstown	65	13.0
4 Steubenville	14	11.9
5 Cincinnati	170	9.2
6 Lorain	12	7.8
7 Canton	19	7.2
8 East Liverpool	7	6.7
9 Toledo	58	6.7
10 Springfield	15	6.2
11 Hamilton	8	4.4
12 Dayton	21	3.6
13 Portsmouth	4	3.3
14 Columbus	31	3.3
15 Lima	4	2.6
16 Zanesville		1.4
17 Sandusky	1	1.0
18 Ashtabula	1	1.0
19 Newark	0	0
20 Mansfield	0	0

*These rates are based on estimated populations as of July 1, 1911.

It is really illogical to base rates upon one or more deaths, so that the rates in the last few cities in the list might well be disregarded. Akron heads the list with a total of 70 deaths and a rate of 19.3. Cleveland is next with 507 deaths and a rate of 17.4, while Youngstown is third with 65 deaths and a rate of 13.0. Steubenville is the only other city with a rate exceeding 10 per 100,000 population. Columbus has the lowest death rate of any of the larger cities, 31 deaths, giving a rate of 3.3, and this is true also for diphtheria. Dayton's rate, 3.6, is nearest to that of Columbus, and represents 21 deaths. In studying these rates, consideration must be given to the facts, that the presence of many newly arrived foreigners, the age-distribution of the population, and the completeness of the system of physical supervision of school children, have a considerable influence on the prevalence of scarlet fever. These are matters, too, which are nearly all beyond the control of the local health department.

Table 4 gives the age-distribution of scarlet fever deaths in Ohio and in the registration area.

In Ohio nearly fifty per cent of the total deaths from scarlet fever occur under five years of age. This compares well with the registration area where fifty-four per cent of the deaths occurred during the same period. In Ohio 80 per cent, and in the registration area 82 per cent of the total number of scarlet fever deaths occurred under ten years of age. I have always realized that the common infectious diseases are especially fatal to the young, but until these and other figures were collected, I had no idea of the overwhelming preponderance of deaths from them in children under five years of age. Surely physicians should strenuously combat the all too prevalent notion that children are fortunate to have these diseases early and to "be over with them." In the light of these and other statistics that I have collected, no more pernicious doctrine could be imagined.

In Table V is shown the seasonal distribution of scarlet fever deaths.

TABLE 5.

SEASONAL DISTRIBUTION OF SCARLET
FEVER DEATHS IN OHIO. 1909-1914
INCLUSIVE.

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
1909	26	25	11	13	20	14	7	5	13	12	18	20
1910	23	18	28	23	35	26	8	15	8	21	20	53
1911	40	40	60	60	53	32	36	24	26	46	35	23
1912	37	28	41	32	53	32	37	31	14	27	31	33
1913	42	39	24	30	38	16	18	14	27	35	29	34
1914	28	34	33	17	26	14	7	7	8	13	15	33
Total	196	174	197	175	201	148	112	96	96	154	148	196

This table shows that scarlet fever deaths occur fairly uniformly throughout the autumn, winter and spring. In July, August and September, the number of deaths is quite diminished. The disease itself is probably more prevalent in September than these figures indicate, as cases occurring in that month cause deaths in October. It is indeed a well-recognized fact that the incidence of scarlet fever follows the school term very closely, preceding the opening of schools in September by only a few days. Whether this seasonal distribution is to be attributed altogether or only in part to the congregation of children in schools is a debatable question which I shall not discuss.

ETIOLOGY AND MODES OF TRANSMISSION.

The virus of scarlet fever is known to be contained in the tonsils, tongue, blood, lymph nodes and pericardial fluid. Several observers have inoculated animals with throat swabs and blood from scarlet fever cases and have been successful in transmitting the disease. In no instance has the disease been experimentally transmitted by the desquamated skin. The modern view is that the disease is transmitted by means of the secretions of the nose, throat and ear. While there is no positive evidence that the desquamation may convey the disease, no absolute proof has been given that this is impossible, and every case should be con-

TABLE 4.

AGE DISTRIBUTION OF SCARLET FEVER DEATHS IN OHIO FOR 1909-1914, INCLUSIVE, AND FOR THE REGISTRATION AREA 1912-1913, INCLUSIVE.

	Under 1 year	1 year	2 years	3 years	4 years	Total under 5 years	5-9 years	10-14 years
Ohio								
Total Deaths 1909-1914.....	95	185	237	236	183	936	580	171
Distribution per 1,000.....	50.2	97.7	125.2	124.6	96.7	494.4	306.4	90.3
	15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years	50-54 years
Ohio								
Total Deaths 1909-1914.....	93	35	32	22	13	1	1	
Distribution per 1,000.....	49.1	18.5	16.9	11.6	6.8	.5	.5	
	55-59 years	60-64 years	65-69 years	70-74 years	75-79 years	85-89 years	95 and over	Un- known
Ohio								
Total Deaths 1909-1914.....	2	1	3	1	1		1	
Distribution per 1,000.....	1.0	.5	1.6	.5	.5		.5	
U. S. Reg. Area								
1912-1913 Total Deaths.....	470	1078	1357	1228	1048	5181	2700	716
Distribution per 1,000.....	49.3	113.0	142.3	128.8	109.9	543.3	283.1	75.1
U. S. Reg. Area								
1912-1913 Total Deaths.....	367	211	160	88	50	29	14	10
Distribution per 1,000.....	38.5	22.2	16.8	9.2	5.2	3.0	1.5	1.0
U. S. Reg. Area								
1912-1913 Total Deaths.....	3	3	1			2		1
Distribution per 1,000.....	.3	.3	.1			.2		.1

sidered dangerous from the onset until desquamation is complete and the upper respiratory passages are in normal condition. Recent investigations by Koessler have demonstrated conclusively that the streptococcus is not the exciting cause of scarlet fever. However, the streptococcus is a factor of some importance in the disease, perhaps causing some of the complications and sometimes death. The virus of scarlet fever is said to be quite resistant. It clings persistently to clothing and various other objects contaminated by the discharges of the mouth and nose. In spite of this fact it is probable that in the vast majority of cases actual contact of a patient with a susceptible individual is necessary to transfer the disease. This contact may be direct as when the fine droplets of spray from the mouth of a scarlet fever patient enter the mouth of a susceptible person, or indirect, when these discharges are transferred by means of eating and drinking vessels, soiled linen, such as handkerchiefs, and other intermediate objects of this kind. Scarlet fever is endemic in almost all large centers of population, and is kept alive by missed cases, including wrongly diagnosed, atypical and abortive forms of the disease. Typical cases are also responsible when the physician is called late in the disease and when for this, or any other cause, the patient is not isolated before the period of infectivity sets in. To express the factors in transmission in tabular form, the following classes are responsible for the transmission of the disease:

- 1. Typical cases.
- 2. Atypical, abortive and missed cases.
- 3. Carriers (?).

Cases of scarlet fever may occur without exanthem, or the eruption may be fleeting. Patients without angina are known to have transmitted the disease, and cases without any elevation of temperature have been described.

From the public health standpoint, all persons with eruption or angina should be looked upon with suspicion in the presence of an outbreak. During the course of an investigation of scarlet fever in Reading and adjoining communities, I found that thirteen per cent of all the cases had atypical or abortive forms of the disease. The diagnosis was made by the appearance of a typical complication, or the transmission of the disease to relatives, where other sources could be reasonably excluded. Further, these abortive and atypical cases shared with patients dismissed too early with mucous complications, the chief responsibility for spreading the disease.

PREVENTION.

The prevention of scarlet fever rests mainly upon three factors:

- 1. Physicians who are skilful and conscientious.
- 2. Well-organized health departments with ample facilities.
- 3. Intelligent co-operation of the public.

The effectiveness of any of these factors depends upon the co-operation of the other two. No matter how skilful or conscientious physicians may be in recognizing and reporting cases, they are helpless if health departments do not enforce quarantine, or if the public does not secure their services early in the disease. A well-organized health department without the co-operation of physicians and the help of the public, cannot make much progress against the inroads of scarlet fever. That the public is helpless without the aid of physicians and health department is obvious. A well-organized health department should have at its disposal, ample hospital facilities to provide for all cases that cannot be isolated properly in their homes, a skilful diagnostician to aid physicians, and a sufficient number of public health nurses to enforce proper isolation of cases taken care of in the home. For years members of the

Columbus Health Department have struggled to secure a contagious disease hospital, and have succeeded only recently in securing funds for this purpose. That the scarlet fever death rate should be so low in Columbus in spite of this handicap, is evidence of the good work accomplished along lines other than hospitalization.

Co-operation of the public must be intelligent; it must be the co-operation of an instructed public. All health departments should launch educational campaigns and reach the public intelligence through the press, health pamphlets, lectures and personal contact.

Before touching upon the more detailed methods of prevention, the subject of the transmission of scarlet fever through milk must be considered. A comparatively large number of outbreaks transmitted in this way have been recorded. I know of no such instances in Ohio, but I think this is due to the fact that my investigations have included a rather small number of scarlet fever outbreaks, and not because milk has not been a medium of transfer in our state. Local health departments should check off against each dairyman the number of cases of typhoid fever, diphtheria and scarlet fever occurring among his patrons. By this method any unusual prevalence upon a milk route will be promptly detected and measures may be taken accordingly.

The laws of Ohio require that each case of scarlet fever shall be quarantined until the attending physician certifies to the health officer that the patient is no longer capable of communicating the disease. The health officer must now disinfect the house, and the quarantine must remain for ten days following disinfection, if there are inmates of susceptible age who have not had the disease. Children who have been exposed but who live in other homes, must be quarantined for ten days from the last possible exposure, if they are not immune by reason of a previous attack. When a case is quarantined, the working members of the family need not be confined if the patient is properly isolated and the work engaged in does not necessitate contact with children or the milk supply. In isolating a case, particular attention should be paid to the discharges of the mouth and nose, and all articles contaminated by these discharges should be disinfected or destroyed before being removed. Terminal disinfection with formaldehyde should be practiced. The use of gowns, proper disinfection of the hands and thermometer, and similar precautions should be taken by physicians attending cases. "The physicians may find the necessary precautions and disinfection to be irksome, but they should not be shirked in justice to his other patients and the community."

Personal prophylaxis may be dismissed briefly. Contact with cases and with children with sore throats should be avoided. Children should be taught to avoid the common drinking cup, the towel used in common, and the error of placing

articles other than food in the mouth. The use of vaccines made from cultures of the streptococcus isolated from cases have given good results in protecting children from the disease. Moser's polyvalent antistreptococcus serum has been used in the treatment of the diseases, but no conclusions as to its efficiency can be drawn at the present.

TREATMENT AND AVOIDANCE OF COMPLICATIONS.

The treatment of scarlet fever may be dismissed with a word of warning as to the disastrous results that may occur if the patient is allowed to get up too early. In such cases dangerous complications, such as nephritis, are liable to occur. In a contagious disease hospital I attended for several months, great care was taken to see that the patients remained in bed until convalescence was assured, and the attending physicians were equally solicitous as to the measures to prevent nephritis and the care of the ear drum. Six weeks in bed was not unusual for an ordinary case of scarlet fever.

The laws of Ohio do not specify any minimum period for the detention of scarlet fever cases. Some city health departments require four or five weeks as a minimum, and thirty days is acceptable, providing desquamation is complete and there are no mucous complications. It is to the interest of patients as well as to the public at large to enforce detention for at least this period.

Finally, no campaign for the prevention of scarlet fever can be successful without the aid of a well-organized system of school inspection. This should be carried out by physicians or by public health nurses in charge of physicians. By this means, and with the co-operation of the teaching force, not only will the success of the general campaign be assured, but interruptions to school work will be avoided. To sum up, the prevention of scarlet fever depends upon the following factors:

1. Skilful and conscientious physicians.
2. Well-organized health departments.
3. Contagious disease hospitals.
4. Public health nurses to visit cases.
5. Physical supervision of school children.
6. Co-operation of an enlightened public.
7. Supervision of the milk supply.
8. Skill and care in the treatment of cases to avoid the various complications, including death.

The physician is intimately concerned with nearly all these factors and it is with pleasure that I acknowledge the high stand taken by various medical societies of Ohio in furtherance of the campaign to improve the public health.

Note—Those who are interested in the treatment of cases by sero-therapy, in which the serum of convalescents is administered to patients, should consult the following authorities: Koch, *Munch. med. Woch.*, 1913, Lx, 2611., Moog, *Therap. Monatschrift*, 1914, xxviii, 37., Zingher, *Jour. Am. Med. Assoc.*, Sept. 4, 1915, 875., Axenou, *Jour. Am. Med. Assoc.*, March 27, 1915, 1113.

Medical Supervision in the Public Schools from the Standpoint of the Country Practitioner

FRANCES M. HOLLINGSHEAD, M. D., COLUMBUS

Director, Division of Child Hygiene, Ohio State Department of Health

IT has become more and more common, for the past two years especially, to read or hear of the crying need for medical supervision of the children in the rural districts. Dr. Thomas Wood in a comprehensive survey of this matter has found that the rural children with the exception of two defects, namely, mental and enlarged glands, lead the city children by a margin of from five to twenty per cent. in relation to the various physical defects studied. Ohio is one of the very few states in which the number of children in cities exceeds the number in the country, and even here the excess is very slight. Added to these facts, it is an established truth that the country school house is the worst building of any type throughout the country. In many communities the children are compelled to spend at least seven hours of each day in buildings which are unfit for animals to occupy.

Given such conditions, is it any wonder that the question of medical supervision is a burning one in many of these communities? Throughout the state a notable effort is being made to correct the school building evil by the erection of consolidated or centralized schools of modern type. There is rapidly developing, too, a radical demand for medical supervision of the children in the schools. This means more than the mere physical examination of these children. It means that the system may be sufficiently thorough to allow of re-examination from time to time. If this is carefully done and proper records are preserved, the State of Ohio will be able to talk intelligently of the kind of children she is producing to become its future citizens.

THE GENERAL PRACTITIONER.

There are, of course, several ways of looking at this matter. One very important one is from the standpoint of the general practitioner and, more especially, the general practitioner in the smaller places.

In the first place, does work of this kind interfere with a man's private practice? To this we may answer unhesitatingly that it does not, if properly conducted. It may serve to throw work in his way, however. It should be very thoroughly understood in the beginning that no treatment is done in the schools. In every case where there is a family physician the child is referred directly there, and only in cases where there is not one is a physician supplied. These are the cases where the family can not afford a physician—and so would not serve as a means of livelihood under any conditions. If, as often happens, there is no physician, merely because the family has not recognized the necessity for medical advice, work is sent to the mother advising her of the defect

HOW ABOUT YOUR SCHOOLS?

Now is the time for interested physicians to take up active work in extending systems of medical inspection of school children to the rural schools of the state.

The State Health Department, through its new Division of Child Hygiene, is prepared to co-operate in this work and make it possible to at least start the propaganda in every community.

In this article Dr. Hollingshead gives a few of the reasons why it is necessary, and answers one of the current objections to the plan.

and telling her to take the child to a good physician. Here again the practitioner is protected, because no one physician is given preference. After careful consideration, then, we may accept the statement that medical supervision does not interfere with a man's practice as a fact.

REGARDING REMUNERATION.

Another objection which has often been raised is that the country physician cannot do this service because there is no provision made by the local school boards to meet the necessity by providing a competent salary—or indeed in many cases any salary at all. Here there is certainly some justice in the criticism. It should and ultimately will be the accepted duty of the city, the county or the state, as the case may be, to finance this proposition of medical supervision. On the other hand, it has long been regarded as a settled fact that in many of these progressive movements the initial step must be taken by private enterprise and the value of the activity fully established before the municipality will take it over. Moreover, the physician has always stood as the advocate of generous volunteer service. Indeed, there are very few communities in which physicians, if the request is made in proper form, will not be found ready and willing to help in this work. The best men are those who are broad enough to realize that the service is worth while because of the ultimate good which results therefrom. In the large city, why is it that the clinical positions are so much sought after? There are two reasons for this. They carry a certain amount of prestige with them and they make a man, who might otherwise drop out and grow rusty, keep abreast the times. The same principle may be applied to medical supervision in the public schools in the rural districts; provided such work is carefully and slowly done it will always accrue to the advantage of the man himself. The country practitioner will have to be made to feel this responsibility before this work can be developed to any

great degree, because it must be his task to break the ground, to do pioneer work in his neighborhood along these lines as he has done along so many others.

AS TO EXPLOITATION.

The writer has heard a number of doctors say in this connection that they hesitate to offer to do volunteer work in the schools because they fear that the public will regard it as a form of advertisement. This is a positive mistake, because if the men who are really sensitive as to their good names refuse to become identified with the progressive movements in their respective communities, these movements will never prosper. They may well console themselves that if there is any free advertisement in undertaking a responsibility of this kind it is a legitimate form of publicity, not sought after but resulting directly from the expenditure of honest exert. Furthermore, if the best physicians in the vicinity, whether the locality be urban or rural, do not undertake this work it will fall into the hands of mediocre men or worse. This, because the work is bound to go on. It is a logical development and as such

is bound to grow and become increasingly worth while.

There is no more potent argument in favor of what may be accomplished through the channels of public health education than the very fact that children in our great cities today present less difficulties in the way of physical defects than do a similar group in the rural communities. This, despite the bad housing, over-crowding, foreign populations and all the detriments from which the large city suffers. The explanation of this lies not in the fact that the city child has a better start in life than the rural child; quite the contrary. It is because of the constant education which has been going on to help the public solve the problem in the large city. The time has come when medical supervision for all classes of children has been fully proved to be of real value and its influence must be pushed out from the city into the country at large. Surely the "family doctor," the rural physician who has always stood for so much that is best, will be found more than willing to cooperate with the school authorities in the full development of this work.

Case of Juvenile Deforming Osteochondritis of the Hip

J. L. STEVENS, M. D., F. A. C. S.
MANSFIELD, OHIO

H. S., boy, aged 8, and ninth child in a family of ten, was brought to me by Dr. Lavender, of Pavonia, O., for X-Ray examination and diagnosis.

The family history was negative and he had no disease of childhood that could have had a bearing upon his case. In May or June, 1914, he had been thrown by a companion at school and thereby had sustained a slight injury to the left hip. As a consequence he complained of soreness in hip and limped a few days. In the following September he again limped and complained of a little tenderness. After this until I saw him, Nov. 6, 1915, limping without pain or tenderness, lasting from three to seven days, occurred at intervals of ten to fourteen days. Each attack became more pronounced.

On the table neither muscular rigidity nor tenderness could be obtained. Free passive motion could be made in all directions but abduction and internal rotation were slightly limited on active motion. The thigh muscles were slightly atrophied. A Von Pirquet test proved negative. Radiographs of both hips were made and compared with the roentgenograms of Dr. Geo. J. McChessney in the *Jour. A. M. A.*, of Nov. 6, 1915. The plates were expressed to Dr. McChessney and he confirmed the diagnosis of Perthes's disease. The accompanying cut shows the characteristic fragmentation of the epiphesis.



OHIO CONTRIBUTORS TO MEDICAL LITERATURE

Ball, F. V., Cleveland: "Protection of Cleveland's Food Supply." *Clev. Med. Jour.*, Nov. XIV, No. 11.

Baldwin, J. F., Columbus: "Four Cases of Acute Abdomen; Four Necropsies; Four Surprises" *Lancet Clinic*, Nov. 28, CXIV, No. 22.

Bishop, R. H., Jr., Cleveland: "Fight Against Tuberculosis in Cleveland." *Clev. Med. Jour.*, Oct. XIV, No. 10.

Blankenhorn, M. A., Cleveland: "Strontium Salicylate." *Jour. A.M.A.*, Jan. 29, LXVI, No. 5.

Crozier, W. J., Rogers, W. B., Harrison, B. I., Cleveland: "Methods Employed for Determining Hydrogen-Ion Concentration in Body Fluids." *Surg. Gyn. and Obstet.*, Dec. XXI, No. 6.

Crozier, W. J., Cleveland: "Ionic Antagonism in Sensory Stimulation." *Amer. Jour. of Physiology*, Jan., XXXIX, No. 3.

Corlett, W. T., Cleveland: "Methods of Teaching Syphilology." *N. Y. State Jour. of Med.*, Nov., XV, No. 11.

Crile, G. W., Cleveland: "Unit Plan of Organization of Medical Reserve Corps of U. S. Army for Service in Base Hospitals." *Surg., Gyn. and Obstet.*, Jan., XXII, No. 1.

Drysdale, H. H., Cleveland: "Problem of Feeble-minded, Insane and Epileptic." *Cleve. Med. Jour.*, Oct., XIV, No. 10.

Furrer, A. F., Cleveland: "Role of Pure Milk in Prevention of Disease." *Cleve. Med. Jour.*, Nov., XIV, No. 11.

Gillette, W. J., Toledo: "Use of Steam in Treatment of Superficial Cancer." *Med. Record*, Jan., LXXXIX, No. 1.

Gerstenberger, H. J., Cleveland: "Smaller Nursing Districts for all Public Health Work, vs. Larger Districts for Specialized Work"; *Clev. Med. Jour.*, Nov., XIV, No. 11.

Haldy, W. A., Cleveland: "Welfare Work in Modern Factory"; *Cleve. Med. Jour.*, Nov. XIV, No. 11.

Haines, T. H., Columbus: "The Incidence of Syphilis Among Juvenile Delinquents: Its Relation to Mental Status"; *Jour. A. M. A.*, Jan. 8, LXVI, No. 2.

Holt, O. P., Ratterman, H. T., Cincinnati: "Multiple Metastatic Sarcomas of the Lungs; with Report of a Case"; *Jour. A. M. A.*, Jan. 15, LXVI, No. 3.

Ingram, R., Cincinnati: "Report of Neurologic Department of Cincinnati Hospital from 1894 to 1914, Inclusive"; *Lancet Clinic*, Nov. 20, CXIV, No. 21.

Leete, H. L., Cleveland: "Prevention of Blindness"; *Clev. Med. Jour.*, Oct., XIV, No. 10.

Lenhart, C. H., Cleveland: "Influence on Tad-

poles of Feeding Dessiccated Thyroid in Variable Amounts and of Variable Iodin Contents"; *Jour. of Exper. Med.*, Dec., XXII, No. 6. (Abs. *Jour. A. M. A.*, Dec. 18.)

McClellan, B. R., Xenia: "Atypical Chorion-Epithelioma"; *Amer. Jour. of Obstet.*, Dec., LXXII, No. 6.

Price, W. A., Cleveland: "Prevention of Systemic Diseases Arising from Mouth Infections and Purpose and Plan of Research Institute of National Dental Association"; *Clev. Med. Jour.*, Oct., XIV, No. 10. "Dental Aspect of Relation of Endameba to Pyorrhea Alveolaris"; *Surg. Gyn. and Obstet.*, Jan. XXII, No. 1.

Patton, A., Cleveland: "Treatment for Crippled Children at Rainbow Hospital, Cleveland"; *Clev. Med. Jour.*, Oct., XIV, No. 10.

Peterson, E. A., Cleveland: "Medical Inspection of School Children"; *Cleve. Med. Jour.*, Nov., XIV, No. 11.

Reed, C. A. L., Cincinnati: "Splanchnoptosis"; *Texas State Jour. of Med.*, Nov., XI, No. 7. "Diagnostic Methods and Pathologic Constants in Idiopathic Epilepsy: Second Report"; *Jour. A. M. A.*, Jan. 29, LXVI, No. 5.

Rhodes, G. B., Cincinnati: "Suppurative Pericarditis"; *Annals of Surg.*, Dec., LXII, No. 6.

Smead, L. F., Toledo: "Transposition of Bladder and Uterus for Cure of Cystoceles and Decensus Uteri"; *Amer. Jour. of Obstet.*, Jan., LXXIII No. 1.

Stewart, G. N., Cleveland: "Studies on Circulation in Man, Development of Collateral Circulation in Right Hand after Ligation of Innominate Artery for Subclavian Aneurysm"; *Jour. of Exper. Med.*, Dec., XXII, No. 6.

Street, J. P., Cincinnati: "Condensed Milks and Casein Preparations"; *Modern Hosp.*, Nov., V, No. 5.

Street, E., Cleveland: "Hospital and Public Pocket Book"; *Clev. Med. Jour.*, Oct., XIV, No. 10.

Stricker, L., Cincinnati: "The Crystalline Lens System and Its Relation to Cataract Formation"; *Lancet Clinic*, Nov. 20, CXIV, No. 21.

Stone, Williard J., Toledo: "The Carbohydrate Factor in the Causation and Treatment of Hyperacidity and Ulcer"; *Jour. A. M. A.*, Jan. 29, LXVI, No. 5.

Warner, A. R., Cleveland: "Possibilities of Future Development in Service Rendered by Hospital to Community"; *Clev. Med. Jour.*, Oct., XIV, No. 10.

Woolsey, J. F., Cleveland: "Safeguarding Quality of Medicines"; *Clev. Med. Jour.*, Nov., XIV, No. 11.

Wright, H., Cleveland: "Opportunities of Social Service at Cleveland City Hospital"; *Clev. Med. Jour.*, Oct., XIV, No. 10.

Wyckoff, C. W., Cleveland: "Importance of Prophylaxis in Care of Infants and Young Children"; *Clev. Med. Jour.*, Oct., XIV, No. 10.

Why It Will Be Necessary, this Month, for the State to Enforce the Penalties for Violations of Law Requiring Birth Reports

MORTON W. BLAND, M. D., OF COLUMBUS

(Registrar of Vital Statistics Bureau, Secretary of State's Department)

ALL of us who have time and again witnessed "Uncle Tom's Cabin" will recall that mirth-provoking answer of Topsy to the query of her birth: "I nevah wus borned, I jess growed."

If you were called upon today to prove your birth and antecedents, how many could legally do so without hunting up evidence and seeking affidavits that might be not only difficult but expensive to secure. Some might not be able to give a great deal more information than Topsy regarding their origin.

Some will say: "Why is it necessary to prove time, place and parentage of your birth. It is a mighty important thing, at times, and as this country progresses and more modern and efficient methods of keeping track of people are adopted it will be of far greater importance than is readily apparent now. Here are just a few reasons that might be set down as important:

In school enrollment; in child labor; to protect the rich and the poor; in securing marriage licenses; in registering for voting; in civil service examinations; in enlistment and promotion in the army and navy; in establishing identity and heirship; in children of foreign parentage in establishing American birth; in various legal and other purposes.

If all of these things are correctly and carefully preserved under legal registration it will not only be of historic value for future generations, but it will be indisputable evidence of your name, sex, color, date and place of birth—which may be demanded at times when least expected.

It is only a short while ago that inquiry came to Ohio for the registration evidence concerning the birth and antecedents of a young man who was to undertake a mission to a foreign country. The evidence could not be furnished in form acceptable to those interested and the applicant had to stand aside for one whose record of birth was easily and clearly established.

ITS IMPORTANCE.

Those who read the news recall that some who were chosen to go upon the Ford peace mission were denied the privilege and while the reason for such denial was not made public, it is generally understood that lack of ability to prove their nativity was the dominating factor.

Ohio has for many years maintained a bureau of vital statistics, but it has only been in recent years that this function of state government has been taken seriously by medical practitioners and those who are authorized to attend confinement cases. The law, as first promulgated by the legislature of Ohio, requiring physicians to report to local registration officers was by some openly de-

TO AVOID PROSECUTION.

The long-expected prosecutions of physicians for violation of the state law requiring reporting of all births to the local registrar, within ten days after the delivery, is to be started this month, according to an authorized announcement by State Registrar Bland.

General enforcement and prosecution in Ohio has been demanded by the Federal Census Bureau before it will admit Ohio to the birth registration area.

We asked Dr. Bland to briefly review the situation. He points out, for instance, that last November over fifty per cent. of the birth reports received in the state were illegal—were not filed within the required ten days. Over 3000 physicians thereby laid themselves liable to prosecution, and a fine of at least \$5.00 and costs. Conviction is easy.

To carry on the wholesale prosecutions it is only necessary for the State Bureau of Vital Statistics, through the Secretary of State, to certify the facts to the Prosecuting Attorney of the county in which the physician lives. The law makes it mandatory for him to at once take up the prosecution. The Attorney General has general charge of the prosecutions, and is directed to act in those counties where the Prosecuting Attorney fails.

To avoid prosecution, and the consequent annoyance and financial loss, be scrupulously careful, from this date forward, in every confinement case which you attend, to forward the required written report to the local registrar within ten days. Ohio will thereby escape the situation which recently developed in New York, where several hundred doctors were fined for similar infractions.

ified, but the 1913 session of the legislature so amended the law as to make it constitutional and mandatory. Section 218 of the law says:

"Each birth that occurs in the state shall be immediately registered in the district in which it occurs, as hereinafter provided. Within ten days thereafter, the attending physician or midwife shall file with the local registrar of the district in which the birth occurred a certificate of birth, properly and completely filled out, giving all the particulars herein required. If there be no attending physician or midwife, the father or mother of the child, householder or owner of the premises, manager or superintendent of public or private institutions in which the birth occurred, shall notify the local registrar within ten days thereafter of such birth having occurred. In such case, the local registrar shall secure the

necessary information and signature to make a proper certificate of birth."

This certificate of birth must contain every item of material importance concerning the child and its antecedents, their racial characteristics, occupations, etc.

UNCLE SAM TAKES A HAND.

That Ohio is to take an advanced step in the perfecting of its records of vital statistics is evidenced by the fact that she has been chosen as one of the areas of the registration of births being established by the United States Department of Commerce, Bureau of the Census. Areas of registration will be established only in such states as have laws providing for the registration of births within a definite interval of time, and which enforce the penalty of the law for violation thereof—either with respect to the failure to file births entirely or to file them within the period of time fixed by law.

Dr. Cressy L. Wilbur, director of the division of vital statistics, state department of health of New York, and expert special agent of the Federal Census Bureau, called on Secretary of State Hildebrandt and me on Monday, January 31, and took up with us the proposition of including Ohio in the permanent registration area. It was pointed out by him that in order to include Ohio in the registration area a more systematic enforcement of the law with regard to the promptness of registration should maintain, not only for the betterment of the service, but in the interest of economy in the conduct of the affairs of the registration bureau.

In a survey of the situation as regards Ohio, the month of November, 1915, was taken as an example. In that month there were a total of 9589 births reported in the state, and of that number 5354 were not reported within the time specified by the law (ten days). The result of this dilatory practice upon the part of the physician or midwife is greatly increased clerical work with a consequent added expense to the state.

After going thoroughly over the matter with the Federal agent, the Secretary of State instructed me to proceed to take the necessary steps to secure a prompt compliance with the law and to enforce it without favor to any one, in order that Ohio may receive the benefits of the law at a minimum expense.

In a letter to his chief, Mr. R. C. Lappin, chief statistician, bureau of census, after his conference with Ohio's officials, Dr. Wilbur assured the Federal department that Ohio is ready to proceed with the enforcement of these penalties, and that it will no doubt be ready for inclusion in the registration area for 1916.

Inasmuch as Secretary of State Hildebrandt has signified his intention of bringing the registration up to the efficiency required by law, and by the Federal census authorities in order to include Ohio in the accredited registration area, steps will be taken immediately to compel a compliance with the statutes on the part of those whose duty

it is to make the required reports, and the registrar will promulgate this determination on his part to prosecute all who fail to make reports and who fail to make them within the specified time.

American Public Health Association Meeting

Cincinnati entertains the American Public Health Association, October 24 to 27. Plans are now being worked out by an executive committee to make this one of the largest public health meetings ever held in America.

The Cincinnati Academy of Medicine has appointed a general committee consisting of Drs. J. H. Landis, W. H. Peters, and E. O. Smith, to have full charge of arrangements, with Dr. Landis as chairman and Dr. Peters as secretary.

The membership committee will endeavor to secure a largely increased membership for the Association in Ohio. Health officers and others interested in public health work in cities of over 3,000 population, should be affiliated with this body, and a campaign has been inaugurated to bring this about. The membership committee consists of Dr. Peters, Prof. Selskar M. Gunn of Boston, Dr. E. F. McCampbell and Mr. G. V. Sheridan, of Columbus. Physicians desiring to affiliate may file application with any member of this committee.

The State Board of Health has announced that it will hold its annual conference with municipal health officers in Cincinnati at the time of the Association meeting.

Appoint Medical Defense Committeemen

In response to the request of the State Committee on Cooperative Medical Defense, 24 of the 87 component societies elected or appointed local defense committeemen prior to February 1. The appointment of such a committeeman to serve as the local agent of the state committee in matters pertaining to defense, is required of each county society. Please make this selection at your next meeting, and report the same to Mr. Sheridan, executive secretary, at Columbus. The following counties have already reported:

Butler, P. M. Sater, Hamilton; Champaign, D. C. Hauser, Urbana; Coshocton, Lister Pomerene, Coshocton; Defiance, Geo. W. Huffman, Defiance; Franklin, J. F. Baldwin, Columbus; Gallia, J. S. Biddle, Gallipolis; Geauga, T. F. Myler, Burton; Hamilton, Albert Freiburg, Cincinnati; Henry, H. F. Rohrs, Napoleon; Highland, Lockhart Nelson, Hillsboro; Holmes, F. D. Carson, Holmesville; Lawrence, T. H. Remy, Ironton; Mahoning, W. H. Buechner, Youngstown; Marion, R. C. M. Lewis, Marion; Montgomery, Lynn M. Jones, Dayton; Paulding, John U. Fauster, Paulding; Preble, D. W. McQueen, Camden; Richland, W. E. Loughridge, Mansfield; Ross, Gilbert Robbins, Chillicothe; Seneca, M. W. Uberroth, Tiffin; Stark, D. S. Gardner, Massillon; Tuscarawas, J. E. Groves, Uhrichsville; Vinton, O. S. Cox, McArthur; Washington, R. B. Hart, Marietta.

U. S. District Attorney Explains Operation of Harrison Law Before the Columbus Academy

Physicians are keenly interested in the operations of the Harrison Anti-narcotic law, which is now being administered by federal officials. This fact was clearly indicated January 24, when more than 150 members of the Columbus Academy of Medicine turned out to hear an address dealing with the operation of the law, by Hon. Stuart R. Bolin, United States District Attorney for Southern Ohio.

Mr. Bolin first answered the two main points of attack on the law's constitutionality: First, that it is an assumption of the police powers which should be reserved to the state; and, secondly, that it is not a tax measure, as held by the Federal Government, but a regulatory statute masquerading under taxation guise. Mr. Bolin answered the first objection by explaining that the law was enacted in order to permit the Federal Government to approve several treaties on drug regulation then pending with foreign governments. He holds that any government may legislate to protect its treaty promises. His answer to the second argument is that although the fee is small, it has already demonstrated large possibilities as a revenue producer. The revenue is largely obtained, it might be explained, by cash compromises which the government is authorized to make in settlement of certain cases. In Central Ohio, for instance, the government has already made several cash compromises with physicians after its agents had secured definite evidence of violation and were ready to proceed with prosecution. One physician paid the government \$700 to escape prosecution, Mr. Bolin said. In all matters affecting revenue laws, the government is authorized to affect such compromises.

Transfers Responsibility.

Mr. Bolin declared that in the enactment of the law the government indicated great confidence in the medical profession, because the measure shifts the responsibility of controlling the narcotic traffic from the irresponsible class of addicts to the physicians. He declared that the inconvenience to which the physicians are placed is merely another form of compensation which the physicians must pay for citizenship.

He declared that the records thus far kept have given the government a view of the extent of the narcotic traffic in the United States which is almost beyond belief. He declared that the legitimate use of opium and its derivatives in this country amounts to about 12,500,000,000 average doses annually, and that in addition, much is used illegitimately through supplies that are smuggled. He cited a recent statement by Collector Williamson of Columbus, who reported to Washington that there are 180,000 drug addicts in the State of Ohio. He stated that his personal experience in enforce-

ing the Harrison Law has led him to approve this estimate.

Mr. Bolin explained that the full effect of the Harrison law has not been felt for two reasons: (1) the government thus far has been unable to entirely shut off the illegitimate sources, including both supplies from dishonest physicians, and from the usual "dope peddlers" who are supplied with smuggled goods, and (2), because many addicts laid in an advance supply of their drug which is just now commencing to give out. He believes that this Spring hospitals will be besieged with addicts whose supply from the previous source is about consumed.

Doctors Chief Offenders.

Mr. Bolin declared that the chief trouble makers for the government at the present time are physicians who continue giving narcotics in wholesale quantities under the guise of treatment. He cited a case of a young man arrested in Chillicothe. He was treated by a Federal physician while in jail under temporary commitment, and released as cured. He came to Columbus, and within three days was picked up on the streets, drunk with narcotics which had been secured from a physician.

"I know that the profession generally does not approve of this procedure," Mr. Bolin said. "I do not care to try Federal cases before this Academy, but I would not want a better jury." He then related a Columbus instance. Following a raid upon a notorious negro "dope joint" some weeks ago, his office in the Federal building was daily crowded with addicts who had depended upon it for their supply. They begged piteously for relief. Suddenly the daily crowd fell off, and later it was discovered that the entire number, about 15, had located a Columbus physician where a supply could be secured. One of these, a newsboy, had paid the physician one dollar a day.

Mr. Bolin said that some rather crude attempts had been made to violate the law. He told of one doctor's office where the records were missing. The doctor explained that his stubs, ledger, and card index box had been stolen. Some time later, the doctor attempted to secure a new supply of federal order blanks through an agent. He explained that his old order form book had been burned in a waste basket. Federal agents on investigation found "the stolen stubs," that had never been made out, and located the "burned orders" in various drug stores. Among other things, these orders called for a total of one pound of cocaine between March 1 and July 1.

* * *

Mr. Bolin explained that until the courts have definitely determined several points at issue, the only safe course for the physician is to use scru-

pulous care in recording every administration of narcotics in any form. He advised physicians to be particularly careful in protecting their records against theft and in protecting their prescriptions against forgery. He told of one case where the inspector found on file in a drug store a prescription for 100 tablets, made to a known addict. On investigations it was proved that the original prescription had called for only ten.

"The government realizes," Mr. Bolin said, "that there are many bona fide robberies of prescription blanks, caused by the insane desire of addicts to get the drug, but the government is investigating certain cases in which doctors claim to have been robbed as often as nine times. We hold that after half a dozen robberies, the doctor might learn to lock up his supply."

He told of one physician who prevents forgeries by keeping a carbon copy of all narcotic prescriptions issued. These are filed with his records.

In the discussion which followed, interesting points were raised. He was asked for instructions as to how to proceed where a solution containing a small narcotic content is used, particularly in eye work, and also in other forms of special practice. Small quantities of the solution are used for each patient, making it almost impossible to keep an accurate record. At the same time, an appreciable quantity of cocain is usually used in the preparation of the entire mixture. Mr. Bolin advised that some record be kept of each administration in order to meet the technical provisions of the law.

He requested that physicians feel free to call upon the District Attorney's office for information desired relative to intricate points. The government earnestly desires the co-operation of the profession and is endeavoring to give the law an intelligent and at the same time, a thorough administration.

Northern Tri-State Medical Association held its 42d semi-annual meeting in Toledo, January 11, in the assembly hall of the Y. M. C. A. Chief interest centered in Dr. Charles Mayo's paper, "The Spleen; Its Association with the Liver and Its Relation to Certain Conditions of the Blood." Other essayists were: C. D. Camp and Reuben Peterson, Ann Arbor; James D. Matthews and Angus McClean, Detroit; B. M. Edlavitch, Fort Wayne, and W. C. Stoner, Cleveland. In the evening the Toledo Academy of Medicine entertained the visitors with a banquet at the Boody House.

Dr. Samuel T. Forsythe, Columbus, who has been associated with Dr. Charles S. Means for two and one-half years, has been elected to a fellowship in the University of Minnesota, consisting of three years of clinical and original research work under the direction of the faculty.

Has Your County Society Paid Up this Year?

The following is a list of the county societies which have remitted to the secretary-treasurer of the state society for 1916 dues. This list was compiled on January 15. Since that time numerous counties have sent in checks. Comparison with previous years shows an exceedingly good record for this early in the year, indicating a healthy and practical interest in medical organization in Ohio.

Counties	1915	1916
Belmont	55	18
Champaign	29	1
Crawford	28	1
Franklin	313	100
Fulton	26	8
Geauga	9	5
Hamilton	474	25
Henry	19	7
Highland	1	1
Huron	13	10
Lorain	50	1
Muskingum	38	1
Ottawa	15	6
Portage	28	1
Preble	12	8
Putnam	32	2
Trumbull	28	9
Tuscarawas	43	1
Warren	34	24
Wood	24	2

Osteopathy and Insurance Companies

That insurance companies and other corporations are coming to realize the real value of osteopathy is indicated in an incident reported recently by a Columbus physician. A Columbus school teacher who was insured against accident by one of the larger casualty companies, injured her foot quite severely. She was under treatment by a local surgeon for some time, but the process was slow and she finally visited an osteopath. He continued treatment for some weeks—the company paying premiums in the meantime. When the term of her policy had expired and she forwarded a check asking renewal (which would have entitled her to continued compensation and which is always granted by this company in these cases unless there are special reasons for not doing so) the company made an investigation. Upon ascertaining that her injury was being treated by an osteopath, they immediately returned her check and cancelled the policy.

Dr. Gaius E. Harmon, instructor in hygiene and preventive medicine in the Medical School, Western Reserve, has been appointed assistant registrar and chief of the Bureau of Vital Statistics to the Cleveland City Division of Health.

Council of the State Society Passes Upon Several Matters of Interest at Its January Meeting in Columbus

Council selects May 17, 18, and 19 for annual meeting at Cleveland, discusses the proposed state health insurance; straightens Muskingum county situation, and takes "middle-of-the-road" position on nurse registration controversy.

The following are the official minutes of the session of the Council of the State Society, held on January 22, as prepared by Dr. Wells Teachnor, of Columbus, the Secretary:

"Council of the Ohio State Medical Association met in regular session at the Chittenden Hotel, Columbus, Ohio, January 22, 1916, with vice-chairman Dr. Robert Carothers in the chair. Members present: Drs. Carothers, Hunter, Weeks, Ford, McClellan, Wright, Rardin and Teachnor. Dr. C. D. Selby, Secretary-Treasurer, Dr. Gibbon, President-Elect, Dr. Tuckerman, Chairman of the Medical Defense Committee, Dr. Upham, Chairman of the Committee on Public Policy and Legislation and Mr. Sheridan, Executive Secretary, were present.

"The minutes of the last meeting were read and approved.

"The secretary read a report of the program from each of the sections which was accepted by the council with the exception of the Section on Hygiene and Sanitary Science. The secretary was instructed by the council to advise the chairman of this section that the titles of the papers submitted are not up to the standard for this section, and to ask him to strengthen the program.

"Dr. Ford, chairman of the committee of arrangements for the annual meeting at Cleveland, Ohio, reported that they would follow as nearly as possible the program at Cincinnati last year, which was considered ideal. There will be two days of real program. The third day, Friday, will be devoted to clinics at the various hospitals and a visit to the municipal farm. The Orations in Medicine and Surgery will be given on the evening of the first day, either before or just after a smoker at the University Club. On the evening of the second day the committee will arrange a dinner for the members of the association which will be followed by a semi-professional talk by some one eminently qualified to entertain.

"On motion of Dr. Ford, seconded by Dr. Hunter, the dates were changed to Wednesday, Thursday and Friday, May 17, 18, and 19. This was necessary on account of hotel arrangements previously made by the committee.

Wet or Dry.

"The question of the advisability of serving drinks at the smoker was discussed by Drs. March, Rardin, McClellan, Hunter, and Ford. Dr. Ford was instructed to convey the sentiment of the council on this point to the committee on entertainment.

"Dr. Selby, secretary-treasurer, called attention of the council to the question of State Health Insurance—a measure which may come before the next state legislature. After some discussion, Dr. Ford moved that the program committee be instructed to secure some one qualified to speak on this subject and have him placed on the program for the annual meeting so that the members of the association may be properly informed on this subject.

"Dr. Tuckerman, chairman of the Medical Defense Committee, read a report adopted by this Committee, and asked for further suggestions and information from the members of the council. After considerable discussion of its various features the report was, on motion of Dr. Hunter, received and the committee instructed to present it to the next House of Delegates for action. Carried.

"Dr. Carothers, chairman of the Committee on Medical Education of the council, reported that the committee had selected Dr. C. E. Briggs, of Cleveland, to prepare a lecture, with illustrations, of the subject on fractures, at a nominal cost to the association, to be presented to each county society when completed—which will be some time in March. The report of the committee was received.

"The secretary presented a petition, signed by a committee from the two societies in Muskingum County to the effect that they had amalgamated under the name of the Muskingum County Academy of Medicine, asking that this society be issued a charter and made the component society of the county. On motion of the secretary, and seconded by Dr. Rardin, the petition was granted and the secretary was instructed to recommend to the next House of Delegates that a charter be issued to the Academy on the surrender of the one now held by the old Muskingum County Medical Society. Carried.

"Dr. Hunter made a verbal application for a charter for Preble County, which was granted on motion of Dr. Rardin.

Revision is Needed.

"After a considerable discussion of the question of membership in the various component societies, several paragraphs of the By-Laws were found to conflict. The chairman of the council, on motion of Dr. Ford, seconded by Dr. Weeks, was instructed to appoint a committee of two to draft suitable amendments to present to the House of Delegates,

to regulate the status of membership in the various county societies. Carried. The chairman appointed Dr. Rardin and the secretary of council for this committee.

"Dr. Weeks presented an appeal from Dr. Starner, of Marion, Ohio, for membership in the Marion County Society, the society having rejected his application on two occasions. After considerable discussion it was moved by Dr. Hunter and seconded by Dr. Ford that the council refuse to receive the appeal on the ground that each component society shall be the sole judge of its membership. Carried.

"Dr. Selby presented a communication from President Lower, suggesting that council pass a resolution, urging special attention to the medical phase in any plan looking to military preparedness, to be presented to the Secretary of War and Military Committee of the National House of Representatives. On motion of Dr. Ford a resolution was passed authorizing the President to draft and forward to the proper authorities at Washington, a resolution embodying the points in the communication. Carried.

"Dr. Ford presented an appeal from the nurses of the state urging the State Association to use its influence in behalf of the higher education of nurses by writing to the medical board and asking them to maintain the standard they have set requiring a daily average of fifteen patients at a hospital before its school for nurses can be recognized. After considerable discussion the following resolution was presented by the secretary, and seconded by Dr. Ford: 'Resolved, that the Council of the Ohio State Medical Association urges upon the State Medical Board a careful investigation of the courses of training of the various hospital training schools, and to take such steps as to insure the proper training and efficient teaching of the pupil nurses so as to uphold the standard of nursing.'

"There being no further business to come before the council at this time it was adjourned by the chairman to meet at the call of the secretary."

Ford Car Owners—Costs doctors nothing, by our plan, to own a Hammond Starter for starting your car from the seat. Don't get out in the mud. Can also make your Ford as easy riding as a Packard or Pierce-Arrow. Irving K. Betz, Hammond, Indiana.

The following took the state civil service examination on January 23, for positions as assistant physician in State Hospitals: Harriet D. Covert, 416 Court Street, Bowling Green; William Tarwin Fenker, State Soldiers' Home; Claude B. Neidhamer, Soldiers' and Sailors' Home; George Cameron Stewart, State Hospital, Cleveland; Bernard R. LeRoy, Athens; and E. D. Harper, M. D., Guysville.

Many Ohio Cities Decrease in Death Rate

An interesting comparison of death rates in the 32 Ohio cities with population ranging from 10,000 to 100,000, is contained in a bulletin issued February 1 by the Federal Census Bureau, covering the 435 cities in the death registration area falling within these limits of size. The table gives the total number of deaths, exclusive of still births in 1914, and the death rate per 1,000 population for the two preceding years, as follows:

Ohio.	1914	1914	1913	1912
Akron	1,086	13.5	14.9	14.7
Alliance	199	11.2	12.7	12.9
Ashtabula	224	10.9	12.4	12.1
Bellaire	178	12.8	15.0	15.0
Cambridge	177	13.8	13.0	13.1
Canton	639	11.1	11.6	12.3
Chillicothe	233	15.4	19.0	14.2
East Liverpool	345	15.8	18.0	15.7
Elyria	200	11.5	12.2	13.0
Findlay	209	15.3	15.6	15.4
Hamilton	402	10.4	16.6	13.2
Ironton	222	16.2	16.7	16.7
Lakewood	258	12.8	10.4	10.0
Lancaster	188	12.7	11.1	10.5
Lima	448	13.2	13.3	10.7
Lorain	335	9.7	12.1	11.8
Mansfield	293	13.3	13.0	13.9
Marietta	216	14.7	13.3	14.5
Marion	276	12.5	14.8	13.7
Massillon	165	11.1	11.9	11.6
Middletown	195	13.2	17.2	15.2
Newark	364	12.9	14.1	13.1
Norwood	176	8.7	10.2	9.6
Piqua	179	12.9	16.2	13.8
Portsmouth	401	14.6	18.1	15.7
Sandusky	288	14.3	14.0	15.5
Springfield (total)	673	13.4	14.1	13.0
White	559	12.5	13.4	12.5
Colored	114	21.6	20.4	16.8
Steubenville	455	17.6	20.8	17.2
Tiffin	207	16.9	16.6	15.0
Warren	176	14.6	17.0	13.6
Youngstown	1,380	13.7	16.3	16.0
Zanesville	471	15.7	15.8	16.0

The very general decrease in 1914 rates should be a matter of congratulation to those responsible for public health protection in these cities.

Anti-Tuberculosis Campaign Gets Results

Popular campaigns against tuberculosis cause an increasing number of persons to apply to physicians for physical examinations, according to the report of Dr. C. O. Probst, medical director of the Columbus Society for the Prevention and Cure of Tuberculosis. Last year only 26 per cent. of the 592 persons examined at the society's dispensary had tuberculosis, while in 1914 40 per cent. were afflicted. Until recently, medical examination was postponed in a large majority of the cases until the second or third stage had been reached. The society cared for 1571 tuberculous patients, its nurses making 10,683 visits. Dr. Probst was re-elected medical director and Dr. E. A. Harper, examining physician.

Governor Appoints Physician to State Board of Administration; Recognizes State Society's Request

Governor Frank B. Willis deserves commendation for his action in appointing a licensed physician to membership on the State Board of Administration, in compliance with the spirit if not the exact letter of the law which created the board during Governor Harmon's term, and placed it in complete charge of the nineteen state institutions which care for Ohio's 22,000 mental and physical defectives.

On January 31, the Governor appointed Dr. Estell H. Rorick, of Fayette, Fulton county, to succeed Dr. A. F. Shepherd, of Dayton, whose term expired on that date. Dr. Rorick will serve for four years, at an annual salary of \$4,000.

The appointment of a physician to this important position is a distinct recognition of the wishes of the Ohio State Medical Association. The retirement of Dr. Shepherd left the board without a physician in its membership. In December it was reported that the Governor had decided to appoint a layman to fill the vacancy on Dr. Shepherd's retirement. Newspapers announced that it was practically settled that Mr. Newton Miller, of Delaware, would secure this berth.

NEEDED MEDICAL KNOWLEDGE.

Realizing the necessity of medical representation in order to adequately protect the unfortunates who are so heavily dependent upon medical treatment, the Legislative Committee of the State Society took up the matter with the Governor through its chairman, Dr. J. H. J. Upham of Columbus. Dr. Upham cited the provisions of the law which says that members shall be selected "so that the board will have, as far as possible, in its membership, the advantages arising from special study, knowledge, or experience regarding the proper care and treatment to be afforded at institutions of the kind governed by it."

Governor Willis was at once impressed with the merit of the contention, and immediately took under consideration the names of several physicians who were recommended from various sources. The newspapers stated erroneously that the State Medical Association had endorsed a candidate for this position. This was absolutely untrue. The Association merely endorsed a request that the appointee be a qualified physician.

In making the selection the Governor selected a man who has had long experience in this field. Dr. Rorick was superintendent of Athens State the State Institution for the Feeble Minded, at the State Institution for the Feeble-minded, at Columbus, from 1905 to 1907. He then returned to Athens, but resigned his position in 1908, and returned to his home in Fayette.

He is 74 years old, and was graduated in 1869 by the Medical Department of the University of Michigan. He has had much experience in the

psychopathic field, both in this country and abroad.

DR. SHEPHERD'S SERVICE

The retirement of Dr. Shepherd marks the close of a long and splendid public service, extending over more than twenty years. For many years he was superintendent of Dayton State Hospital, and from that position was called to membership on the original board which has developed effective control of the state institutions. For two years he has sought to be relieved from these onerous duties in order to devote his time to private practice, and to personal supervision of Orchard Springs Sanatorium, Dayton, which he has owned for some time and which has recently undergone extensive remodeling.

The Journal feels that the State Association has rendered the state a distinct service in insisting that a medical man be appointed to this important position; it also feels that Governor Willis deserves warm commendation for his recognition of this need.

Dr. Means Resigns as Dean at O. S. U.

Dr. Will J. Means, dean of the College of Medicine, Ohio State University, and head of the department of surgery, has tendered his resignation to the board of trustees, and requested that it take effect June 30. President W. O. Thompson has indicated that with the selection of a successor to Dr. Means there will follow a complete reorganization of the faculty of the medical college. A letter has been sent to each faculty member with the information that all appointments are to be construed as terminating June 30. It is generally understood that in the reorganization the size of the faculty will be materially decreased, as it is regarded as unwieldy. Dr. Means, who is 63 years old, gives as the reason for his resignation that his health and age necessitate his relinquishing executive duties in connection with the college, particularly in view of the necessity of complete reorganization. The board of trustees, which will select a successor, met February 8.

LATER.

While this issue of *The Journal* was in press the trustees met at Columbus and voted unanimously to tender the deanship to Dr. Eugene Franklin McCampbell, of Columbus, now secretary and executive officer of the State Board of Health. Dr. McCampbell has been connected with the University since 1906, and is now head of the Department of Public Health and Sanitation, and Professor of Preventive Medicine. Dr. McCampbell at this date has the offer under advisement.

Scope of Ohio Public Health Federation Will be Materially Broadened for 1917 Legislative Campaign

Plans for the material extension of the Ohio Public Health Federation, in which the Ohio State Medical Association is the largest component, are being worked out by committees appointed by the executive council. It is intended to materially extend the scope of the Federation—which was so effective in prompting public health and medical practice legislation before the last General Assembly—and to provide for its permanent maintenance.

Last year, it will be remembered, its affairs were administered entirely by an executive council composed of one representative from each of the seven associations affiliated, and a representative from the State Health Department, the State Medical Board, and the Ohio Commission for the Blind. The executive council worked through a group of representatives in each county, one of which was appointed by each of the affiliated bodies. The plan, which was based upon the principle of supplying legislators with information through their home friends, was signally successful, and is being adopted by many similar organizations throughout the United States.

At a preliminary meeting in the office of *The Journal*, late in December, and at subsequent meetings, the executive council has worked upon a plan to stabilize the organization and to make an annual public health rally at Columbus one of its permanent features. At present, it is planned to hold this rally during the early days of the legislative session—the first in January, 1917. Speakers of national prominence in public health work will be brought to Columbus for a series of public meetings covering two or three days. Affiliated organizations, or representatives from affiliated organizations, will be asked to hold their annual conferences in Columbus at this time so that in one week all of the agencies which are interested in public health work in Ohio will be brought together at a time when the Legislature is in session and when the propaganda will be most effective.

Public Health Rally.

For instance, during this week, the State Board of Health will call a conference of its public health officers to discuss general problems of public administration. The Ohio Commission for the Blind has indicated a desire to call a state conference of those especially interested in this

work. The directors of the Ohio Society for the Prevention of Tuberculosis have announced their intention of holding the society's annual meeting for 1917 during the Public Health Week. The legislative committee of our State Society will reserve a portion of the time for a state conference of all auxiliary legislative committeemen. The State Dental and other state medical associations will probably do the same.

In this manner, there will be centered in Columbus a large group of men and women sincerely interested in public health, and in the betterment of public health conditions. The educational value of such a rally will be very considerable.

A committee has been appointed to work out the details of the proposed Public Health Week, consisting of R. G. Paterson, chief of the division of tuberculosis of the State Board of Health, chairman; Charles F. F. Campbell, executive secretary of the Ohio Commission for the Blind; and G. V. Sheridan, executive secretary of the Ohio State Medical Association.

Mr. Sheridan and Mr. Paterson were appointed on a committee to prepare a permanent constitution for the Federation.

The auditing committee consists of Dr. E. F. McCampbell, chairman, Charles F. F. Campbell and Prof. Edward Spease, of the Ohio State University.

Protest on Osteopaths.

The Ohio Osteopathic Society has formerly applied for membership in the Federation through J. H. B. Scott, of Columbus. Opposition to the admittance of this organization was filed by Mr. Sheridan, on the grounds that the state osteopathic association is essentially opposed to many features of public health protection which are regarded as essential by the other bodies. Dr. H. C. Brown, acting chairman of the council, appointed a committee to consider the osteopathic application, and to give a hearing to both sides; also, to consider the application of the Ohio Hospital Association and the Ohio State Association of Graduate Nurses. Dr. J. H. J. Upham, the representative of the State Society in the council, was made chairman, with Prof. Spease and Dr. W. B. Carpenter, representative of the Homeopathic Medical Society of Ohio.

The success of the new movement seems assured, as the affiliated organizations without exception have gone on record as favoring the contention of the Federation. The organization has a balance of \$233.68 in the treasury, and this will eliminate the necessity of a special assessment this year.

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 * PUBLIC HEALTH NOTES *
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Dr. C. H. Hamilton was re-elected health officer of Lancaster.

Dr. W. E. Edminston was elected president of the Columbus Board of Health.

Dr. C. H. Higgins, Zanesville, has been appointed to membership on the city board of health.

Dr. C. C. McLean has been re-elected secretary of the Montgomery County Anti-Tuberculosis League.

Massillon Social Service League is planning to employ an instructive nurse to work in connection with the city schools.

Elyria board of health has increased the annual part-time salary of Dr. George E. French, health officer, from \$600 to \$1,000.

Warren city council has authorized the Board of Health to spend \$500 in establishing municipal bacteriological and pathological laboratories.

Toledo Commerce Club has inaugurated a mosquito survey to determine the cause and best method of eliminating the mosquito from the city.

Youngstown Visiting Nurse Association in 1915 cared for 2,258 patients, making 24,660 visits. The patients represented 32 different nationalities.

Youngstown Chamber of Commerce has appointed a public health committee, with Dr. Sidney McCurdy as chairman and Drs. H. E. Evans and H. E. Patrick as members.

Alleging that the annual pay (\$1650 a year) is too small for the character of service demanded, Dr. Charles A. Hofling, Cincinnati, has resigned as district physician under the Board of Health.

In his annual report as health officer of Lorain, Dr. Valloyd Adair advocates the establishment of a municipal bacteriological laboratory and provision for hospital treatment in cases of communicable diseases.

Dr. H. L. Sanford has been asked by the Federated Churches of Cleveland to prepare an ar-

ticle upon a subject in the field of eugenics for distribution by its members, as a part of a general campaign of education which the federation is conducting.

Twelve instructive nurses employed by the Dayton Anti-Tuberculosis Society in 1915 made 1248 nursing and 2414 instructive calls. A total of 164 persons were treated and 76 clinics held. Of the 1628 patients under care, 68 were sent to hospitals or sanatoria for treatment.

Columbus is planning a Baby Week campaign, April 8 to 15, under the general direction of the Federation of Women's Clubs. The Academy of Medicine and Women's Medical Society will take an active part, Dr. A. G. Helmick representing the former.

Accidents reported to the Ohio Industrial Commission show that one out of every ten lacerations, punctures, bruises, etc., becomes infected. Infection from burns and scalds were one in twenty. One infection resulted out of 24 injuries to the eye from foreign substances.

"In order to properly care for epileptics who apply for admission to the State Hospital at Gallipolis, it will be necessary to erect a new building every year for the next six years," Dr. G. G. Kineon, superintendent, told probate judges of the state at their annual meeting in Columbus on January 11.

United States District Attorney Bolin, Columbus, has brought suit against the H. G. O. Carey Medicine Company, Zanesville, manufacturers of a liniment, alleging violation of the pure food and drug law, asserting that the preparation contains an illegal amount of alcohol, and that it makes illegal claims regarding healing properties.

Over 70,000 accidents of sufficient severity to cause medical attention occurred in Ohio during 1915, according to an estimate prepared by the Industrial Commission of Ohio. Applications for relief under the workmen's compensation law were filed in this large number of cases. The prevention of this heavy annual rate was the chief theme discussed at the second annual Industrial Safety Exposition of Ohio, held under the direction of the Commission in Cleveland, January 22 to 29. Among the medical men who participated in the program were: Dr. E. R. Hayhurst, state department of health, "Industrial Sanitation and Hygiene;" Dr. D. C. Selby, Toledo, "The Value of a Municipal Safety Bureau;" Dr. Sidney M. McCurdy, Youngstown, "The Prevention of Infections."

October and November numbers of The Cleveland Medical Journal were devoted almost exclusively to papers dealing with the city's method of handling its public welfare problems. Inasmuch as Cleveland is one of the most advanced cities in the country in this field, the papers are exceedingly interesting.

The October number was devoted to those agencies engaged in the public care and treatment of the sick. Dr. R. H. Bishop, jr., chief of the bureau of tuberculosis, describes the fight against tuberculosis which was started in 1904, and which has placed Cleveland in the lead in municipal handling of this problem. Mr. Howell Wright describes the social service work as carried on at Cleveland City Hospital. C. W. Wyckoff details the work of the bureau of child hygiene under the city health department, since its inauguration in 1910. A. R. Warner, superintendent at Lakeside, describing the possibilities of future development in the service rendered by a hospital to the community. H. H. Drysdale, discusses the problems of the feeble minded, insane, and epileptic. In addition, there are articles by Weston A. Price, D.D.S., describing the new preventive movement and research work launched in Cleveland by the National Dental Association; by Harriett N. Lee, R.N., who describes the city's work in preventing blindness; by Arvilla Patton, R.N., superintendent of Rainbow Hospital for Crippled Children; and by Mr. Elwood Street, assistant secretary of the Cleveland Federation for Charity, who discusses money-raising campaigns for public purposes.

In the November number, H. J. Gerstenberger discusses the general field of public health nursing and suggests changes in the Cleveland plan. E. A. Peterson, director of medical inspection under the board of education, tells of the work which now requires 16 physicians, one oculist, and 27 nurses to supervise the health of Cleveland's school population. Frances V. Ball, secretary of the Consumers' League, tells how Cleveland's food supply is protected. Arnold F. Furrer briefly outlines the work of the Cleveland Milk Commission. Walter A. Haldy describes welfare work carried on in several local factories. J. F. Woolsey, Ph.C., explains how the quality of medicine is safeguarded through the care used in pharmacopoeia.

Dr. Charles M. Harpster, Toledo, discussed the relation of the surgeon to the industrial plant, and the general subject of first aid, before the Safety Congress held in Cleveland recently by the Ohio State Industrial Commission. An organization of the surgeons of the Henry L. Doherty Company, of which Dr. Harpster is chief surgeon, was perfected.

Dr. J. M. Withrow has been re-elected president of the Cincinnati board of education.

 * NEWS OF INTEREST *
 * FROM OHIO HOSPITALS *

Martins Ferry City Hospital has installed modern X-ray equipment.

Individuals and societies will furnish 24 of the rooms in New Bethesda Hospital, Zanesville, when it is finished.

Contractors are working on the new hospital at Amherst, Ohio, and hope to have it ready for occupancy about May 1.

Van Wert County Hospital cared for 178 patients in 1915, with a cash balance of \$654.00, according to the annual report.

Through the generosity of Mr. H. W. Mullens, Salem Hospital has added equipment valued at \$3500 to its X-Ray and laboratory departments.

Frank L. Packard, Columbus architect, has been selected to supervise the erection of the district tuberculosis hospital to be located at Chilli-cothe.

The surgical department of Flower Hospital, Toledo, has been entirely remodeled. A general operating room and a room for throat work has been added.

Dr. T. R. K. Gruber, for three years assistant superintendent Cleveland City Hospital, has resigned and accepted a similar position with Harper Hospital, Detroit.

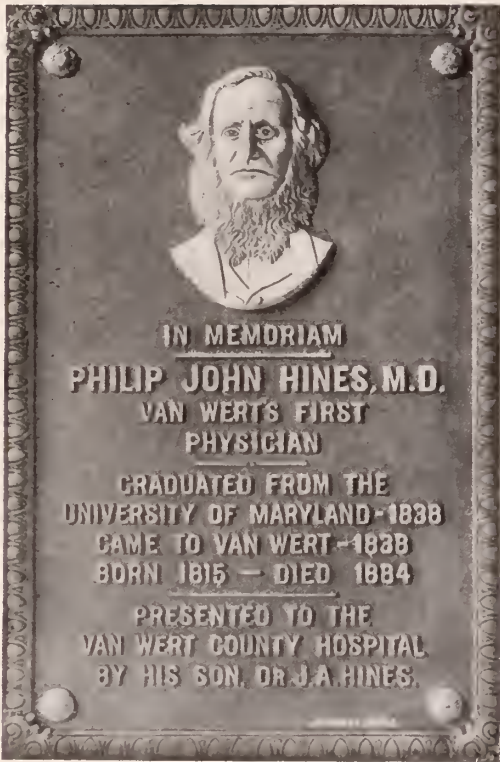
Bishop Farrelly has announced that the surgical staff of the new St. John's Hospital, Cleveland, will not be announced until the institution is opened in February.

Good Samaritan Hospital, Zanesville, admitted 1214 patients during 1915, 905 of whom were pay patients. There were 782 surgical, 404 medical, and 74 accident cases.

Lima Hospital during 1915 admitted 1796 patients, 401 of whom were charity cases. It cost the hospital \$3,000 more to care for its charity patients than it received from the city.

In Ironton, Dr. W. F. Marting is enlarging his hospital (Keller Hospital) to thirty-bed capacity, and Dr. Dan Gray is converting the Roosevelt Flats into a modern hospital building.

Memorial Hospital, Piqua, had an unusually successful year, showing a material gain over 1914. Patients treated: 1914, 342; 1915, 540; operations: 1914, 150; 1915, 340; days of treatment: 1914, 4629; 1915, 7037.



Over-crowded condition in Cleveland State Hospital has been partially relieved by the removal of 55 patients to the new Lima State Hospital for the Criminal Insane. The latter institution now has 615 patients, with a total capacity of 1200.

Toledo is now sending its charity hospitals to Lucas County Hospital, where they are being cared for at \$1.00 per day. The three Toledo hospitals which have cared for these patients in the past, asked for a minimum charge of \$1.50 per day.

Oberlin University receives \$100,000 from the estate of the late Dr. Dudley P. Allen, Cleveland, for the establishment of the Allen Memorial Hospital, for the joint use of the college and the town. Fifty thousand dollars will be reserved as an endowment fund.

Early in February a ten-day campaign to raise \$200,000 to liquidate the indebtedness of Youngstown Hospital was inaugurated. This is the first time the general public has been asked to subscribe to this enterprise since the hospital was established 31 years ago.

A whirlwind campaign to raise \$300,000 for the Children's Hospital, Columbus, will be launched shortly. The money will be used for a building to replace the present structure, erected 22 years ago, and to provide a maintenance fund. The Hospital has been overcrowded for some time.

Dr. J. A. Hines, Van Wert, has presented a bronze tablet to the new Van Wert County Hospital, in memory of his father, Philip John Hines, M.D., who located in Van Wert in 1838, and was the county's first physician. Dr. J. A. Hines mother was the first school teacher in Van Wert county, and his grandfather organized the first Sunday school there.

A plan has been launched in Toledo to secure a city hospital. In the past, Toledo has contributed to three private hospitals for the care of its indigent sick. A delegation of physicians which appeared before the city council in January, stated that 250 members of the profession would support a municipal hospital if erected.

Coshocton is considering the enlargement of its 21-bed hospital, to meet increased demands and to make it possible for it to qualify under the nurse-training regulations imposed by the nurses' committee of the Ohio State Medical Board. Dr. F. M. Marshall acted as spokesman of a recent councilmanic delegation which presented the matter.

People's Hospital, Akron, closed its first ten months with a cash balance of \$1300, thereby proving that a hospital may be operated on a self-supporting basis. During that term, 1335 surgical, 256 medical, and 222 obstetrical cases were admitted. Dr. W. S. Chase was re-elected president and chief of staff; Dr. George M. Logan, secretary; Dr. C. T. Hill, treasurer, and Dr. H. H. Jacobs, member of the executive board.

Columbus State Hospital for Feeble Minded is now, in point of population, the largest hospital-institution in the state, and with two exceptions the largest of its kind in the world. It had 1981 patients on February 1. Heavy pressure from probate judges is causing Dr. Emerick to receive the more acute cases offered. The emergency board has granted enough money to open a new cottage, but this will not nearly relieve the situation.

After a splendid service of two and one-half years as superintendent of Cleveland City Hospital, Mr. Howell Wright retired on January 20. He was succeeded by Dr. Charles H. McFarland, 8444 Broadway Avenue, the selection of Mayor Davis. Mr. Wright, during his service as superintendent, inaugurated and carried forward many reforms in hospital management which attracted nation-wide attention. He has under consideration offers of similar positions in other large hospitals, but will probably serve as director of the City Hospital Survey which has been inaugurated by The Cleveland Foundation.

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A special committee from the state board of health has under consideration a modification of a stringent regulation requiring the sterilization of glasses and spoons used in the dispensing of soda fountain concoctions. A state-wide protest has prompted the board to consider a lowering of these requirements, although the regulations as adopted in October, and which became effective January 1, are still in full force.

Persons connected with the glass industry objected strenuously to the provision which requires that all dishes and utensils, after each individual service, shall be washed by rinsing in cold water and later exposed in live steam or boiling water for a period of from three to five

minutes, to be followed by a second rinsing in clean cold water, and wiped dry with a clean towel. Representatives of the glass industry, at the meeting on January 20, asserted that this sterilization technique would cause a prohibitive breakage of glass, and that it would seriously cripple the glass industry by causing the general use of paper containers.

Action on the part of the soda fountain proprietors in general, raising the cost of soft drinks from 5 to 10 cents throughout the state, brought protests from many quarters.

Difference of Opinion.

Belief that the regulations were too stringent, and in a measure unnecessary, was expressed by several medical men. Mr. Malcolm Jennings, secretary of the Ohio Manufacturers Association and spokesman for the glass industry, presented a resolution adopted by the Seneca County Medical Society in which it was suggested that the requirements were too severe, and that it might be questionable if good would be accomplished by forcing the use of paper containers, in view of the fact that the sanitary qualities of these utensils have not been definitely determined. Mr. Jennings and other speakers pointed out that the order in a measure discriminated against soft drink users, and questioned the value of applying it to this class of trade when it is not extended to cover saloons and public eating houses. Mr. Jennings said that an extensive inquiry among physicians had established the fact that persons afflicted with venereal diseases seldom resort to non-alcoholic drinks, and that the danger from this infection at soda fountains is thereby minimized.

Representatives of both capital and labor in the glass industry were at the hearing. Mr. Berry, of Pittsburg, president of the National Glassware Manufacturers Association, said that eight or nine large plants in this state would be seriously affected. Mr. Rowe, of Toledo, international president of the Amalgamated Flint Workers' Union, feared that if Ohio adopted such a regulation it might soon become national in its scope and would thereby throw out of employment a large number of glass workers.

These three speakers approved a general plan of sterilization, but requested that it be modified to eliminate the submersion of glassware in boiling water for five minutes immediately following a cold rinse. They held that no commercial glassware could stand this strain.

Small Drug Stores Hurt.

Prof. Edward Spease, of Ohio State University, representing the Columbus Retail Druggists' Association, held that the installation of the necessary sterilization equipment discriminates against the small drug stores, because it would be impos-

sible for them to raise the price of their product. Large stores, he pointed out, can meet the added cost by increasing the sale price of "sodas" to ten cents.

Mr. Stewart, a pure food inspector representing the State Agricultural Department, gave the only argument in favor of the retention of the regulations in their present form. He reported that he recently inspected sixty soda fountains in Dayton, and that in 30 of these sterilizing equipment has already been installed, while 20 were using paper containers. He said that the only opposition he found came from places of the lowest grade, usually operated by foreigners, where sterilization was most necessary.

Dr. J. Morton Howell, of Dayton, member of the board who drafted the regulations, drew a parallel between the present opposition and that which materialized a few years ago when a general order was promulgated requiring sterilization of all milk bottles. He argued that the sterilization of soda water fountain containers is of equal importance.

Following the general hearing, which occupied most of the evening, the board went into executive session and later announced that a committee had been appointed to consider the protest and recommend means to accomplish the intention of the order, and at the same time meet the objections voiced. The committee consists of Drs. Oscar Hasencamp, Toledo, H. T. Sutton, Zanesville, and W. W. Ryall, of Youngstown.

Even though the order be modified, it has already been the means of accomplishing considerable good. Many drug stores and soft drink dispensaries have already installed modern sterilizing equipment, and will continue its use regardless of future action. At the same time, the board has indicated clearly that it will not completely withdraw the order, but will insist upon some technique that will more nearly protect the public from infection than is supplied by the system now in operation.

State Exhibit.—Since the first of the year, the traveling public health exhibit has been shown in the following towns: Jefferson, under the local auspices of American Boy's Council; Ashtabula, under the direction of the Medical Society; Char-don, by the D. A. R.; Elyria, Educational Committee of the Chamber of Commerce; Norwalk, under auspices of the City Board of Health; Bellevue, by the Parent Teachers' Association. On February 15 the exhibit opened in Tiffin, where it is being shown under the guidance of the Civic Improvement Association.

New Philadelphia citizens who invested in the stock of a sanitarium company which located there recently and which consisted chiefly of elaborate promises, are wondering as to the whereabouts of the promoter; also of the money advanced.

O. S. U. Physical Exams Locate Many Defects

An interesting report, detailing the 1915 work of the physical education department at Ohio State University has been issued by Dr. H. Shindle Wingert. He brings out many interesting facts relative to the physical condition of the 2200 male students who come under the physical supervision of the department.

During the year, 1309 of these were given physical examinations—students ranging in age from 16 to 47 years, and averaging 19. Of these, the usual percentage of functional and organic heart trouble (14 per cent) was found, while 16 per cent showed weakness of lungs. Glasses were worn by 21.1 per cent, while it was found that 20 per cent more needed same and the necessary directions were given. Catarrh of nose and throat was found in 36 per cent, while 30.4 per cent needed dental attention.

Following these examinations the students were assigned to graded physical culture classes, designed to meet their various needs. This work was divided into five groups ranging from those who were entirely robust and who were permitted to enter any game or sport, to those showing serious organic heart trouble or deformities, and who were excused from all physical culture classes. For the intermediate grades, special corrective exercises and body-building work was prescribed to meet the individual needs. At the end of the year 95 per cent of the enrolled students testified in writing that they had been improved physically by the work.

Five years ago, through this department, a student health service was established, through which advice and medicine are furnished free to students while on the campus during class hours, in those cases where the treatment is obviously protective or of an emergency nature. In all other cases, students are referred to physicians. One feature of this work is the issuance of frequent bulletins, designed to give practical instruction in the protection of the eyes, regulation of the diet, proper breathing, etc. This service has grown materially each year.

The development of this work is typical of the increased attention being paid by universities and colleges to the physical condition of students. It is generally conceded that it is having a favorable effect upon class work in general.

The standardized presentation of the subject of fractures, now being prepared by the State Society's Committee on Medical Education under the immediate direction of Dr. Charles E. Briggs of Cleveland, will be ready for public presentation some time in March, if present plans work out. Already a number of requests have been received from county societies desiring an early presentation of the subject.

 ** STATE MEDICAL BOARD **

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 Office, State House, Columbus.

Examiner in Preliminary Education,
 K. D. SWARTZEL, M. Sc., Columbus.

Two major propositions continue to engage almost the complete attention of the state medical board—the registration of nurses and the licensing of “limited practitioners” under the Platt-Ellis law.

At this writing, early in February, the board was about ready to proceed with the issuance of registration certificates to the nurses who applied under the exemption clause of the new law. There were 3844 of these, and the checking of credentials is a long and tedious process.

The matter has been handled from the standpoint of the schools from which the nurse applicants were graduated. The application of those who were graduates from schools which were known to conduct a thorough course in nurse training, at the time the applicant was graduated, were first passed upon favorably. The delay has been, and will be, caused by the fact that it has been necessary for the board to investigate the courses conducted in the past by several training schools whose graduates have applied.

As stated previously, considerable liberality has been exercised by the board in passing upon the credentials of nurses who applied for exemption certificates.

Hospitals which propose to conduct nurse training schools in the future, and which want formal recognition from the board so that their future graduates may be licensed, are now filing applications for this recognition with the board. Applications have been received to date from about 30 such hospitals, both large and small, and new applications are coming in daily. The applicants are required to give in writing complete data regarding their courses and facilities.

None of these applications will be passed upon for some time, as the board hopes to first dispose of the large volume of work made necessary in the granting of exemption certificates.

Some bitterness has developed in the state regarding the requirement of the board that to secure recognition for its graduates in the future the hospital training school must maintain a daily average of 15 patients. As reported in the January Journal, a number of executives of small hospitals have objected to this. Since their protest was filed the board has received an equal or greater number of communications from physicians and others interested in hospitals urging the board to maintain that minimum.

There is no necessity for haste in finally settling the point, as the final work of surveying hospitals seeking recognition will not be completed for several months. In the meantime the board will make an investigation in other states, where similar objection was raised when nurse registration was first tried, to ascertain how these states handled this difficult problem.

Licenses to chiropractors and others, under the Platt-Ellis law, are being ground out daily. In another column we are printing a partial list of those who have been licensed to date, and next month will print supplemental lists.

Several licenses have been held up for additional investigation. It is probable that a great majority of those who applied under the exemption clauses of this law will be licensed, however, so that their practices may be regulated in the future by the board.

In all 713 persons applied for licenses to practice one or more of the “limited branches” mentioned in the law, exclusive of those who sought optometry certificates. All but 235 of these claimed to have practiced in Ohio for more than five years and under the exemption clause were licensed without any examination whatever, or any other evidence that they were fitted by education or training to treat the sick. The 235 who were examined were quizzed only in the subjects pertaining to the alleged branch which they seek to practice, and were examined by representatives of their respective cults.

Of the 821 applicants, 159 sought to practice chiropody and 174 sought licenses to follow the various forms of massage. Applicants for these branches, almost without exception, are honest in their practices and fairly well qualified for the work.

The same cannot be said of the 400 or more who sought to practice chiropractic, mental healing, and similar branches. Of these latter, 249 sought certificates to practice chiropractic, which seems to be the most popular branch so far as the practitioners are concerned.

Physicians who have been or are convicted of violating the federal anti-narcotic laws must appear before the board to show cause why their licenses to practice medicine in Ohio should not be revoked. The board has directed Dr. Matson to secure information regarding all such convictions from the federal officers, and to cite the

convicted physicians to appear. It is probable that some of these cases will be heard at the next regular meeting on April 4.

The status of optometrists in Ohio is still undetermined.—The Common Pleas Court of Franklin county announced late in January that the pending case would be heard in chambers. It is possible that this decision will determine the future of the state's policy in regulating these practitioners.

The case pending in the courts is a consideration of an injunction secured by the state association of optometrists to restrain the State Medical Board from applying the provisions of the Platt-Ellis law to optometrists. If the court holds that optometry may be licensed in one of the groups of "limited practitioners" under the law, the State Medical Board will immediately proceed to license the large number which have applied to date. If the court holds that optometry is not included in the provisions of the Platt-Ellis law, it will mean a transfer of the fight to the Legislature. Optometrists have already announced that if they are successful in their legal battle, they will have a bill introduced again providing for a separate board to license and regulate their practitioners.

At the present time, the case is largely dependent upon the Attorney General's office. As the legal representative of the State Medical Board, the Attorney General is acting as counsel in resisting the attempt of the optometrists to escape registration by the Medical Board. Mr. Turner has given the matter careful consideration, and has assigned the defense to Judge Dickey, of Gallipolis, one of his able assistants. Realizing that an important principle affecting the public health is at stake, Judge Dickey has given the matter very careful consideration and it is firmly believed that the court will rule in favor of the Medical Board.

Medical Meeting in Chicago

Dr. Morton Howell, Dayton, was appointed by Governor Willis to represent Ohio at the conference on medical education, public health, and medical licensure, held in Chicago, February 7 and 8, under the auspices of the American Medical Association. Dr. J. H. J. Upham, Columbus, National Legislative Committeeman for Ohio, represented our State Association. Dr. George H. Matson presented a paper before the Federation of State Medical Boards, which met in connection with the conference, outlining the Ohio plan for regulation of drugless practitioners. Dr. W. J. Means, Columbus, representing the Association of American Medical Colleges, addressed the conference on Health and Public Instruction of the American Medical Association.

APPLICANTS TO PRACTICE UNDER PLATT-ELLIS LAW

In the following list appears those who have been licensed under the exemption clauses of the Platt-Ellis law. Many additional licenses are to be issued within the next few weeks. To conserve space, the "limited branch of medicine or surgery" which the applicant is licensed to practice by the State Board of Medical Registration is given by number, and may be translated by reference to the following table:

- (1) Chiropractic.
- (2) Spondylotherapy.
- (3) Electro-therapy.
- (4) Hydro-therapy.
- (5) Mechano-therapy.
- (6) Neuropathy.
- (7) Suggestive-Therapy.
- (8) Psycho-therapy.
- (9) Magnetic Healing.
- (10) Massage.
- (11) Swedish Movement.
- (12) Chiropody.

The list follows:

Akron—Bean, Clarence, 932½ Market Street (1); Bratchi, Carl S., Main St., (1); Brown, O. L., Flatiron Bldg., (12); Chamberlin, Ina, 202 Smith St., (12); Grimm, Ella May, 483 Buchtel Ave., (12); Goldberg, Bernard M., 628 Nat'l Bank Bldg., (12); Hagstrom, John R., 109 Dodge Ave., (1); Hagstrom, Jules A., 109 Dodge St., (10); Hoover, Harry E., (5); Lorimer, Thos. S., 406 W. Exchange St., (11, 10, 5, 3, 4); Schupp, Emil, 162 E. Center St., (4); Wilson, H. Le Roy, 501 Fairfield Ave., (5).
Alliance—Ellis, Egbert, No. 18 Seneca St., (1); Kaufman, Sylvia M., 27 Arch St., (3, 10); Stahler, Ralph G., (10, 4, 11).
Amelia—Eppley, Adam, (12).
Andover—Anderson, D. C., (1).
Ashland—Flory, Chas. M., 311 Vesper St., (12); France, W. N., Main and Church Sts., (1, 4, 5).
Ashtabula—Bigler, Sidney A., (5); Meier, Henry Wm., Booth St., (1).
Austinburg—Saxby, George O., (1).
Bellefontaine—Maison, George F., (12).
Bowling Green—Norris, Chas. E., (1); Williams, Chester E., (5, 4, 10).
Bremen—Coney, Grace L., (7).
Byesville—Finley, Edward P., (1, 3, 5).
Cambridge—Long, Albert E., (5); Monce, Ernest A., (1); Sheering, Elizabeth, (1).
Canton—Allison, G. C., (1); Hartsough, Leroy, 327 McKinley Ave., (1); Linderfer, Mary E., 813 Sixth St., (10, 5); Livers, Louis S., 813 Sixth St., (11, 12, 10, 5, 4, 3); Mackin, Mary C., Cleveland Ave., N. W., (1, 4, 3, 10, 11); Mackin, Ralph, Cleveland Ave., (1, 4, 3, 10, 11); Trott, Elza D., 422 Greenfield Ave., (7, 5, 1, 3); Whittaker, Fred, 616 McKinley Ave., (3).
Carey—Myers, Joseph E., (1, 10).
Chagrin Falls—Branard, Lena, (12).
Chandlersville—Dutro, Roy, (9).
Chicago Junction—Engelhart, George, (7, 9).
Chillicothe—Doll, Mary Bates, (12); Guter, D. W., R. R. No. 3, (5); Medley, Minnie P., (12); McKeller, Peter, (3).
Crooksville—Springer, A. L., (1).
Cincinnati—Abrams, Harry, 608 Andrews Bldg., (12); Armstrong, Ella S., care Kinsey & Paris, Mt. Auburn, (10); Banks, John J., 1122 W. Fourth St., (12); Boone, Mayne A., No. 35 Arcade, (12); Boring, Mary E., 599 Rockdale Ave., (5); Buser, Frederick, Station M., R. F. D. No. 10, (4); Butler, Pearl Lillian, 627 Barr St., (12); Cooper, Anne E., 502 Mercantile Library Bldg., (12); Curliiss, 510 Vine St., (1); Curnayn, Lillian H., 2341 Kemper St., (1, 4, 5); Davis, John M., 504 Neave Bldg., (12); Davis, Belle Chase, No. 4 W. 7th St., (10); Duckworth, Jas. A., 831 Union Trust Bldg., (1); Duff, Mary Jane, 13th and Bremen Sts., (10); Huffman, John W., 629 W. 9th St., (12); Laird, Jno. S., No. 5 Garfield Place, (5, 3, 4, 10, 11); Maurer, Elizabeth, 3124 Fredonia Ave., Station D., (11, 10); Maescher, Ella, No. 4 W. 7th St., (11, 10); Meeker, George D., No. 9 W. 7th St., (1); Monroe, Sara S., 725 Barr St., (12); McDougall, Donald D., 121 Shillito Place, (3, 4, 5, 10, 11); Norwood, James N., 111 Eighth St., (12); O'Banion, Eldoney

C., 43 Emery Arcade, (12); O'Banion, Thomas, 43 Emery Arcade, (12); Phillips, Elizabeth, 1052 Mound St., (12); Rabenstein, Wm. M., 512 Race St., (12); Rice, Eula, 1723 Bremen Ave., (12, 10); Richardson, Emma, 935 Baymiller St., (12); Schmid, John C., 109 Shillito Place, (10, 11); Soderstrom, Olga, 1012 E. McMillen St., (10, 12); Taylor, Louise W., 635 W. 6th St., (12); Thee, Wm., 3127 Gloss Ave., (1); Thorman, Arthur J., (12); Tischler, Helen W., 435 Race St., (10, 11); Washington, Alice M., 3450 Reading Rd., (12); Williams, Nellie E., 43 Emery Arcade, (12); Wolfram, Wilhelm H., Cor. 8th and Elm Sts., (1, 4, 3, 5); Wolfram, Marion L., 8th and Elm Sts., (1, 5).

Cleveland—Albu, Dumitru, 418 Caxton Bldg., (4, 5); Anen, Mary V., 1383 E. 89th St., (10); Archer, Isaac E., The Ellington, (3); Armstrong, Chas. D., 4505 Clinton St., (1); Ault, Margaret H., 942 E. 130th St., (4, 3, 10, 11); Barker, Fred Murray, 2830 Prospect Ave., (3); Beach, Nancy A., 2983 Mayfield Rd., (12); Bechtol, Flavia M., P. O. Box 12, Station B., Bender, W. F., 10308 Euclid Ave., (1); Bliss, Edna May, 1536 E. 86th St., (1, 2, 3); Bolger, Edward A., 3102 Perkins Ave., (5, 4); Bourne, Hattie E., 3493 Scranton Rd., (5); Bracher, John, 14820 Detroit Ave., (1, 2); Brand, Elizabeth F., 405 Hippodrome Bldg., (1, 2); Brice, Anna C., 168 Lennox Bldg., (12); Bronnell, Jas. W., 10217 Olivet Ave., (1); Brown, John Jas., 5230 Superior Ave., (10); Butler, George F., 323 Euclid Ave., (10, 11); Chalus, Frank J., 4825 Fleet St., (1, 3, 5); Church, George Wm., 1380 E. 110th St., (1, 3); Conrad, Anna J., 92½ Carlyon Rd., (10, 11); Cook, Anna L., Osborn Bldg., (12); Cook, Harriet L., 1364 East 81st St., (12); Cordon, Anna J., 9337 Hough Ave., (3, 4, 10, 11); Course, Harry, 1482 E. 66th St., (1, 5); Dedinsky, Louis, 4201 Mapledale Ave., (1); DeForest, Florence S., 1548 E. 82nd St., (12); Dennis, Herbert C., 9710 Laird Ave., (1, 2); Ditttrick, Frank W., 9827 Lorain Ave., (1); Ducey, Frank J., 6215 Hough Ave., (1, 2); Earle, Robert Lee, 2283 E. 105th St., (12); Edelberg, 10740 Superior St., (10); English, Margaret L., Leader News Bldg., (12); Flower, Andrew G., 3622 Lorain Ave., (1, 2); Fulton, Hannah R., 323 Euclid Ave., (12); Galavan, James E., 318 Euclid Ave., (12); Goldberg, A. M., 647 Euclid Ave., (12); Gunsolly, Jessie A., 2084 E. 46th St., (10); Hahn, Claus, 8814 Wade Park Ave., (10, 11); Harmolin, Max S., 30 Taylor Arcade, (12); Haseman, Wm. J., 2215 E. 71st St., (12, 10, 3, 4); Hood, J. S., 733 E. 105th St., (15, 3); Hood, Lizzie M., 733 E. 105th St., (1, 3, 5); Johnston, Theo. C., 9601 Edmonds Ave., (12, 3); Jones, Anna U., 6412 Belvedere Ave., (10); Keymer, Sigrid, 3808 Clinton Ave., (10, 11); Klotzbach, Oscar, 746 Euclid Ave., (12); Knowles, Cordelia B., (12); Kramer, Nellie, 1240 Hall Ave., (12); Lenz, Marie, 3805 Prospect Ave., (10); MacDonald, Harriet, 3335 Carnegie Ave., (10); Maxwell, Chas. W., 1712 E. 9th St., (10, 11); Nash, Ruby D., 3059 Euclid Ave., (12); Osborn, Edith S., 1120 Euclid Ave., (12); Rancken, Elis, Colonial Arcade, (10, 11); Rancken, Inez, 1428 E. 80th St., (10, 11); Rickmers, N. W., 9602 Parmelia Ave., (3, 4, 5); Ringle, Ralph, 2055 Cornell Place, (12); Schupp, Emma, (10); Sherman, Cliff C., 612 Euclid Ave., (1); Standish, Lulu, 2103 36th St., (10); Stock, Lena, 1874 E. 86th St., (5, 11); Titus, Margaret S., 3279 W. 98th St., (12); Turner, George H., 734 Euclid Ave., (12); Vargo, Joseph, 726 Illumination Bldg., (3, 4, 10, 5); Von Imhoff, Martha 1812 Euclid Ave., (12); Ward, Eli T., 13527 Euclid Ave., (1, 2); Washington, John D., 6221 Quincy Ave., (12); Walsh, Paul W., 1343 105th St., (4).

Columbus—Amsbaugh, Alfred S., 1164 E. Rich St., (1); Ball, Jessie F., 20 E. Broad St., (12); Barcus, Emma M., 903 Oak St., (12); Beaver, Edith B., 297 Champion Ave., (12); Burlingame, Chas. L., 112 E. Broad St., (4, 10); Bush, Jas. Wm., 8 E. Long St., 1, 3, 6; Clark, Chas. E., 315 W. 8th Ave., (10, 11, 1, 4, 5, 3); Conklin, A. P., 21 Commerce Bldg., (1); Campbell, Winifred P., 918 N. High St., (1, 5); Crabbe, Edna A., 2563 Glenmawr Ave., (10, 11); Craig, Stephen A., 1105 Fair Ave., (3, 4, 10, 11); Davis, Grace H., 33 W. State St., (12); Delaplane, Dorothy, 371 E. Long St., (12); Ford, W. W., 731 Cols. Sav. & Trust, (1, 3, 5); Ford, Eva M., 712 E. Long St., (12); Ford, Husher C., 44 E. Broad St., (12); Ginn, Dora R., 328½ S. High St., (10); Kahler, Chas. E., 998 Franklin Ave., (10, 11, 5, 3); Leist, Jos. D., 56 Richard St., (1, 5); Love, Blanche E., 248 Detroit Ave., (12); Nelson, Melissa J., 318 E. State St., (10); Rinderknecht, Geo. H., 1522 Franklin Ave., (10, 11, 4); Russell, Walter E., 214 E. State, (1, 5); Russell, Esther J., 214 E. State St., (5, 1); Santurello, Peter, 84 N. High St., (12); Sarver, Pearl M., 100 Hoffman Ave., (1, 3, 4); Schaffer August, 63 East Town St., (1); Simpson, Florence K., 379 Forest Ave., (12); Spatz, Chas., 162 N. High St., (12); Stoddard, Bertha, Neil Ave., (1, 5); Stover, Orlando O., Harrison Bldg., (5); Strickler, D. T., 112 E. Broad St., (10, 10, 11, 3, 4); Tripp, M. V., 150 East Broad St., (10, 11, 4, 3); Walton, Dollie, 697 N. High St., (12); Watkins, Hattie C., 1264 Grant Ave., (12); Whiteis, C. E., 150 East Broad St., (12, 3, 4, 10, 11); Wilcox, Mary M., 293 W. 7th Ave., (12).

Conneaut—DeWolfe, Blanche E., 297 Faber St., (1, 2); Hollister, B. C., (12); Patterson, Wright L., 374 Buffalo St., (10); Reynolds, Howard D., (1).

Coshocton—Geese, Chas. S., 553½ Main St., (1); Ligens, Malinda F., 826 Locust St., (12).

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Defiance—Moon, Floyd S., (1).

Delphos—Wideman, Luther, 226 E. 10th St., (9, 7).

East Palestine—White, Edwin C., (1).

Eaton—Spitler, Florence W., (6); Spitler, H. Riley, (1, 2, 6).

Elyria—Baird, Anna E., 320 7th St., (10, 11); Blanchard, Judson M., (5, 10, 11); Clauser, Everett T., (1, 2); Speith, Perry A., 353 W. 8th St., (1); Stevick, L. S., Fifth St., (10, 12).

Findlay—Brown, Una, 214½ S. Main St., (1); Finton, Darius S., 353 E. Lincoln St., (7, 8); Richards, Wm. H., 121½ W. Sandusky St., (10, 11, 3, 4); Richards, Addie, (10, 4, 3, 11); Snyder, Eugene C., Ewing Blk., (1).

Fostoria—Ellison, Eugene E., Main St., (1).

Freemont—Egan, Thos. W., (1); Varsey, George W., 612 Court St., (1).

Fresno—Huff, Adam L., (1, 9, 7, 8).

Greenfield—Nuckols, James A., (1, 6).

Hamilton—Hasemeier, Albert R., (10, 4).

Hemlock—Springer, Alexander, (9).

Hicksville—Welty, Clara M., (1).

Kenton—Culbertson, Retta, (12); Johnson, Emmet D., 114 Detroit St., (1); Leliew, Emma, (9); Leliew, George W., (9); Ohman, Genrietta C., (11, 10).

Lakewood—Johnson, David W., 1349 Lakeland Ave., (1, 3, 5).

Lancaster—Hummell, Abraham, (1).

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Logan—Lahand, Joseph, (3, 4, 5); Linn, Wm. R., (7, 9).

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Mansfield—Galena, Stella, 211 Baird Bldg., (12).

Marietta—Wood, George T., 304 Putnam St., (1).

Marion—Blach, Anna Mae, 374 Bellefontaine St., (10, 11); Doughty, Wm. W., Center St., (1, 2); Jones Clifton R., Sawyer Sanitarium, (10); Kuhlewin, Leonard, 116½ S. Main St., (12); Lett, D. W., (10, 11); Lett Esther, (10, 11); Wendenhall, Louis, (10, 11); Moore, Mary G., (10, 11); Rayle, Minnie D., 207½ W. Center St., (3); Tipron, 629 Creston Ave., (5).

Massillon—Echard, Harry L., (1); Doty, Stanton W., (10, 5).

Millersburg—Elder, Mary E., (6); Smith, Lawrence J., (5).

Montpelier—Gordon, Leroy M., Box 120, (1).

Mt. Vernon—Darrah, Maud, (10); Fisher, Marguerite K., 9 W. Sugar St., (5, 3, 4); Robishaw, Chas. E., (4, 10, 11); Skeels, Russell E., (1); Stokes, Paul S., (11, 12, 3, 4, 10); Welch, Chas. E., (5, 10, 3, 4, 11).

Newark—Creighton, Ben. E., 54 Hudson St., (1); Drumm, Gale C., (1); Kennedy, Arthur J., 159 W. Main St., (10, 4, 3); Montgomery, Jas. D., 159 W. Main St., (10, 4, 3).

New Philadelphia—Daerden, Alfred, (1); Frederick, R. W., (9, 1); Levine, Frank C., (10, 4, 3); Van der Putten, J. H., (9).

Niles—Garstick, Joseph, No. 22 Maple St., (1, 2).

North Baltimore—Hughes, John W., (7).

Oberlin—Schilling, Joseph, (1).

Ohio City—McElhiney, Anna, (7).

Painesville—Griswold, K. M., 213 N. State St., (1, 2).

Piqua—Jansheski, Simon R., 124 W. Wayne St., (1); Pettiford, O. B., (12); Vogt, Joseph A., 102½ Ash St., (12).

Port Jefferson—Ogden, Harry F., (1).

Shelby—Upam, Lawrence M., W. Main St., (1, 2).

Sidney—Sayers, Wm. R., (1).

St. Marys—Grills, Leroy M., (1).

Salem—Dunn, Geo. W., 264 McKinley Ave., (10, 1, 3, 4).

Sandusky—Freeman, M. E., 403 Market St., (12); Lemon, Euphemia, (12).

Spencerville—Briggs, Harry L., (1).

Springfield—Dawson, Elmer E., (9, 8, 7); Rathbun, B. P., Main and Lime Sts., (1); Wigamood, R. V., King Bldg., (7); Winn, R. J., (12).

Steubenville—Eynon, John, (1); Ralston, Cora E., (1).

Struthers—Johnson, Albert S., (1); Johnson, Melissa A., (1); Pilstrom, David, (1).

Toronto—Putt, Louis O., (1).

Trimble—Haskins, Dwight J., (1, 2).

Trotwood—Bixler, Wm. I., R. R. D. No. 1, (1, 6).

Tiffin—Taylor, Nellie V., S. Washington St., (1, 2); Taylor, C. B., 80 S. Washington, (1).

Toledo—Curtis, Edward J., 736 Palmwood, (5); Bittinger, Jos. F., 123 13th St., (5); Brill, Belva, Spitzer Bldg., (12); Conger, Carl H., Nasby Bldg., (1); Harris, Fred, 1520 Washington St., (10, 11); Haywood, Al. P., 515 Utah St., (1); Hoard, Agnes A., 1932 Ashland Ave., (12); Krantz, Henry J., 305 Spitzer, (1); Lichtenwagner, J. A., 2307 Elm St., (12); Meyers, Wm. F., 725 New York St., (1); Muhme, Gustav A., 415 Summit St., (12); Neis, Walter A.,

Nat'l Union Bldg., (1, 5); Ringesein, H. W., No. 5 Superior St., (5); Rogers, Bertha C., Nicholas Bldg., (1, 5); Rogers, J. E., Nicholas Bldg., (1, 5); Schultz, A. C. A., 425 Prescott St., (5); Shreve, Gertrude M., Ohio Bldg., (12); Utter, Gertrude, 215 Spitzer Bldg., (12); Widell, Wm. F., Madison Ave., (4, 3, 11, 10); Worrell, Minnie E., 332 Superior St., (12).

Upper Sandusky—Hawkins, Joseph G., (12).
Urbana—Wagner, Edw. V., (12); Wagner, Sallie, (12).
Van Wert—Ulan, Wm. W., 214 S. Tyler St., (1).
Warren—Oswalt, John H., (1, 2).
Washington C. H.—Emmons, George C., (1).
Wooster—Hahn, Clyde F., (1).
Xenia—Dougherty, Martha, (1); Whittington, Julia E., (7).
Yellow Springs—Hughes, Sara E., (7).
Youngstown—Aldren, John A., 804 Bryson St., (10); Anderson, Carl J., 27 Fields Ave., (10, 5, 11, 3, 4); Burton, Wm. P., 13 W. Federal St., (12); Carlson, Chas. H., 804 Bryson St., (10, 11, 3, 4); Davey, Chas. A., 1005 Market St., (4, 3, 5, 11); Dikrman, K. M., Hippodrome Arcade, (12); Ericsson, John A. (4, 3, 10, 5); Johnson, Marie S., 11 E. Woodland Ave., (3, 4, 10); Lewis Joel, 307 Mahoning Bank Bldg., (1); Lund, Richard, 804 Bryson St., (3, 4, 10, 11); Redifer, Clara M., (1); Reilley, M. J., 535 Plum St., (5); Russell, Elma A., 522 Woodland Ave., (3, 4); Sandstrom, Ellen, 804 Bryson Bldg., (10); Seibert, Julia H., 367 Martin St., (10, 4); Stewart, Margaret, W. Park Ave., (12, 10); Stewart, Frank L., (12); Stewart, Fannie D., 516 Hayman St., (12, 10); Strand, Ida E., 140 Earl Ave., (1, 2); Strand, Paul H., 140 Earl Ave., (1, 2); Streb, John H., 407 Dollar Bank Bldg., (1); Wood, Henry Chas., 404 W. Federal St., (12).
Zanesville—Bowers, Walter L., 4th St., (5, 10, 1, 4); Durant, Grace, Wayne Ave., (9); Thormahlen, Conrad, 420 Market St., (10); Zeiger, Alma M., 815 Main St., (9); Zeiger, Robt. S., 815 Main St., (9).

DEATHS OF OHIO PHYSICIANS

John Marshall Barkley, M.D., aged 73; Rush Medical College, 1873, died at his home in Cincinnati after an illness of several weeks. He was a member of the Cincinnati Academy of Medicine. He is survived by five daughters.

William Plattfaut, M.D., University of Wurzburg, Germany, 1879; aged 61; a member of the Ohio State Medical Association and one of the leading practitioners of Dayton, Ohio; died at his home in that city, January 1, from pulmonary edema. Dr. Plattfaut was born in Germany. He had practiced in Dayton for 31 years. Members of the Montgomery County Academy of Medicine attended the funeral in a body.

Enoch Pearce, M.D., aged 83; Jefferson Medical College, Philadelphia, 1854, died at his home in Steubenville, January 13, of pneumonia. Dr. Pearce was the oldest practitioner in Steubenville, and was active in his profession until a few weeks preceding his death. Dr. Pearce served during the Civil war. On July 24, 1867, he was appointed Lieutenant Colonel, by brevet, in the United States medical service for gallant, faithful and meritorious services during the war. Dr. Pearce was a member of the Jefferson County Medical Society, having been active in the society since 1857. Three children and one brother, Dr. John Pearce, survive him.

He held many posts of prominence in organized medicine. In 1876 he represented the State Society at the Philadelphia Centennial Medical Congress, and for 20 years prior to 1889 was pension examining surgeon for Jefferson county.

Alvin S. Storey, M.D., aged 39; Western Reserve University, School of Medicine, 1902, died at his home in Cleveland, January 11, after a short illness of pneumonia. Dr. Storey was X-Ray specialist for City and Lutheran hospitals. He was a member of the Cleveland Academy of Medicine and was, as chairman of the Civic Committee, active in the work of that organization. He was a member of the Special Committee on Workmen's Compensation of the State Society. Dr. Storey is survived by a widow and one daughter.

Henry J. Sharp, M.D., aged 70; Starling Medical College, Columbus, 1871, died at his home in London, January 19. Dr. Sharp was born in Washington County, Penna. Later the family moved to Gallia county. At the age of 15, he enlisted in the Ohio National Guard, and saw service in Ohio and West Virginia during the Civil war. At the close of the war, he became a student at Ohio Wesleyan University at Delaware. He took up the study of medicine with Dr. J. W. Hamilton, Columbus, later graduating from Starling Medical College. Dr. Sharp was prominent in public health work. He was one of the first members of the State Board of Health, and served eight years. He also served as health officer of London, and as president of the Health and Welfare League. He was a member of the Madison County Medical Society. He is survived by three sons.

Benjamin L. Millikin, M.D., University of Pennsylvania, Philadelphia, 1879; aged 64; a Fellow of the American Medical Association and American College of Surgeons; a member of the American Ophthalmological Society; formerly dean and senior professor of ophthalmology in the Western Reserve University, Cleveland; senior ophthalmic surgeon to the Lakeside Hospital and consulting ophthalmic surgeon to the Charity Hospital, Cleveland; died at his home in Cleveland, January 6.

Richard S. Gaugler, M.D., Jefferson Medical College, Phila., 1894; aged 48 years; for 22 years, a practicing physician in Dayton, was instantly killed, January 9, when he was struck by an automobile. Dr. Gaugler was returning from a call. He had stepped aside to allow a street car to pass, and evidently did not notice the approaching automobile. The driver of the machine is held on the charge of manslaughter. Dr. Gaugler was a member of the Montgomery County Medical Society. Members of the society attended the funeral in a body. Dr. Gaugler is survived by a widow and two children.

Richard Francis O'Connell, M.D., Georgetown University, Washington, D. C., 1894; aged 47; formerly superintendent of the State Hospital for Epileptics, Gallipolis, Ohio, but for the last six years a practitioner of Columbus, Ohio; died at his home in that city, January 5.

Leonard McPherson, M.D., aged 78; licensed Ohio, 1896; died at his home in Jasper, Pike county, December 29. Dr. McPherson was born in Belmont county. He removed to Pike county 47 years ago where he had been engaged in practice. He was a member of the Pike County Medical Society. Dr. McPherson is survived by four children.

Alexander O. Spence, M.D., Western Reserve University, Cleveland, 189; aged 58; died at his home in Cleveland Heights, Ohio, December 30, from influenza.

James K. Denman, M.D., Columbus, Ohio Medical College, 1876; aged 64; died at his home in Sherwood, Ohio, December 30, from cerebral hemorrhage. He is survived by one daughter, and a brother, Dr. W. N. Denman, of West Unity.

George W. Kester, license, Ohio, 1896, aged 78; of Shiloh, Ohio; a veteran of the Civil war; was struck by a passenger train and instantly killed, at a grade crossing in Shiloh, about December 27.

James C. Dignan, M.D., Ohio Medical University, Columbus, 1896; aged 41; injured in an unknown manner in his office in Wellington, O., December 1, suffering severe cuts and bruises; died at his home in Elyria, Ohio, January 5, from cerebral hemorrhage.

Orie Pottinger McHenry, M.D., Eclectic Medical Institute, Cincinnati, 1886; aged 54; coroner of Butler county for two terms; died at his home in Hamilton, Ohio, December 29, from cerebral hemorrhage. He is survived by a wife, two sisters, and one brother, Dr. J. L. Henry, of Hamilton.

Cary Rees Montgomery, M.D., Columbus (Ohio) Medical College, 1880; aged 65; formerly physician in charge of the Ohio State Penitentiary, Columbus; died in the Buena Vista Sanitarium, San Francisco, from the effects of a gunshot wound of the head, self-inflicted, it is believed, with suicidal intent while despondent on account of ill health.

T. M. Wright, jr., M.D., aged 39; College of Physicians and Surgeons, Baltimore; died in that city December 29. Dr. Wright was a son of Dr. and Mrs. T. M. Wright, of Troy. For a few years he was associated in practice with his father, but on account of failing health he was compelled to cease active work. For the past three years he had resided in Baltimore. Surviving him are the wife and one son, his parents, and one sister.

W. A. Priest, M.D., aged 71; Hamilton Medical College, Cincinnati, 1872; died at his home in Emerson, Iowa, December 24. Dr. Priest was

born near Zanesville, Ohio; served in the Ohio National Guard during the Civil war and after receiving his degree practiced at Moxahala for ten years. He moved to Iowa in 1884. Dr. Priest is survived by a widow and five children.

Henry Chafeze Houston, M. D., Cleveland Homeopathic, 1877; died suddenly January 8, in his office in Urbana of angina. He was for fifteen years chairman of the board of censors of his college; was dean of the consulting staff of the O. S. and S. O. Home Hospital; was a member of the board of trustees of the Girls' Industrial School for two terms and of the board of trustees of the O. S. and S. O. Home for fifteen years; and served Urbana for a total of thirty-nine years on the civil service, education and health boards, and as health officer. In 1870 he organized Class 8 of the First Baptist Sunday School, the pioneer group in the Young Men's Bible Class movement, and continued as its teacher for over forty-five years. Much of his life was spent in the service of young men, hundreds of whom owe much of their success to his teaching and assistance, and to his example.

Robert H. McKee, M. D., aged 71, Medical College of Ohio, Cincinnati, 1870; died at his home in Bainbridge, January 24, following a stroke of paralysis. Dr. McKee was born in Harper's Ferry, Virginia. He served an apprenticeship under Doctors Layton and William Wilson, of Greenfield, and later graduated from the Medical College of Ohio. He was a civil war veteran. Dr. McKee is survived by one daughter and two sisters.

Henry S. Sheffield, M. D., aged 51; University of Michigan, College of Medicine, 1892; died at his home in Elyria, January 25, after a long illness of pulmonary tuberculosis. Dr. Sheffield was born in Bellevue, Ohio. He had practiced in Elyria for 23 years. He is survived by a brother, Dr. E. N. Sheffield, of Elyria.

Raymond Watkins, M. D., aged 29, Eclectic Medical College, 1911; died January 18, at Santa Rosa, New Mexico, of tuberculosis. Dr. Watkins was an interne at Seton Hospital for a time, after which he located for practice at Blanchester, Ohio. He was a son of Dr. Lyman Watkins, a former professor of Eclectic Medical College, Cincinnati.

Ephriam S. Evans, aged 76, Chicago Homeopathic Medical College, 1889; licensed Ohio, 1896; died January 17 at the Franklin County hospital from arterio sclerosis. Dr. Evans was a prominent eye and ear specialist twenty-five years ago, and was well known among the medical fraternity in Columbus. His health and mind had failed him and he had made his home at the infirmary for about ten years.

NEWS NOTES OF OHIO

Dr. Simeon Kelly has resigned as health officer of Zanesville.

Dr. B. C. Eades, Conneaut, has installed a modern X-ray apparatus in his new offices in that city.

Dr. J. W. Weaver is the new president of the General Practitioners' Medical Society of Columbus.

Dr. Richard L. Jett has returned to Cleveland, after a year's service with the British Red Cross in Servia.

Dr. Edmund Cone, Coshocton, was recently operated for appendicitis. His condition is serious at this writing.

Dr. C. T. Gerlach, formerly of Getaway, Ohio, has opened offices in Ironton at the corner of Seventh street and Park avenue.

Dr. A. B. Swisher, Marysville, recently underwent an operation for bladder trouble at Mt. Carmel Hospital, Columbus. He is recovering nicely.

Drs. C. E. Shilling, Canton, and T. W. Rankin, Columbus, were re-elected medical directors of the Ohio State Life Insurance Company of Columbus.

It is practically certain that Dr. J. H. Gibbon, of Philadelphia, will deliver the oration in surgery at the 1916 meeting of the State Association in Cleveland.

The program committee having in charge the scientific arrangement for the state meeting at Cleveland in May, announces that all papers must be submitted prior to March 20.

At the monthly staff meeting of the Elyria Memorial Hospital on January 17, Dr. A. B. Smith spoke on pneumonia, this being a part of a general symposium on that subject.

Dr. George H. Matson, secretary of the State Medical Board, addressed the Ohio State University Club at a luncheon on January 14, outlining the state's plan of procedure in licensing drugless healers.

Dr. Roy D. McClure, son of Dr. and Mrs. J. A. McClure, Columbus, has been appointed surgeon in chief of the new Henry Ford Hospital, Detroit. He has been connected with Johns Hopkins Hospital since his return from study abroad.

Friends of Dr. H. T. Sutton, Zanesville, were delighted to learn this month that his son, Tom L. Sutton, who graduates this year from Johns Hopkins, has been signally honored by appointment as house officer in surgery in the Johns Hopkins Hospital, appointment to be effective in the Fall. This is the most desirable appointment allotted to members of the Johns Hopkins graduating class.

Darke Has Splendid Program for 1915

Dr. A. F. Sarver, secretary-treasurer of the Darke County Medical Society, has forwarded us a copy of the annual program which is issued in attractive form. It indicates that the society will have a very interesting year under the presidency of Dr. B. F. Metcalfe and will put forth every effort to substantiate its claim of being the "best county medical society in the state." The program:

February 10—"Infection of the Biliary Tract," Joseph A. Hall, Cincinnati; "Intestinal Stasis: Cause and Treatment," John D. Dunham, Columbus; "Myelogenous Leukemia: Report of a Case," B. F. Metcalfe, Greenville.

March 9—Selected, Mark Millikin, Hamilton; "The Clinical Significance of Abdominal Pain," L. G. Bowers, Dayton; "Defects of Speech," Hugh Gibson Beatty, Columbus.

April 13—Selected, C. R. Holmes, Cincinnati; Selected, A. F. Shepherd, Dayton; "Syphilis and the General Practitioner," Louis F. Ross, Richmond, Ind.; "Treatment of Goitre," J. S. Niederkorn, Versailles.

May 18—"Medicine and Surgery," C. H. Breidenbach, Dayton; Selected, C. S. Hamilton, Columbus.

June—Annual picnic.

July 13—"Tonsils: Systematic Trouble Makers," V. A. Dodd, Columbus; "Tonsils, Local Trouble Makers," J. E. Hunter, Greenville; "Practical Odds and Ends," R. R. Kahle, Columbus.

August 10—"Carcinoma of Breast," J. C. Oliver, Cincinnati; Selected, Eugene F. McCampbell, Secretary, State Board of Health, Columbus; "Treatment of Sacro-iliac Disease," J. E. Monger, Greenville.

September 14—"Hilus Tuberculosis," C. S. Rockhill, Cincinnati; "Pulmonary Tuberculosis," B. F. Lyle, Cincinnati; "Tuberculosis and Pregnancy," A. F. Sarver, Greenville.

October 12—Joint meeting of Darke County Medical Society and Dentists. "Relation of Focal Infection to Systemic Diseases," Martin H. Fischer, Cincinnati; Selected, W. I. Jones, D.D.S., Columbus.

November—Annual banquet. Program and date to be arranged later.

December 14—President's annual report on work of the Darke County Medical Society; Secretary-treasurer's report; report of cases by members; election of officers.

 * NEWS OF CINCINNATI *
 * ACADEMY OF MEDICINE *

(Report by W. R. Abbott, M. D., Correspondent)

Meeting of January 3.—In his paper, "Injuries to the Soft Palate and Uvula in Tonsillectomy," Dr. J. A. Thompson discussed the cause of this accident, which has happened to the most experienced operators. Adhesions of the posterior pillar to the uvula and soft palate were given as the most frequent cause. Careful dissection of the posterior as well as the anterior pillar was described as the proper preventive of this accident. That patients occasionally die of infection after tonsillectomy was brought out in the discussion by Dr. Haines. It is impossible to render the field of operation surgically aseptic. However, Dr. Mitthoefer believes careful preparatory and careful after-treatment does much to prevent infection. Dr. Vail personally has never had this accident happen, but has seen numerous end results.

Dr. Samuel Iglauder, in his paper, "Intubation of the Esophagus for Cicatricial Stenosis," with report of a case due to scarlatina, reviewed the literature. The introduction of the permanent tube into the esophagus was first practiced in 1881 by Krishaber. In the patient presented, scarlet fever contracted eighteen months ago caused the stenosis. The cardinal symptom was regurgitation of food. An X-Ray examination and an esophagoscopy revealed a stricture about two inches above the diaphragm. After dilating the stricture for a few days a catheter was introduced over a guide string. This intubation has been continued ever since, the tube being removed and reinserted at varying intervals. At the present time the patient has practically recovered.

Dr. Iglauder also presented an old man with carcinoma of the esophagus, who has been benefited by the use of radium. Dr. J. W. Murphy referred to a similar case.

Dr. Thomas Stewart spoke on "The Comparative Anatomy of the Eye," his paper being illustrated by lantern slides. The essayist compared birds, insects, fish and reptiles, showing how nature has provided them with eyes best suited for their individual needs. The fish with thickened cornea to compensate for the refraction of the water, the birds and some reptiles with bone plates in their lids for protection against wind and foreign objects. The analogies between eyes of the lower animals and of the human race were pointed out.

Meeting of January 31.—Dr. Haines presented two cases, one of which was appendicitis, masked by symptoms of pneumonia, which symptoms, however, cleared up. The second case was one of pneumonia in which a diagnosis of appendicitis had first been made. These are not infrequent

complications and should be borne in mind when making a diagnosis.

A lead glass shield for the eyelid as a protection in the treatment of epithelioma of the eyes was presented by Dr. Goosman. As an illustration of the advantage of this shield he spoke of a conjunctivitis which occurred when this shield was not used. He also brought out the value of this disc over others used for the same purpose. The value of radium and X-ray treatment was compared. Generally speaking, X-rays are of more benefit when the disease is deeper, radium having its value in superficial malignancies. Dr. Goosmann also showed red and green glasses to be worn by the operator in examining colored stereoscopic plates.

Dr. Magnus Tate presented a case of appendicitis in a woman seven months pregnant, the question at the time being the advisability of operation. When, on opening the abdomen, the appendix was found to be post-cecal and numerous adhesions and a serious discharge present, it was decided to drain and close, leaving the removal of the diseased organ until a more propitious time. The recovery and due delivery of the patient proved the wisdom of this procedure. Dr. Rufus Hall considers this one of the gravest and most difficult situations confronting the surgeon. Dr. Souther advises the incision in Petit's triangle. Dr. Hadley Caldwell reported a similar case.

Dr. Albert H. Freiberg spoke on the value of "Tendon Transplantation" following anterior poliomyelitis. He first condemned the conversion of a flexor muscle into an extensor as unmechanical and functionally impossible. He advocated the technique as brought out by Stoffel, in which a muscle similar in function to the one paralyzed is used, this transplant to be fastened to its new point of insertion under physiological tension only, giving as example the transplanting of the extensor longus hallucis to supplant the anterior tibial muscle. The technique of this operation was described in detail. The transplanted muscle must be used to hold the limb in this corrected position, mechanical support being necessary for a while.

Dr. Edward Pirrung illustrated his paper on "Cleft Palate and Hare Lip" with lantern slides. The various stages of development in the formation of the mouth and lips in the embryo were shown. The different forms of the deformities were also shown and their errors in development pointed out. It is advisable to operate in the first few days of life, the earlier the better, for the deformity often prevents the infant's nursing. Later operation often requires the assistance of a dentist. Dr. Murphy's opinion is that there is no class of surgery demanding greater skill and that repeated operations are often necessary before success is obtained.

In discussion, Dr. Haines pointed out the three

following facts to be considered in this operation:

- (1) Take care not to injure normal blood vessels;
- (2) do not put tension on stitches; (3) very early operation requires no anesthetic.

 * NEWS OF CLEVELAND *
 * ACADEMY OF MEDICINE *

(Report by J. E. Tuckerman, M. D., Correspondent)

The Council of the Cleveland Academy of Medicine has approved the appointment by the chairman of the following members on standing committees: Public Health—J. J. R. Macleod, W. H. Merriam, E. F. Romig, J. C. Placak. R. G. Jerkins is chairman. Legislative—R. H. Bishop, Jr., and C. W. Eddy. C. E. Ford is chairman. Membership—W. M. Bucher, N. M. Jones, P. A. Jacobs, J. C. Fox, Jay D. Sharp, M. Garber. G. W. Moorehouse is chairman. E. A. Peterson has been made a member of the Civic Committee, of which H. L. Sanford is chairman. John Phillips, J. J. Thomas, H. G. Gerstenberger and S. W. Kelley have been appointed members of the Academy's milk commission. G. W. Moorehouse, C. E. Ford, and J. E. Tuckerman were appointed to revise the constitution and by-laws of the Academy.

Experimental Medicine Section.

The eighty-fifth regular meeting of this section was held Friday, January 14, 1916, at the Cleveland Medical Library, with T. Wingate Todd, temporary chairman, in the chair. The program:

1. *Special Affinity of Profused Thyroids for Iodin*, by David Marine.

When one lobe of the thyroid gland is removed in an animal, and any form of iodine is fed to the animal, the remaining portion of the thyroid gland will retain a certain percentage of the iodine given. The amount of iodine retained depends, naturally on the size of the portion of the gland remaining and also on its degree of hyperplasia. Thus in one instance a dog with a portion of his thyroid removed, was given 50 mg. of iodine, as potassium iodide and 68 percent of this was subsequently recovered from the remaining portion of the thyroid gland.

In the in vivo experiments performed by the author, the kidneys of an animal were ligated and 50 mg. of potassium iodide injected into the femoral vein. The animal was killed at the end of one hour and 7.6 percent of the iodine given was recovered from the remaining portion of the thyroid. Further work has shown that the thyroid will take up this amount almost instantaneously. The form in which the iodine is administered is of no importance. The results in all cases are the same.

In still other of the author's cases, the entire thyroid was removed from animals, and with the aid of a special apparatus devised for the purpose a solution of blood (defibrinated), and Ringers'

solution was profused through the organ. In various cases the solution used contained from 5 to 32 mg. of potassium iodide. Profusion of the thyroid is very easily accomplished, since the profusing fluid need only be under a pressure of 40 mg. of mercury. In one case the organ was profused for as long a period as five hours. After the profusion, followed by thorough washing out of the vessels of the organ, the gland was found to have increased its original iodine content more than 700 percent in some cases. Here again, the amount retained varies with the size of the gland and the degree of hyperplasia.

In all of the experiments it was found that the affinity of the thyroid for iodine was great, that of other organs for the drug being practically nil. The concentration of the iodine administered has but little effect on the amount retained. As is well known, the cyanids are great inhibitors of protoplasm. When they are given prior to the administration of iodine, it is found that practically none of the latter is taken up by the gland. A dead or dying thyroid loses iodine rapidly and shows no affinity for the substance. On profusion of a thyroid, iodine in small amounts can be washed out through the vessels. This seems good proof for the conclusion that iodine is discharged from the thyroid through the blood stream. The iodine taken up by the thyroid, as shown by the standard test with tadpoles, is pharmaceutically inactive at the end of one hour. At the end of 36 to 48 hours, however, the iodine has been converted into thyroïdin, and is pharmaceutically active.

G. W. Crile, in the opening discussion, asked whether the author in his work had considered the H-ion concentration of the blood used as a profusing substance? David Marine, in rebuttal, replied that he had not.

2. *Relations of the Brain to the Occipital Fossae of the Skull*, by Davidson Black.

The brain unquestionably plays a large part in the molding of the skull, especially in the occipital region. The relation between the brain and skull, relative to the effect exerted on the contour of the latter by that of the former is important, because, all our knowledge of the brains of primitive men and animals must of necessity be derived from a study of their skulls. How reliable is the comparison? The answer to this question can only be obtained by checking up the relations between the modern brain and skull, and then reasoning from these results by analogy.

After an extensive discussion of the subject, the author arrived at the conclusion that in a large percent of cases, the development of the contour of the occipital region of the skull is simply in accordance with an atavistic tendency, and is not dictated by the contour of the brain. This can easily be explained since some portions of the occipital region of the brain do not come into close enough contact with the skull to influence its development. Particularly is this true of the portion of the skull in relation to the vermis of

the cerebellum. Here the vermis is separated from the bony part by a distance of 1 cm., or slightly less. In some cases there is a bony ridge in this location, in others a fossa.

3. *Tissue Transplantation with Reference to Permanence and Function*, by O. T. Manley.

The author reviewed an extensive series of experiments dealing with this subject. One must differentiate in the first place between takes and growths. A transplant may take for a variable period, usually short, but ultimately it will die and disappear. When the transplant actually grows, it survives for a much longer period. For such a transplant to survive permanently, however, a need for additional thyroid secretion must exist in the body.

In the series, transplants were made in a variety of different locations in the body. However, the routine site was in the fat of the abdominal wall, where favorable opportunities for growth were offered and where examination of the transplant from time to time was easily accomplished by a small superficial skin incision.

In the main, the author concluded that the auto graft stands a much better chance of surviving ultimately or at least for a long period, than does the homo graft.

Clinical and Pathological Section.

The one-hundred and thirteenth regular meeting of this section was held Friday, January 7, 1916, at the Cleveland Medical Library, the chairman, Frank J. Gieb, in the chair.

1. *Report of a Case of Urinary Retention without Other Symptoms Due to Syphilis*, by T. S. Keyser.

The case occurred in an elderly woman, husband a cerebro spinal luetic, who with her husband acquired the disease almost 30 years ago—both going through a typical course of primary and secondary eruption. Since her secondary eruption, however, the woman has had absolutely no signs of syphilis and has enjoyed uniformly good health. Recently however, she has complained of urinary retention.

Cystoscopic examination showed one important finding, namely, marked trabeculation of the bladder wall. Wasserman was negative. After entrance of the patient to Lakeside hospital lumbar puncture was done, and 14 cells found in the spinal fluid. Wasserman on the fluid was also strongly positive.

Some writers consider trabeculation of the bladder wall, in the presence of no organic obstruction to the urinary outflow, as a sign almost pathognomonic of syphilis. Such a case as the present one would undoubtedly be classified as an early tabes.

F. W. Herrick in opening the discussion, called attention to the fact that trabeculation of the bladder wall in a case of syphilis is caused by spasmodic contraction of the sphincter muscle, followed by strong contraction of the bladder

wall, over a long period, in an effort to expell the urine. Spasmodic strictures of the bladder sphincter, the cardia and pylorus of the stomach and the anus, are important points to consider in the diagnosis of an early tabes. Such cases later often show typical signs of a spinal syphilis or tabes.

2. *The Importance of the Use of Certain Dietetic and Medical Means in the Prevention of Certain of the So-Called Constitutional Diseases, Scurvy, Spasmophilic Diathesis, Exudative Diathesis and Rickets*, by H. J. Gerstenberger.

The infant should be considered as a mass of different tolerances for food and infections. The normal child has sufficient tolerance generally speaking, to develop in the manner which we designate as normal. It is noteworthy that the child at the breast is less susceptible to disease. We may say that artificial food represents an abnormal stimulus.

Scurvy develops largely in children fed on heated milk or on patent food of some sort. When put on raw milk some of these children improve, while with others orange juice or potato water is necessary to restore them to normal. On the other hand in spite of all these measures scurvy may develop.

Rickets seems to develop in children receiving an excessive amount of milk, thus a high fat and protein intake. Spasmophilic diathesis may also occur. In rickets we employ calcium acetate, cod liver oil and phosphorus. Some children may improve with one factor, others with another. Some will not improve in spite of all.

It would seem a rational thing to give the remedy for these conditions before they develop, as a prophylactic. First, the child's food should be suitable, as near as one can determine for each given child. Also, all children should receive orange juice, and cod liver oil. In exudative diathesis, children should be put on a low fat diet.

J. J. Thomas, in opening the discussion asked the speaker wherein the virtue of cod liver oil lay. According to Czerny it is merely a fat, to be used when not enough fat is obtained in the food. Also, Czerny in his cases lowers the fat in the food in such cases and gives meat and carbohydrates.

H. J. Gersteberger, in rebuttal, said that the element in the cod liver oil which causes improvement is not known. According to some observers it is a vitamine. Others say that other fats will have the same influence.

3. *Significance of Syphilis in Obstetrics*, by W. D. Fullerton.

The medical profession has failed to enlighten the masses on the role played by syphilis in obstetrics. When the chancre occurs during pregnancy it is larger, moister, and of longer duration than usual, for it may last as long as 12 weeks. The secondary eruption under such cir-

cumstances is also more inclined to be pustular. There is more glandular enlargement, more tendency to ulceration about the vulva and more severe constitutional symptoms. During pregnancy the Wasserman often becomes strongly positive.

Syphilis is without question the most common disease occurring during pregnancy. Probably 5 percent of every 10,000 pregnant women are infected. Some authorities declare that for every 1,000 healthy births, there are between 500 and 600 miscarriages from all causes, syphilis, however, playing the most important part in their production.

The earlier the abortion, in cases of syphilitic etiology, the earlier has the infection been acquired by the mother and the more virulent it is. Syphilis is also a common cause of sterility. Likewise, many syphilitic children die after birth. Even if the mother is infected late in pregnancy, the fetus may still acquire the disease. However, certain cases now seem to show, at least as far as can be determined clinically, that a syphilitic woman may bear a non-syphilitic child.

It is the duty of the physician to be versed in the signs and symptoms of congenital tues so that he may recognize it promptly whenever it crosses his path.

Broadly speaking, a syphilitic, after three years intensive treatment, followed by two years in which no evidence of lues has appeared, may marry with the hope of having a healthy offspring. Lues, when discovered in either the father or the mother should be treated vigorously. Salvarsan produces good effects. It is to be remembered that all drugs used in the treatment of syphilis pass through the placenta to the fetus. In treatment of syphilis in infants, mercurial inunctions are to be recommended.

It is specially recommended that the obstetrician should be able to recognize a luetic placenta. A good history early in pregnancy, together with a careful physical examination is helpful. All placentas should be routinely examined. On children born dead autopsies should be secured if indicated.

H. J. Gerstenberger, in opening the discussion, pointed out that just as good results are obtained in treatment of syphilis in children by employing gray powder, as by inunctions, with the added advantage that with the former there is no resultant dermatitis.

E. O. Houck, in discussion, stated that in his practice he rarely saw a luetic infant. Further, the percentage of miscarriages to births seems far too high. As for taking histories, this is unfeasible in many cases. It would result in promoting family discord and in making the physician unpopular.

M. J. Lichty, in discussion, also commented on the fact that the proportion of miscarriages to normal births seemed abnormally high.

Council Meeting.

A special meeting of the Council of the Academy was held Wednesday, December 22, 1915, at the University Club to organize for the ensuing year. The members present were: The president, Dr. Wm. Evans Bruner; Drs. Updegraff, Thomas, Geib, Selzer, Houck, Sawyer, Weir, Bernstein and Tuckerman, and by invitation, Drs. C. E. Ford and Lester Taylor.

On motion, the following were elected chairmen of the standing committees: Legislative, C. E. Ford; civic, H. L. Sanford; public health, R. G. Perkins; membership, G. W. Moorehouse, and program, Lester Taylor.

On motion by Mr. E. H. Selzer, an associate pharmaceutical member, the following resolution was adopted:

WHEREAS, The contemplated deletion of whisky and brandy from the U. S. Pharmacopœia by the committee on revision leaves no standard for these substances when prescribed for medicinal purposes, and

WHEREAS, The decree of Congress makes the pharmacopœia the recognized and legal standard for medicinal substances, therefore,

Be it Resolved, That the Academy of Medicine of Cleveland disapprove the action of the committee in proposing to omit these substances from the Pharmacopœia.

***** * NEWS OF THE COLUMBUS * * ACADEMY OF MEDICINE * * *****

(Report by L. L. Bigelow, M. D., Correspondent)

Regular meeting of the Columbus Academy of Medicine, January 10, 1916, Columbus Public Library, the president, H. M. Platter, in the chair. Drs. F. M. Stanton, J. L. Johnson, and G. W. Hoglan were proposed for active membership. Attendance, 50.

The secretary announced the following standing committees appointed by the president for 1916:

Medical Progress—E. A. Hamilton (Surgery), chairman; H. B. Blakey (Medicine); Andrew Rogers (Obstetrics), and E. F. McCampbell (Therapeutics).

Public Health—J. A. Beer, chairman; John Donley, and C. H. Wells.

Legislative—G. H. Matson, chairman; A. B. Nelles, R. L. Barnes.

Library—H. A. Baldwin, chairman; R. R. Kahle, and H. G. Beatty.

A. M. Bleile delivered a lecture on "Vitamines in Nutrition." It was discussed by Drs. McPeck, Upham, Blakey, Helmick, Steinfeld, and I. G. Clark, Dr. Bleile closing.

Mr. George V. Sheridan, News Editor of the Ohio State Medical Journal and Executive Secretary of the State Society, gave an interesting talk on the "Need for Organization in View of Pro-

posed Legislation." Among many other things he dwelt on the proposed State Sickness Insurance, analyzing this measure from the standpoint of its effect on medical practice.

A. S. Barnes asked the special privilege of the floor and bespoke for himself the support of his colleagues in the matter of his recent arrest for alleged violation of the Harrison Anti-Narcotic Law.

Meeting of January 17.—The following physicians were proposed for active membership: Van der Veer Taylor, A. B. McConagha, S. D. Edelman, W. F. Millhon. The following were unanimously elected to active membership: F. M. Stanton, J. L. Johnson, and G. W. Hoglan. Attendance, 50.

The regular program of the evening followed. S. A. Hatfield read a paper on bichloride poisoning, reviewing the cases that had come under his observation at St. Francis Hospital during three years and giving in detail the autopsy findings on a recent fatal case. He illustrated his paper with lantern slides of the several afflicted organs. The discussion was opened by Drs. Forman and Blakey and continued by Drs. Keil Freese, E. J. Gordon, Barnes, and J. F. Baldwin, Dr. Hatfield closing.

C. F. Bowen then read a paper entitled, "The Roentgenologist in Industrial Accidents," it being an analysis of the relation that should exist between the X-Ray expert and the company whose employes he is examining. Discussion by Drs. H. Means, H. L. Harris, J. F. Baldwin, and L. L. Bigelow, Dr. Bowen closing.

A letter was read from Dr. Francis M. Hollingshead, director of the Division of Child Hygiene of the Ohio State Board of Health, in which a plea was made for co-operation on the part of the Academy in a movement to make the so-called "Baby Week," March 4 to March 11, a source of education to the public in the matter of child hygiene. On motion, duly seconded, the matter was referred to the president with power to act.

Meeting of January 24.—The secretary reported that the Council had unanimously elected J. F. Baldwin to be the defense committeeman to represent the Columbus Academy of Medicine on the State Committee for Medical Defense.

The following physicians were proposed for active membership: J. S. Jones, H. S. Wingert, A. H. Sealey, Austin Hutt, E. B. Jones, D. R. Kinsell, A. C. Reil, Hermon Street, and Morton Bland. A. B. McConnagha, Van der Veer Taylor, and W. F. Millhon were unanimously elected to active membership. Attendance, 163.

Hon. Stuart R. Bolin, U. S. Attorney, spoke for over an hour on the "Causes and Effect of the Harrison Narcotic Law." (See detailed report in this issue.)

Owing to the lateness of the hour, Dr. Scott's paper on "Some of the Newer Conceptions of the Etiology and Pathology of Toxic Lesions of the Kidney" was deferred to a later date.

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COUNTY SOCIETIES

FIRST DISTRICT.

Butler County Medical Society met January 19. A. L. Smedley discussed the influenza situation in Hamilton. M. F. Vereker presented cases from the Cabot reports. The *Bulletin* of the Academy says:

"Interest in society work at present is much greater than at any time for several years. For this we are certainly very glad and much gratified. But we ought not to expect the best speakers and most talented men from nearby cities and towns to come to our meetings and entertain and instruct us without we ourselves being spurred on to increased efforts to make our meetings more self made. There are a faithful few, God bless them, who will always comply when the program maker calls upon them; there ought to be many more to receive a blessing."

Clermont County Medical Association met in Batavia January 26. Speakers were Robert Carothers, of Cincinnati; E. J. Kennedy, of Milford, "Diphtheria of the Last Generation and Diphtheria of Today." Charles Belt, Batavia, was elected president; M. S. Griffith, of Batavia, secretary and treasurer.

SECOND DISTRICT.

Miami and Shelby County Medical Societies held an interesting joint meeting in the assembly room of the court house at Sidney, Thursday, January 6. On account of a prevailing epidemic of la grippe the attendance was not large, but interest in the subjects discussed more than made up for this. R. M. Shannon, Piqua, read a paper on "Gangrene of the Lungs." Dr. Silver opened the discussion. J. E. Hunter, Greenville, discussed "Tonsils as Portals of Systemic and Glandular Infection." W. B. Patton, Springfield, discussed "Heredity of the Feeble Minded." Dr. Patton, who is president of the Second District Medical Association, and Dr. Hunter, who is councilor for the State Society, delivered short talks urging renewed efforts in organization. The ladies of the M. E. Church of Sidney served dinner.—O. O. LeMaster, Correspondent.

Preble County Medical Society met in Eaton, January 20. Dr. Wm. B. Patton, president of the Second District Medical Association, read a very interesting paper on "Heredity of the Feeble Minded." Dr. Roscoe R. Kahle, of Columbus, gave a fine talk on "Some Points in Diagnosis and Treatment," and read a paper on "Perineal Repair." The members are paying up their dues,

and everything looks good for 1916.—A. C. Hunter, Correspondent.

Greene County Medical Society met in regular monthly session, January 6, 1916, in the rooms of the Business Men's Association, with 11 members and three visitors present. F. C. Gray, Dayton, read a very instructive paper on "Fractures," followed by Dr. Delscamp, Dayton, who exhibited Roentgen ray plates.

Dr. Link, Springfield, spoke of his experiences with fractures in the clinics of Europe.

The following new officers were installed by President Stewart for the ensuing year: President, W. S. Ritenour; vice-president, R. R. Richerson; secretary and treasurer, Harold C. Messenger.

The application for membership of Dr. Paul Espy, who has recently reopened the Wilson Hospital in this city, was received and referred to the board of censors.—H. C. Messenger, Correspondent.

Darke County Medical Society convened in regular session at the Henry St. Clair Memorial Hall on January 13. After reading of the minutes and transaction of routine business, W. B. Patton, Springfield, president of the Second District Society, read a very interesting paper on "Heredity of the Feeble Minded," portraying the results of breeding in families for several generations, and drawing a comparison from horticulture and breeding of blooded stock. The paper indicates that Dr. Patton has given a great deal of thought to this subject and has it well in hand. W. H. Matchett, Greenville, presented the subject of diabetes mellitus in a very interesting and instructive manner. The subjects were discussed by nearly all of the members present. Dr. Matchett reported several cases of diabetes mellitus which he had under the Allen treatment.—J. E. Hunter, Correspondent.

Clark County Medical Society held its regular meeting on Monday evening, December 13. D. C. Houser, Urbana, read a very interesting paper on "The Use of the Sphygmomanometer." The remainder of the evening was taken up with plans for the next Second District meeting to be held in Springfield the second week in October.

Before the meeting Dr. W. B. Patton, district president, entertained the committees for the district meeting at a lunch at the Commercial Club. Plans were arranged for what is hoped will be one of the best meetings ever held in the district.

At the regular meeting of the Clark County Society on Monday evening, December 27, the following officers were elected for the ensuing year: President, L. E. Niles; first vice-president, C. S. Ramsey; second vice-president, J. C. Easton; secretary, C. L. Jones; treasurer, W. C. Taylor; councilors, W. B. Patton and J. R. McDowell.

Dr. Niles made his inaugural address and acted

as toastmaster at the annual banquet of the society Wednesday evening, January 12, at the Country Club. After the four-course dinner, short addresses were made by J. J. Moore, of South Charleston; Francis E. Gray, of Dayton; D. C. Houser, of Urbana, and J. E. Hunter, of Greenville.

Visiting doctors were present from Urbana, Yellow Springs, South Charleston, Dayton and Greenville.—J. R. McDowell, Correspondent.

Greene County Medical Society met at Xenia February 3. Mr. Jacob Kany, president of the school board, talked on "Medical Inspection in Public Schools." Detailed report later.

Montgomery County Medical Society, at its meeting on January 7, heard reports from the following committees and officers: Horace Bonner, tuberculosis; Gertrude Felker, public health education; W. S. Smith, building reform; George B. Evans, library; W. S. Smith, judiciary; J. W. McKemy, Red Cross; W. F. Prather, treasurer; E. H. Mallow, board of censors, and C. C. McLean, retiring president.

Julius H. Jacobson, of Toledo, was the principal speaker on January 27. E. R. Arn, secretary, read a paper on "The Relation of Haematology to Surgery," which was followed by an open discussion, led by F. D. Barker.

W. J. Stone, Toledo, was the essayist on February 4. Subject: "Blood Pressure."

Champaign County Medical Society held its regular monthly meeting on the evening of Jan. 20 at the office of Dr. E. R. Earle. Dr. D. C. Houser was appointed by the president to act for this county on the Committee on Medical Defense. Dr. Houston was made a committee of one to arrange the teaching staff for the training school which will be established at the Champaign County Hospital. The February meeting will be held at the office of Dr. Houston, at which time Dr. D. C. Houser will read a paper on "The Use of the Sphygmomanometer."—David H. Moore, Correspondent.

THIRD DISTRICT.

Hardin County Medical Society held an interesting meeting at Kenton, on Thursday, January 27. Essayists were Fred Fletcher, Columbus, "Inflammatory Lesions of the Female Pelvic Viscera," and J. J. Coons, Columbus, "The Relation of Laboratory Work with Clinical Diagnosis."

Allen County Medical Society has elected new officers as follows: President, William Roush, Lima; George Clayton, vice-president; Charles Smith, of Elida, secretary; Paul J. Stueber, treas-

urer. C. E. Stadler is retiring president, and George Clayton retiring secretary.

Representatives from the board of trustees of Lima City Hospital, and of the Northwestern Ohio Dental Association were present in addition to the medical men. S. S. Wheeler and R. O. Bigley represented the hospital board and there was an informal discussion as to the best methods of conducting the hospital.

Marion County Medical Society, which has made so much splendid medical history during the past twenty-nine years, started the new year most auspiciously. The January meeting was well attended. President-elect Carey T. Wiant delivered an excellent inaugural address, which teemed with personal magnetism and real worth. He had appointed his program committee in advance, so that when he had finished his address he had but to call for the annual program of his committee, which is printed in another column.

Edwin A. Hamilton, Columbus, Ohio, who responded to the call of the American Red Cross Society and spent several months as chief surgeon in a German hospital in Upper Silesia, Germany, was our invited guest at this meeting, and he thoroughly entertained the society by his graphic and vivid description of the European War, and his tragic experiences. These were splendidly augmented by his many X-ray pictures of injuries, relics of warfare, and views of hospital. His excellent talk impressed us more than all the newspaper reports of the war, for his report was "first hand." Robert C. M. Lewis has been selected as our Medical Defense Committeeman.—Dana O. Weeks, Correspondent.

Seneca County Medical Society met Thursday evening, January 20, at the Shawhan Hotel. A splendid paper on "Ether Anaesthesia" was read by C. F. Daniels. The discussion which followed was entered into by practically all members present, and many valuable points were brought out.

The following committees for the year were appointed: Committee of Medical Ethics, M. W. Uberroth, P. E. Benner, G. L. Hoege; Committee on Admission, C. F. Daniels, E. H. Porter; Executive Committee, B. R. Miller, J. D. Howe, R. C. Chamberlain.

A very interesting program for the year is being prepared. It will be entirely new in many respects with meetings at Mohawk Lake, Meadow Brook, and Fostoria during the year. A clinic at Mercy Hospital will be given in Mary, which promises to surpass the one given last year. There are forty-two members enrolled for the year 1916. This is the largest number of members the society has ever carried. Indications point to a successful and instructive year for 1916.—George L. Lambright, Correspondent.

FOURTH DISTRICT.

Defiance County Medical Society, which has been more or less inactive in recent years, responded heartily and enthusiastically to the call for re-organization issued by Charles W. Moots, Toledo, the energetic councilor of the Fourth District. As a result, this society which had a nominal membership of six last year, is now in the field with a working organization that is launched with a membership of 13 and bears every indication of increasing to include the total available membership in the county—about 30.

Defiance County has a splendid group of physicians. Realizing that their failure to maintain an organization has been largely due to indifference, Dr. Moots invited the physicians of the county to be his guests at a dinner served on January 12, at the Crosby Hotel, Defiance. Twelve responded to his invitation, despite the severely cold weather, and others sent assurances of their interest.

Following a splendid duck dinner, Dr. Moots spoke briefly, urging re-organization. C. D. Selby, Toledo, secretary-treasurer of the State Society, outlined the reasons for medical organization. Executive Secretary Sheridan, Columbus, pointed out several matters which are of utmost importance to the medical profession of Ohio at this time.

The Defiance men present, and Parke M. Lehman, of Ney, who drove several miles through bitter cold, were unanimous in expressing their desire to rejuvenate medical organization in Defiance County. William S. Powell, Defiance, was elected president, succeeding M. B. Stevens, who retired after a splendid service of many years. J. B. Ury, Defiance, was elected secretary-treasurer and delegate to the State meeting, with George A. Rigrish as alternate. John J. Reynolds, Defiance, was elected vice president, and George W. Huffman was elected county committeeman on Medical Defense. The president will appoint a board of censors and the society will later elect a county legislative committeeman.

The following are the initial members of the society, in addition to the officers: E. E. K. Chapman, R. W. Finch, E. J. Lauber, M. B. Stevens, G. E. Winn, C. W. Zellar, Defiance; Parke M. Lehman, of Ney.

Every effort will be made to enlist the physicians in the outlying towns, particularly those in Hicksville and Sherwood. The annual dues were placed at \$3.00 per year.

Williams County Medical Society met Thursday, January 13, in the Masonic club rooms in Montpelier. Louis Miller, of Toledo, outlined in an exceedingly interesting and instructive manner the various methods of treatment coming under the general head of psychotherapy. His talk was of great interest to those fortunate enough to hear it. Charles W. Moots, Toledo, councilor of the

Fourth District, C. D. Selby, secretary of the State Society, and Mr. Sheridan, of Columbus, the executive secretary, attended the meeting and brought to the attention of the society the imperative need of maintaining an active organization in Williams county. Last year the society made a splendid showing and it was urged to duplicate this record.

After a general discussion participated in by J. A. Weitz, W. J. Hogue and H. M. Byall, Montpelier; Earl A. Snyder and D. S. Burns, and M. V. Replogle, of Bryan; and John Newcomb, of West Unity, the society voted unanimously to increase the annual dues to \$4.50 per year.

Williams County Medical Society met in regular session at Bryan, December 16. There was a large attendance and a very instructive program. Walter Stern, Cleveland, gave a splendid talk and lantern-slide demonstration on the surgical treatment of fractures. He emphasized the importance of accurate diagnosis and insisted on the use of the X-Ray in all such work. Dr. Todd, of Toledo, also presented a valuable paper on cancer of the breast. The officers were all re-elected to serve the coming year.—M. V. Replogle, Correspondent.

Paulding County Academy of Medicine met in the Commercial Club Rooms Wednesday, January 19, at 2:30 P. M., with President Heath in the chair. The usual routine of business was taken up, and J. U. Fauster, of Paulding, was elected Medical Defense committeeman. L. R. Fast, Paulding, was the essayist for the afternoon and had prepared an excellent and timely paper on pneumonia, but on account of illness in his own family was unable to be present, but sent his paper, which was read by Dr. Huston, and fully discussed by all those present.—C. E. Huston, Correspondent.

FIFTH DISTRICT.

Ashtabula County Medical Society met January 11 at Ashtabula General Hospital, with President Battels presiding. Application for membership of A. W. Thomas was received. Dr. Hopkins, health officer for the city, spoke on the necessity for greater attention to morbidity reports, and urged upon the members more care in reporting notifiable diseases by post card, as required by the State Board of Health.

The postponed election of officers for the ensuing year was then held, and the following officers were elected unanimously: President, J. J. Hogan; Vice President, S. W. Leet; Secretary, R. B. Wynkoop; Treasurer, A. W. Hopkins; State Delegate, M. M. Battels; Alternate, C. N. Warner; Censor, L. C. Stiles.

Dr. Battels, after thanking the members for their support during her incumbency, relinquished

the chair to Dr. Hogan who accepted it with a few well chosen remarks. A recess was then taken, during which Miss Lanten, superintendent of the hospital, served a delicious lunch. Afterwards, Dr. Hayhurst, who was in town with the State Public Health Exhibit, gave a very interesting discourse on "Occupational Diseases and Their Relation to Public Health."—R. B. Wynkoop, Correspondent.

Huron County Medical Society met on December 8 at the Chamber of Commerce, Norwalk. It was decided to raise the dues to \$5.00 a year. Election of officers was held. R. L. Morse was re-elected as president, and J. D. Coupland re-elected secretary-treasurer. W. G. Stern, Cleveland, addressed the society on the "Correction of Deformities in Children."—J. D. Coupland, Correspondent.

Lorain County Medical Society held an annual banquet in the Hotel Lorain, Lorain, on December 14, 1915. The election of officers resulted as follows: President, E. P. Clement, Elyria; vice-president, S. S. Cox, Lorain; secretary-treasurer, C. O. Jaster, Elyria; delegate, E. V. Hug, Lorain; censor, C. R. Meek, Lorain. Two applications for membership were received, Dr. Dignon, Elyria, and Dr. Pease, North Ridgeville. One case of ichthyosis was shown to the Society by C. R. Meek. An interesting paper on "The Borderlines of Ophthalmology" was read by O. B. Monosmith, Lorain. The paper was discussed by Drs. Gill, Jaster, Burley and Maynard. Dr. Monosmith closed the discussion.—C. R. Meek, Correspondent.

Lorain County Medical Society met Tuesday, January 11, with a five o'clock dinner at the Elyria Y. M. C. A. Following the dinner, the society opened their regular session with E. P. Clement in the chair. Dispensing with the usual formalities of business, the speaker of the evening, Walter Irwin LeFevre, of Cleveland, addressed the society on "The X-Ray in Diagnosis and Treatment," with lantern slide demonstrations. The subject was well presented and the speaker touched on the importance of the X-Ray as used on the diagnosis of stomach and intestinal diseases, diseases of the chest, foreign bodies, diseases of antrum of Highmore, impacted teeth, abscess of root of teeth, fractures and diseases of bones, and treatment of skin diseases. The general discussion which followed demonstrated the deep interest Dr. LeFevre incurred by his address. Eleven members were present, which was a low attendance for us, probably due to over-demand on the services of the physicians.—C. O. Jaster, Correspondent.

Erie County Medical Society held its annual meeting at the Sunyendeand Club in Sandusky, January 7. Officers: President, H. C. Schoepfle, Sandusky; vice president, C. B. Bliss; secretary,

Henry Graefe; censors, M. J. Love, Bloomington, J. T. Haynes, Soldiers' Home; H. D. Peterson; delegate to state convention, Charles Graefe; alternate, F. P. Southwick.

Many interesting discussions were taken up and the society decided to co-operate with the State Board of Health in its coming campaign for child hygiene. William Storey, of Castalia, the retiring president, in an address, succeeded in arousing renewed enthusiasm for society work. A vote of thanks was extended him in recognition of his untiring efforts to improve the society.—H. D. Peterson. Correspondent.

SIXTH DISTRICT.

Summit County Medical Society entered upon its seventy-fifth year at the monthly meeting in January 4. Postal delay in distributing notices caused the unusually small attendance of 38. President J. N. Weller and the new officers for 1916 were installed.

During the regime of T. K. Moore, the retiring president, all attendance records were broken, and the number of new members was exceeded only by the 1914 record.

The following resolutions were adopted:

Resolved, That by the death of James William Rabe, the Summit County Medical Society has lost one of its oldest and best known members, and

Resolved, That this society express its sincere regret and extend its sympathy to the members of the family in their great loss. (Signed) H. H. Jacobs and W. A. Parks, Committee.

Another resolution passed:

"Whereas, Charles Eugene Norris, one of the oldest and most faithful members of the Summit County Medical Society, of which he became a member in 1889, and which he served as treasurer in the years 1901 to 1904, has been removed by death; and

"Whereas, Considering the profound respect fostered by the medical profession for his modest and peaceful demeanor, his persistent, studious efforts, both theoretically and clinically; his ability as essayist and clinical analyst, as evidenced by his constant pathological studies, and his desire for clinical facts; for his kind and brotherly feeling for all members of this and similar organizations; and

"Whereas, This society deeply deplores the loss of so worthy a member and so faithful a brother; therefore,

"Be it Resolved, That this society extend to the bereaved family its sincere sympathy in their profound sorrow." (Signed): C. E. Held, R. H. McKay and B. E. Miller.

Three new members were admitted, F. E. Read, A. M. Cole, of Akron, and S. J. Heeley, of Clinton. Two applications were presented.

Program.

1. Specimens—"Appendix."

Ten specimens exhibited by J. G. Blower, J. M. Denison, J. R. Fisher, S. E. McMaster, A. J. Keeley, F. E. Read, showing that troublesome part of the anatomy in its varied conditions, long, short, acute inflamed, chronic inflamed, congested, fibrous, pus, gangrene.

2. "Rectal Diseases"—C. W. Hodges.

A paper describing the modern surgical treatment of the more common forms, such as hemorrhoids, prolapse, fissure, fistula, abscess, etc. Simple as it may appear proctology forms a big

study and an important specialty. It is mentioned in the Bible and had its specialists in Egypt before 1600 B. C. In 1876 it received some attention, but in 1899 leading physicians began to adopt it with a corresponding decrease in the business of quacks, who have always made this branch one of their leading money makers. Hemorrhoids form 80 per cent of rectal diseases. J. D. Smith discussed the paper.

3. "Modern Medical Ethics"—D. H. Morgan.

The term "Ethics" means a completion of customs and codes which varied during the various periods in which they were used. Aristotle was the first to write upon ethics as viewed from unchanging and fundamental principles. John Stuart Mills considers ethics an art, not a science. Medical ethics mean the application pertaining to procedure among physicians.

Dr. Morgan's definition is "moral sterilization or physical, mental and moral asepsis." The American Medical Association adopted its present code at the annual meeting in New Orleans, 1903. Were every member of this great profession to faithfully obey the golden rule of medicine as defined in the code the profession would be better and jealousy non-existent. The author described instances illustrating the varied manner in which members practice this code.

Were physicians to recognize their limitations and confine their work to one branch absolutely, and not endeavor, as some do, to be medical jacks of all trades, their standard of ability would be higher and less envy exist.

That some men are invading fields for which they are not properly prepared is illustrated by the lists which show that only eight of the 212 "M.D.'s" in the county confine their practice to Internal Medicine, whereas no less than 45 are practicing surgery. J. B. Murphy says that internal medicine is the best field today, and that could he live his life anew he would confine his work to that branch. W. B. Hinsdale says that the sign "Physician and Surgeon" is out of date.

In conclusion, when conflict appears between material advantage and financial gain on one hand and moral responsibility to patient and fraternal and professional obligation on the other, stand not in debate nor hesitate for one moment, nor even raise the question of ethics; but let the idealism of inherent of acquired fundamental principles direct your decision long before the moment for decision arrives."

Discussion by S. St. J. Wright, H. S. Davidson, J. H. Seiler, J. N. Weller, C. E. Held, E. C. Banker, T. D. Hollingsworth.—A. S. McCormick, Correspondent.

Portage County Medical Society held its annual meeting Thursday evening, January 13, at the office of Dr. W. W. White, in Ravenna. The annual report of the officers was given and the

books were audited and found correct. The dues for 1916 were increased to \$4.00. Officers for the ensuing year were elected as follows: President, B. E. Gorham, Kent; Vice President, L. A. Woolf, Ravenna; Secretary, J. F. Hill, Ravenna; Treasurer, E. M. Widdecomb, Kent. Dr. G. E. Hull, of Mantua, was elected to membership in the society. For a program, each member present was required to relate some mistake he made in 1915, and the lesson learned thereby. Light refreshments were served and meeting adjourned to meet in February with our newly elected president in Kent.—John F. Hill, Correspondent.

Stark County Medical Society held its regular meeting in the Chamber of Commerce Rooms, Canton, on Tuesday afternoon, January 18. About 40 physicians were present. The program was rendered by the executive board of the society as follows:

Under the head of obstetrics, C. A. Portz, Canton, read a paper dealing with the progress in obstetrics during the past year. The paper was concerned principally with blood pressure in pregnancy, eclampsia, the use of pituitrin, and "twilight sleep." L. B. Zintsmaster, Massillon, under the heading of diseases of women and children, read a paper dealing with the pathological uterine bleeding. Under hygiene and sanitation, J. P. DeWitt, Canton, spoke of the newspaper investigation of the Five-County Tuberculosis Hospital at Springfield Lake, and also called attention to the fact that the medical profession can be of great service to the cause of "Preparedness" by saving more of the babies. F. W. Gavin, Canton, in dealing with ethics and legislation, gave a very complete resume of the influence of the Ohio Public Health Federation in securing public health legislation at the last session of the state legislature. Two proposed amendments to the constitution were presented. One proposes to abolish the office of corresponding secretary and establish the separate office of treasurer; another amendment was to increase the dues from \$2.00 to \$3.50.

The following officers were elected for the ensuing year: President, Geo. F. Zinninger, Canton; Secretary-Treasurer, L. A. Buchman, Canton, (re-elected); Corresponding Secretary, F. W. Gavin, Canton; members of Executive Council to serve for three years, B. C. Barnard, Alliance, and J. A. Rhiehl, Malvern.

One of the most successful banquets in the history of the Canton Medical Society was held in the Chamber of Commerce Rooms, January 19. Following the banquet, C. F. Hoover, Cleveland, delivered a very instructive and scholarly address on "The Clinical Analysis of Respiratory Disturbances," which was highly appreciated. The remainder of the program was furnished principally by the wives of the physicians who clearly demonstrated their entertaining ability. The complete program is as follows:

Selections, Prof. J. Christian Ringwald; Solo, Mr. L. V. Busche; Greeting from President C. A. Crane, by William Redfield Butt; "The Clinical Analysis of Respiratory Disturbances," C. F. Hoover, Cleveland; solo, Mr. L. V. Busche; piano solo, Mrs. J. Eugene Shorb; "The Doctor's Wife," Mrs. Lewis A. Buchman; solo, Mrs. Fred Garfield King; "Clinkereller," Mrs. I. Bradfield Smock; piano solo, Prof. Ringwald; "The Perfect Day," Mr. L. V. Busche.

A telegram was read from the wife of the president of the society, Dr. C. A. Crane, stating that he had been operated upon that morning in Philadelphia by Dr. Beaver.—C. A. LaMont, Correspondent.

Wayne County—January meeting of the society was not held January 11, but was postponed to the date of the regular meeting in April.—H. M. Yoder, Correspondent.

Richland County Medical Society held its ninth annual banquet at the Southern Hotel, Mansfield, January 28. Dr. Gibbon, of Tiffin, and Dr. Selby, of Toledo, were with us and gave talks on "The State Society, The Practice and Some of the Needs." There were 26 present. Our regular meeting is the third Wednesday of the month, the same as last year.—F. A. McCullough, Correspondent.

Mahoning County Medical Society elected the following officers for 1916: M. F. Jones, President; A. S. Greene, Vice President; Wm. P. Conner, Treasurer; H. E. Patrick, Secretary. W. H. Buechner read an interesting paper covering his experience with spinal anaesthesia.—H. E. Patrick, Correspondent.

Mahoning County Medical Society held its annual banquet Thursday evening, January 27. Seventy-five members and guests from New Castle, Sharon, Greenville, Pa., Warren, Niles and Columbiana sat down to a well appointed repast. After cigars and coffee had been served, R. E. Whelan appropriately introduced Martin H. Fischer, of Cincinnati, who spoke on "Newer Studies Bearing on the Treatment of Nephritis and Oedema." The lecture was attentively received by his audience, and the ideas and facts expressed left a marked impression. The society feels well repaid for having heard Dr. Fischer. Hon. S. D. L. Jackson, of the local bar, then gave a humorous resume of the miracles of surgery. Dr. Hauser followed him, speaking under the title "Our Profession." He briefly sketched the mile posts of medicine and surgery from the time of the Arabic and Greek medicine up to the present. The meeting then adjourned.

At the regular monthly meeting held January 18, business matters pertaining to the local society were dealt with. A resolution asking the Court Commission of Mahoning County to im-

prove the service and conditions at the district Tuberculosis Sanitarium at Springfield Lake were adopted and ordered published. Steps were also taken to assist in the National Baby Week movement in March.—H. E. Patrick, Correspondent.

SEVENTH DISTRICT.

Tuscarawas County Medical Society held its regular meeting January 4 at Uhrichsville. Our program was very short, as Dr. Shanley, of New Philadelphia, who was to read a paper, was unable to attend on account of illness. Miss Ruba, our county visiting nurse, gave us a very good paper concerning her duties. She explained what the physicians should expect from her and what she expects from the physicians. As several of the members are sick, there was a small attendance. J. M. Smith, E. B. Shanley and C. L. Tinker are on the sick list. G. A. Henry, of Tuscarawas, was elected to membership.—Tracy Havelfield, Correspondent.

Jefferson County Medical Society, at its meeting on January 11, devoted its attention to clinical cases and reports.

Harrison County Medical Society has not been meeting regularly. A note from Dr. S. B. McGavran, informs us that a revival may be expected in the spring.

Coshocton County Medical Society met January 18 and re-elected its old officers. Lister Pomerene was elected delegate. A committee was appointed to present the need of an enlarged city hospital to council.

EIGHTH DISTRICT.

Fairfield County Medical Society met in the Armory at Lancaster Tuesday evening, December 14. Following a report of clinical cases, A. A. Bradford, of Bremen, read a very interesting paper on "Pneumonia." The paper was thoroughly discussed by the members. The annual election of officers was held December 28. The following were elected for the year 1916: President, Carl Brown, Bremen; vice president, C. E. Hamilton, Lancaster; secretary-treasurer, James M. Lantz, Lancaster; censor, A. A. Bradford, Bremen; delegate, J. T. Farley, Lancaster; alternate, A. L. Guthrie, Lancaster.—James M. Lantz, Correspondent.

Athens County Medical Society held its first meeting for the year 1916 in Athens, Tuesday, January 4, with 20 members present. First on the program was the installation of the officers elected at the December meeting: President, H. M. Taylor, Athens; vice president, W. T. Sprague, Chauncey; secretary-treasurer, T. A. Copeland, Athens; censor, for three years, F. A. Osborne, Athens.

W. V. Sprague, Chauncey, read a paper on the

"Tonsils and Adenoids," going somewhat into detail as to the anatomy, physiology, and time for their appearance and disappearance under normal conditions. He gave the conditions which call for operative interference, and told when they are to be let alone. W. T. Sprague, of Chauncey, presented a paper on puerperal eclampsia, in which he discussed the various alleged causes of this much dreaded malady and the different methods of combating its various manifestations. The paper were well received and freely discussed.—Chas. S. McDougall, Correspondent.

Washington County Medical Society has a prosperous year in prospect. Already four new applications for membership have been received. The society meets on the second Wednesday of each month, in the Assembly Room of the Court House. We are having good attendance at both the regular and adjourned meetings. The meeting this month was held on February 8.—F. E. McKim, Correspondent.

Licking County Medical Society elected the following officers for 1916: President, J. P. Stedman, Newark; Vice-President, H. J. Davis, Newark; Secretary-Treasurer, Harry E. Hunt, Newark.—Harry E. Hunt, Correspondent.

Muskingum County's troubled situation, we are happy to report, has been entirely straightened out, through a recent amalgamation of the two county societies which have been in the field for the past year or more.

This was brought about by the voluntary retirement of the old Muskingum County Medical Society, and the recognition by the State Society of a new organization to be known as the Muskingum County Academy of Medicine. At the last meeting of the State Council it was voted unanimously to recommend that the House of Delegates recognize this new organization as the official component.

E. M. Brown, who prior to the re-organization was president of both societies, was elected president of the new organization. R. F. Long, vice president, and E. R. Brush, secretary-treasurer. The censors are Drs. Melick, Davis and Warburton.

The proposal for consolidation was finally approved by the Muskingum County Medical Society at its two hundred and fifty-second regular monthly meeting, held in the Chamber of Commerce rooms, Zanesville, on January 26, with the following members present: Drs. Brown, Sutton, Infield, Kelly, Warburton, Long, Hanna, Mathews, Melick, Heston, E. R. Brush, E. C. Brush, Culbertson, Gorrell, Rambo, and Geyer.

Printed notices of this meeting, calling attention to the fact that the re-organization was under consideration, was sent to all members under date of January 24.

Dr. Brush moved that the secretary of the Mus-

kingum County Medical Society certify to the secretary of the Muskingum County Academy of Medicine the names of all the members of the former organization, and that he be authorized to turn over all books, papers, and money belonging to the old society. Dr. Geyer moved that the old society surrender its duplicate charter to the State Association. Both were carried unanimously, and the old society adjourned sine die.

At a subsequent meeting of the Muskingum County Academy of Medicine, all members of the old society were received into full membership. The new society will elect a delegate and alternate to the state meeting.

Muskingum is one of the strongest counties in the state and it is hoped that the dissension that has been prevalent in past months has entirely disappeared, and that this organization will now take its proper place in the field of organized medicine.

Licking County Medical Society held its regular meeting at the Warren Hotel, Newark, Friday evening, January 28. Dr. Andrews Rogers, Columbus, was present and gave an interesting and instructive address, his subject being "Childbirth, a Perfectly Natural Process."—Harry E. Hunt, Correspondent.

NINTH DISTRICT.

Lawrence County Medical Society, which has been more or less inactive for three years, effected a new organization at a special meeting on January 18, called by Dr. Rardin of Portsmouth, as the Councilor of the Ninth District. Eight men attended the general call despite the busy season, and several others sent word that they were in thorough sympathy with a complete rejuvenation of the society. Those who attended were: Dan F. Gray, W. W. Lynd, W. F. Marting, N. E. Moxley, O. U. O'Neill, T. H. Remy, O. H. Snyder and Roscoe Stotts.

Dr. James W. Fitch, of Portsmouth, and Executive Secretary Sheridan, of Columbus, accompanied Dr. Rardin and assisted him in presenting the need of maintaining a permanent organization.

Lawrence County men, at least a large per cent of them, have paid their dues annually, but have taken no local interest. Every member present expressed himself forcibly in favor of reviving the old plan of monthly meetings, and unanimously decided to effect a more definite organization at a banquet to be held on January 27.

Lawrence County has splendid material for the development of a first-class society. It should be one of the strongest county units in the state, and we have no doubt that the present movement will accomplish this.

Lawrence County. The Society, on January 27 at 7 P. M., gathered around the festal board and

reorganized by electing the following officers: President, O. U. O'Neill; vice-president, W. S. Eakman; secretary, O. H. Snyder; censors, A. C. Lowry (one year); T. H. Remy, (two years); Dan Gray (three years); delegate to the state meeting, J. S. Wiseman, all of Ironton; alternate, W. L. Griffith, Pedro; member of defense committee, T. H. Remy, of Ironton.

J. S. Rardin, of Portsmouth, gave a splendid address outlining some of the various things that the Ohio State Medical Society is doing for the profession. The following new members were added: E. E. Elsworth, and C. T. Gerlach, Ironton; H. L. Crary, Millers; Geo. King, South Point; E. M. Martindell and J. C. Morrison, Chesapeake; F. D. Campbell, Coal Grove; Orlyn Wiseman, Arabia; and E. N. Miller, Scott Town.—O. H. Snyder, Correspondent.

Scioto County—The Hempstead Academy of Medicine met in regular session January 10. A very interesting symposium on acute nephritis was presented by Drs. Halderman, Wendelken and Daehler. Four new applications for membership were presented, and one for reinstatement.—Oral D. Tatje, Correspondent.

Vinton County Medical Society held its annual meeting Monday afternoon at the office of Dr. O. S. Cox in McArthur, and elected the following officers: President, W. R. Moore, of Mt. Pleasant; Vice President, W. R. L. Dwyer, New Plymouth; Secretary, W. H. Henry, of Hamden.

TENTH DISTRICT.

Ross County Academy of Medicine met at Chillicothe on January 4. W. H. Silbaugh read a paper on "Infections in the Lower Abdominal Cavity," giving a very interesting resume of recent developments in the treatment of this class of infections. One new name was added to the roster and an application for membership was received from another physician. Ross County expects to report a gain in membership this year.—R. E. Bower, Correspondent.

Pickaway County Medical Society met in regular session and elected the following officers for the ensuing year: B. R. Bales, president; H. D. Jackson, vice president; G. T. Row, treasurer (re-elected for the twentieth time); D. V. Courtright, secretary (re-elected); G. H. Colville, delegate to State Meeting; O. H. Dunton, alternate. The society raised the annual dues to \$5.00. Several case reports were given. B. R. Bales reported a case of placenta praevia occurring three consecutive times in same patient; J. B. May reported a case of gastric ulcer; and Howard Jones reported a case of fracture occipital bone in case normal parturition without forceps. Adjourned to next regular meeting.—D. V. Courtright, Correspondent.

Delaware County Medical Society held its first meeting of the New Year January 7, with a fair attendance. O. W. Bonner, the newly elected president, presided. After a lengthy business session, the society began the reading and discussion of the "Massachusetts General Hospital Case Records," by Drs. Cabot. We consider these case records a change from the old custom of preparing and reading set papers by different members, and feel that they will prove to be more interesting and practical. We have decided to use them for the whole year as a basis for a profitable diagnostic and therapeutic discussion. We expect a better attendance, an increase in membership, and a full program that will be interesting and instructive to all who attend. Our dues this year will be \$4.00 and we expect to give more for the money than ever before.—A. H. Buck, Correspondent.

Morrow County Medical Society held its November meeting at the usual place on November 3 at 1:30 P. M. Wells Teachnor and J. B. Alcorn, of Columbus, were present. Dr. Alcorn read a very instructive and pleasing paper on "First Aid and Treatment of the Eye," which was practical and appreciated by all present. Dr. Teachnor, Councilor for this District, explained to the members present in a very interesting and instructive talk the work being done by the State Society. He told what had already been accomplished and the necessity for the call for higher state dues. Since Dr. Teachnor's talk, we are glad to say all the members have responded and our society has now fully paid up its assessment. All present greatly enjoyed the visit of Drs. Teachnor and Alcorn and are always ready to welcome them to the meetings.

December 1, Morrow County met in regular session with Frank Winders, of Columbus, present. Dr. Winders, in his usual way, presented to our society a very scholarly and well-prepared paper on "The Abnormalities of the Blood." To hear one of Dr. Winder's papers is always considered a treat and those present at this meeting certainly expressed themselves in a way that the doctor could not help but feel that he was up to his standard. There was something we all could take home and think about.

This being the time for the election of officers for the year 1916, nominations were called for and an election held with the following results: President, Geo. H. Pugh, Mt. Gilead; vice-president, E. C. Sherman, Cardington; secretary, C. E. Neal, Cardington; treasurer, W. S. Bennett, Cardington; censors, S. C. Jackson, Edison; delegate, W. C. McCormick, Mt. Gilead. Drs. Robinson and McCormick were appointed to prepare the January program; Drs. Pierce and Jackson the program for February. Our county dues were raised at this meeting from \$2.50 to \$4.00 per year.—R. L. Pierce, Correspondent.



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Healers Have Not Proven Merit to State

A timely warning to the citizens of Cincinnati against indiscriminate patronage of non-medical "healers" who have been licensed under the exemption clauses of the new Platt-Ellis Law was issued by Health Officer John H. Landis in a recent issue of the weekly bulletin of the department. Dr. Landis emphasizes a very important point to be considered in connection with these persons, in the following terms:

"The State Medical Board of Columbus, under the provisions of the new Platt-Ellis Law, has recently been turning out, in large numbers, licenses to so-called drugless healers.

"Parchments entitling the holder to practice "a limited branch of medicine and surgery" have been or will be issued to nearly 500 individuals. Practitioners of these "limited branches" include men and women following all of the new frills in the healing art—chiropractic, mental healers, suggestive therapists, who heal by mental suggestion, so-called "spiritualistic healers"; and those who claim to heal by various modifications of the rubbing art, and with the use of water and electric appliances.

"I do not wish to discuss the merit of any of these practices. I wish here to emphasize two points: First, that the state, in issuing such licenses, is not thereby placing its endorsement upon the practice or the practitioners; and secondly, that in the majority of cases, the licensee was not compelled to prove by examination or otherwise, that he is fitted by training or education to practice any one of these so-called healing arts.

"Without exception these licenses were issued under the exemption clauses of the law.

"The legislature, in its wisdom, amended the act to provide that those who had practiced any of these various branches for five years, should be licensed without any examination whatever. Those who have practiced only one year should be licensed after a flimsy examination by one of their own number, only in the branches which he or she seeks to practice.

"Not one of these limited practitioners was examined in the underlying subjects that are necessary to give an adequate knowledge of the human body and its physiological processes. Such an examination has always been required of every physician, and such an examination will be required in the future, of these limited practitioners. But those now being licensed come under the exemption provisions.

"An examination of the applications of those who were licensed for these limited practices show that many were previously engaged in such pursuits as fortune-telling, blacksmithing, itinerant preaching, barbering, etc. Very few had even a common school education.

"This warning is issued as a protection for those who might confuse a state license with a state endorsement."

The above bulletin was later sent throughout the state to the daily newspapers which are co-operating with the Committee on Public Health Education of the State Society, and through them was given wide circulation.

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Look for Bulletin No. 2, in our next issue.

Sincerely,

YOUR EDITOR.

Marion Has Splendid Program

We are indebted to Dr. Dana O. Weeks for a copy of the 1916 program of the Marion County Medical Society:

February—Blood Pressure—What can be learned by it. "In Tuberculosis," Herman S. Rhu; "In Mental Diseases," Carl W. Sawyer; "In Nephritis," A. Melville Crane; "In Life Insurance," Dana O. Weeks; "In Pregnancy," R. T. Morgan.

March—"The Use and Abuse of Serums and Vaccines," J. Wilson McMurray, N. F. Tilton, C. E. Sawyer, Robt. C. M. Lewis, and E. L. Brady.

April—"Pregnancy, from Conception to Birth, Including Care of Mother," Joel B. Taylor, S. W. Mattox, Maud Bull, F. E. Mahla, and F. W. Murphy.

May—"Accidental Injuries to the Eye," D. W. Brickley; "Infections of the Eye," Elmer O. Richardson; "Refraction," Henry L. Uhler.

June—The Care of Children during Hot Weather. "Prevention of the Acute Intestinal Diseases of the Summer," Dana O. Weeks; "Diet," J. W. Jolley; "Hydrotherapy," Maud Bull; "Treatment," Carey T. Wiant; "Clothing," C. L. Baker.

July—"Advertising, Professional and Other-

wise," Elmer O. Richardson, Robert C. M. Lewis, A. Melville Crane, W. J. Weiser, J. E. Baker.

September—"Injuries to the Abdomen," Auguste Rhu, Henry L. Uhler, J. Wilson McMurray, H. K. Mouser.

October—"Infection during Child-birth," H. J. Lower, C. S. Burnside, A. W. Titsworth, L. D. Hamilton, W. J. Weiser.

November—"A Review of the Literature and Discoveries in Medicine during the Past Year," Fillmore Young. Discussion by all present.

December—Annual Election.

Muskingum Academy Meets

The regular meeting of the Muskingum Academy of Medicine was held in Zanesville on January 12. President Brown called the meeting to order at 8:15 P. M. The program of the evening was a symposium of "Influenza." Dr. R. B. Bainter read a paper on diagnosis, and Dr. E. C. Brush on the sequelae. In the absence of Dr. Warburton, who was to have talked on treatment, the president called on Dr. C. H. Higgins to discuss this subject. All the members present took part in the discussion that followed these three addresses.—Edmund R. Bush, Correspondent.

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Judge Killits Upholds Harrison Act

Another strong decision upholding the constitutionality of the Harrison Anti-Narcotic Act has been handed down by Federal Judge Killits, of Toledo, who ruled on an appeal filed by Dr. Charter, of Marion, who was indicted for a violation of the act. Dr. Charter's attorneys held that the law was unconstitutional in that it violates the right of contract between the State of Ohio and the defendant, assumed to exist in the fact that he has been licensed to practice as a physician in this State; that it is actually designed to regulate the use of certain drugs, but is masquerading as one purporting to raise revenue; that it is not uniform in its character, but is intended to affect a special class of persons only, namely, physicians, dentists, veterinarians, and druggists.

In discussing the scope of the law, Judge Killits, in the opinion, says: "We are not content to hold that the only ground upon which the constitutionality of this act can be sustained is that it is designed to protect the revenues of the United States. The indiscriminate and unrestrained use of opium, coca, and their derivatives is well known to be a great evil, gravely affecting the general welfare of the country. These are exclusively foreign products, and it is en-

tirely within the power of Congress, in the interest of the general welfare, to exclude their importation entirely, or to so regulate the traffic in them in this country that their importation may be traced."

Statutory regulation of the sale of narcotics became even more complicated in Ohio with the recent decision of the Supreme Court which upheld the old Duffy law—the state narcotic regulation measure which was enforced before the Federal government enacted the Harrison law. Several months ago the Circuit Court at Toledo declared the Duffy act to be unconstitutional, and since then it has been given little consideration in Ohio. It is again in full force, however, and is being administered by the State Agricultural Board, which before the enactment of the Harrison law prosecuted several Ohio physicians under its provisions.

There is, in reality, little difference between the Duffy state act and the federal measure, so that the procedure required by the latter protects the physician from prosecution by the state. There are, however, three points of difference in which the state law goes further than the federal.

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ond, the state law holds that preparations containing choral hydrate in amounts of more than ten grains to the ounce, either fluid or solid, must not be sold except on prescription. Third, the state law holds that prescriptions containing narcotics which are intended for external use, such as are exempted by the federal law, cannot be sold except on prescription.

The old provisions of the Duffy act which required prescriptions for preparations containing more than 1-4 grain of heroin per ounce is superseded by the federal measure, which is more stringent, and which reduces the minimum to 1-8 grain heroin per ounce. In general, then, with the above exceptions, compliance with the federal act protects the physician from prosecution under the state law.

Cleveland is Planning to Entertain You

Arrangements for the annual meeting of the State Association to be held in Cleveland May 17, 18 and 19, are being made with a view of meeting varied tastes. While the general plan of the Cincinnati meeting will be followed, several innovations will be offered. Dr. Ford, who is chairman of the local committee, is planning to make the clinics on the third day (Friday) of particular interest. Not only will the hospitals contribute to this, but an excellent opportunity will be afforded for all visitors to get a comprehensive view of the various public health agencies of the city—a field in which Cleveland leads.

Headquarters have not been definitely decided upon, but it is probable that the general sessions will be held at The Statler Hotel, with social features at the beautiful University Club on lower Euclid Avenue.

Unusual attention is being paid this year to the program. It is already certain that this will offer features of unparalleled excellence.

City Club of Cincinnati unanimously adopted a resolution asking for legislation empowering the health department to close all public places—theaters, restaurants, depots, street cars, etc.—when it is found that they are not receiving proper ventilation, and where no improvement is made after repeated warnings. The resolution was adopted following an address by Dr. D. E. Robinson, U.S.P.H.S., who has recently completed a sanitary survey of Cincinnati.

MARRIAGES IN OHIO.

Lincoln Smith Hemmings, M. D., Cleveland, to Miss Hazel Scott of Cuyahoga Falls, Ohio, December 30.

James Jay Tyler, M. D., Warren, Ohio, to Miss Ruth Marguerite Meals of Oil City, Pa., December 8.

O. A. Dickson, M. D., Jefferson, and Miss Catherine Carlin, Erie Pa., January 6.

Mary E. Blackburn, M. D., Columbus, to P. Mark Weddell, Pasadena, California, December 25.

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and its control

BOTH TESTS

Hecht-Weinberg Test - \$ 5.00

Pasteur Treatment

Course of 18 doses, including glass syringe and needles - - - - - \$50.00

Tissues - - - - - \$ 5.00

Autogenous Vaccines - \$10.00
(20 c.c. vials) - - - - -

We perform all kinds of laboratory and diagnostic work. We will supply you with all kinds of glassware and needles for sending in specimens. Write or telegraph us.

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ALBERT FALLER, M. D. R. B. H. GRADWOHL, M. D.

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Its treatment is essentially
dietetic. **HEPCO FOODS**
meet this requirement.

Starch—Trace Protien—41% Fat—21%



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131 Grand Avenue, WAUKESHA, WIS., U. S. A.

 * NEW and NONOFFICIAL REMEDIES *

Since publication of New and Nonofficial Remedies, 1915, and in addition to those previously reported, the following articles have been accepted by the Council of Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

Euresol pro Capillis.—Euresol (see New and Nonofficial Remedies, 1915, P. 268) perfumed to render it suitable for scalp lotions. Merck & Co., New York (Jour. A. M. A., Dec. 4, 1915, p. 2009.)

Pollen Extract (Pollen Vaccine).—A solution of pollen protein. It is used for the relief of prophy-laxis of a common type of hay fever (pollinosis). Before using it the patient's susceptibility and tolerance should be determined. Treatment with pollen extract has seemed to give relief in some cases.

Hay Fever Vaccine, Mulford (Autumnal).—Pollen extract prepared from ragweed. Marketed in packages of four syringes containing respectively, 0.0025 mg., 0.005mg., 0.01 mg., and 0.02 mg., of pollen protein. Also in separate syringes containing 0.02 mg. pollen protein. The H. K. Mulford Co., Philadelphia, Pa. (Jour. A. M. A., Dec. 4, 1915, p. 2009).

Mercuric Succinimide, Merck.—A non-proprietary brand of mercuric succinimide admitted to New and Nonofficial Remedies. Merck & Co., New York. (Jour. A. M. A., Dec. 4, 1915, p. 2009).

Morphine Meconate, Merck.—A non-proprietary brand of morphine meconate admitted to New and Nonofficial Remedies. Merck & Co., New York. (Jour. A. M. A., Dec. 4, 1915, p. 2009).

Swan's Staphylococcus Bacterin (No. 37).—Marketed in packages of six 1 Cc. vials and in 20 Cc. vials. Swan-Myers Company, Indianapolis, Ind.

Swan's Streptococcus Bacterin (No. 43).—Marketed in packages of six 1 Cc. vials and in 20 Cc. vials. Swan-Myers Company, Indianapolis, Ind.

Calcium Peroxide, Merck.—A non-proprietary brand of calcium peroxide admitted to New and Nonofficial Remedies. Merck & Company, New York.

Sodium Peroxide, Merck.—A non-proprietary brand of sodium peroxide admitted to New and Nonofficial Remedies. Merck & Company, New York.

Zinc Peroxide, Merck.—A non-proprietary brand of zinc peroxide admitted to New and Nonofficial Remedies. Merck & Company, New York.

Ethyl Salicylate, Merck.—A non-proprietary brand of ethyl salicylate admitted to New and Nonofficial Remedies. Merck & Company, New York.

Osmic Acid, Merck.—A non-proprietary brand

(Continued on page 152)

Holstein Cows' Milk and Active Muscular Babies

"I am prescribing and using successfully Holstein cows' milk in infant feeding," says a physician of high standing in Chicago. "I am keeping fats down to two to three per cent and find



three results: First... The constipation bug-bear of bottle fed babies is gone. Second, Can feed a higher per cent. of proteids earlier and have them digested.

Third, I get active muscular babies, essentially different from the condensed milk fat, flabby babies." Physicians who prescribe Holstein cows' milk do so on the authority of the leading pediatricians. Send for our new free booklets "The Story of Holstein Milk," and "Specialist's Evidence."

Holstein-Friesian Association of America

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BRATTLEBORO, VT.

Attention Doctors

Owing to an overstock of
 "Mercer" Sphygmomanometers
 we are offering this excellent
 Blood Pressure Apparatus at
 \$8.00 each while they last.

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Agar

(JAPANESE GELATIN, DERIVED FROM SEAWEED)

An admirable agent for the treatment of chronic constipation.

AGAR has the natural property of absorbing water readily, and of retaining it.

It resists the action of intestinal bacteria as well as that of the enzymes.

Its chief use in medicine is in the treatment of chronic constipation.

♦ ♦ ♦

Agar is not digested.

It passes practically unaltered into the intestine, merging with the feces, adding to their bulk and keeping them uniformly moist.

♦ ♦ ♦

Agar has no systemic action.

It serves as a mechanical stimulant to the bowels.

It aids in the production of normal, healthy evacuation, a condition approximating the natural function.

Agar is supplied in 4-ounce and 16-ounce cartons.

One or two heaping tablespoonfuls (according to individual requirements) may be taken morning or evening, at mealtime, with milk or cream or mixed with a cereal food.

Germicidal Soap

(McCLINTOCK)

A powerful and useful antiseptic, disinfectant and deodorant.

GERMICIDAL SOAP (McClintock) is prepared from pure vegetable oils combined with mercuric iodide, the most powerful germicide known.

It is a valuable antiseptic, deodorant and lubricant for hands and instruments.

It is an admirable general disinfectant.

It can be used to prepare antiseptic solutions without measuring, weighing or waste.

♦ ♦ ♦

Germicidal Soap (McClintock) is useful for cleansing minor wounds, as a deodorant in offensive hyperidrosis, for the preparation of vaginal douches—in fact, whenever and wherever a powerful detergent and disinfectant is required.

♦ ♦ ♦

Germicidal Soap (McClintock) does not attack nicked or steel instruments. It does not coagulate albumin.

Germicidal Soap, 2%: large cakes, one in a carton.

Germicidal Soap, Mild, 1%: large cakes, one in a carton; small cakes, five in a carton.

Germicidal Soap, Soft, 1%: collapsible tubes.

Germicidal Soap, Surgical, 1%: cylindrical sticks, each in a nickel-plated case.

LITERATURE MAILED ON REQUEST.

Home Offices and Laboratories,
Detroit, Michigan.

Parke, Davis & Co.

of osmium tetroxide admitted to New and Non-official Remedies. Merck & Company, New York.

Sodium Oleate, Merck.—A non-proprietary brand of sodium oleate admitted to New and Nonofficial Remedies. Merck & Company, New York.

Thiosinamine, Merck.—A non-proprietary brand of thiosinamine admitted to New and Nonofficial Remedies. Merck & Company, New York.

Urea, Merck.—A non-proprietary brand of urea admitted to New and Nonofficial Remedies. Merck & Company, New York.

Ampuls Sodium Cacodylate, Mulford, 7 3-4 grains.—Each ampule contains sodium cacodylate 0.5 Gm. H. K. Mulford Company, Philadelphia, Pa.

Ampuls Sodium Cacodylate, Mulford, 15 grains. Each ampule contains sodium cacodylate 1 Gm. H. K. Mulford Company, Philadelphia, Pa.

Ampules Solution Pituitary Extract, Mulford, 0.5 Cc.—Each ampule contains solution pituitary 0.5 Cc. H. K. Mulford Company, Philadelphia, Pa. (Jour. A. M. A., Dec. 11, 1915, p. 2085).

Scarlatina Strepto-Serobacterin, Mulford (Therapeutic), (Sensitized Scarlatinal Streptococci Vaccine).—Marketed in packages of four syringes. H. K. Mulford Co., Philadelphia, Pa. (Jour. A. M. A., Dec. 18, 1915, p. 2167).

Quinine Dihydrochloride (Quinine Dihydrochloridum).—The dihydrochlorid of the alkaloid quinine. Since quinine dihydrochloride is very soluble, its use has been proposed where concentrated solutions of quinine are wanted, as for subcutaneous injections and similar purposes.

Ampules Quinine Dihydrochloride, Mulford, 0.24 Gm.—Each ampule contains 0.24 Gm. quinine dihydrochloride in 1 Cc. of sterile solution. H. K. Mulford Co., Philadelphia, Pa.

Ampules Quinine Dihydrochloride, Mulford, 0.5 Gm.—Each ampule contains 0.5 Gm. quinine dihydrochloride in 1 Cc. of sterile solution. H. K. Mulford Co., Philadelphia, Pa. (Jour. A. M. A., Dec. 18, 1915, p. 2167).

Purified Tricresol, Mulford.—A mixture of isomeric cresols, corresponding closely to Cresol, U. S. P. H. K. Mulford Co., Philadelphia, Pa. (Jour. A. M. A., Dec. 18, 1915, p. 2167).

Iodosticks (Iodine 60 per cent. and Potassium Iodide 40 per cent.).—Wooden sticks 1 1-2 inches long, tipped with a mixture of iodine 60 per cent. and potassium iodide 40 per cent. Antiseptic Supply Co., New York. (Jour. A. M. A., Dec. 18, 1915, p. 2167).

Iodoapplicators and Iodoapplicators, Special (Iodine 60 per cent. and Potassium Iodide 40 per cent.).—Wooden sticks 6 1-2 and 12 inches long, respectively, tipped with a mixture of iodine 60 per cent. and potassium iodide 40 per cent. Antiseptic Supply Co., New York. (Jour. A. M. A., Dec. 18, 1915, p. 2167).

G. Strophanthin (Thoms), Merck.—A non-pro-

(Continued on page 155)



In the gigantic struggle now engaging the nations of Europe it's only the hits that count. Every Government and Commander knows that. And therefore they don't depend on judgment to find the range. They find it with all the exactness and certainty of mathematics, before they fire a shot! Modern range-finders, scientifically correct, are their guides. No guesswork, there!

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How many times does the Roentgenologist "shoot" without being sure he will make a "hit"? Practically every time he must duplicate his shot. Every duplicate made costs money—uses a plate unnecessarily—and this cost can be eliminated. After several months' trial by prominent Radiographers we now announce this remarkable technique—the greatest advance in years.

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MODERN equipment, combined with years of clinical and analytical experience is at your service. Our reputation and names stand back of our work.

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If you are not familiar with the scientific advantages of this entire system, it will pay you to investigate.

Science is making progress in all directions and particularly in the application of lenses for the relief of eye defects. The prescribing of Punktal Lenses is very simple and an understanding of the Vertex System of refraction is easily mastered.

We are pleased to furnish any Oculist interested, with a complete set of literature explaining the System, together with a description of the advantages of the lenses, and will be pleased to have your inquiries.

We are Headquarters for high grade Optical Supplies of all kinds. In addition to the Punktal Lenses, some of the other high grade specialties made by us are—Kryptok Lenses, One Piece Bifocal Lenses, Ecliptic Bifocals, Naktic Lenses, Crookes Lenses and in fact, lenses, frames and mountings of all kinds required for the use of a successful oculist.

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proprietary brand of ouabain, crystallized. Merck & Company, New York.

Mercury Biniodide Oil Solution in Ampules, H. W. and Co.—On e c. c. of solution contains red mercuric iodide in a natural fatty oil, 0.1 Gm. (1-6 grain). Hynson, Westcott & Co., Baltimore, Md.

Mercuriol Tablets, 1-4 gr.—Each tablet contains mercuriol 0.016 gr. Parke, Davis & Co., Detroit, Mich.

Mercuriol Tablets, 1-2 gr.—Each tablet contains mercuriol 0.03 gm. Parke, Davis & Co., Detroit, Mich.

Mercuriol Tablets, 1 gr.—Each tablet contains mercuriol 0.065 gm. Parke, Davis & Co., Detroit, Mich.

Mercuriol Tablets, 2 grs.—Each tablet contains mercuriol 0.13 gm. Parke, Davis & Co., Detroit, Mich.

Mercuriol with Potassium Iodide Tablets.—Each tablet contains mercuriol 1-4 gr. and potassium iodide 1 gr. Parke, Davis & Co., Detroit, Mich.

Iodalbum and Mercuriol Tablets.—Each tablet contains 5 grs. and mercuriol 1 gr. Parke, Davis & Co., Detroit, Mich.

Liquid Petrolatum, Merck.—A non-proprietary brand of liquid petrolatum, U. S. P. It is made from American petroleum. It is colorless, non-fluorescent, practically odorless and tasteless. Merck & Co., New York. (Jour. A. M. A., Dec. 25, 1915. p. 2239).

PROPAGANDA FOR REFORM

Proprietary Digitalis Preparations.—The Council on Pharmacy and Chemistry reports that it is becoming increasingly apparent that the tincture of digitalis produces the full therapeutic effects of digitalis, and that when it is properly made it is as stable as any liquid preparation of digitalis now available; and that the tincture has the systemic side actions of digitalis, including the emetic, in no greater degree than the various proprietary preparations of this drug. Strophanthin and crystallized ouabain are now available in sterile solutions in ampules and afford a convenient means of promptly securing the cardiac action by intramuscular or intravenous injection. (Jour. A. M. A., Dec. 4, 1915, p. 2024.)

Dr. Pierce's Pleasant Pellets.—The A. M. A. Chemical Laboratory reports that the pills responded to tests for emodin and aloin. Essentially, Pierce's Pleasant Purgative Pellets appear to be an ordinary laxative pill. That the active principle of aloes was found in the pills is of interest in view of the fact that the leaflet advertising Pierce's Pleasant Pellets warns the public

(Continued on page 156)

50% Better Prevention Defense Indemnity

- 1 All claims or suits for alleged civil malpractice, error or mistake, for which our contract holder,
- 2 Or his estate is sued, whether the act or omission was his own
- 3 Or that of any other person (not necessarily an assistant or agent)
- 4 All such claims arising in suits involving the collection of professional fees
- 5 All claims arising in autopsies, inquests and in the prescribing and handling of drugs and medicines.
- 6 Defense through the court of last resort and until all legal remedies are exhausted
- 7 Without limit as to amount expended.
- 8 You have a voice in the selection of local council.
- 9 If we lose, we pay to amount specified, in addition to the unlimited defense.
- 10 The only contract containing all the above features and which is protection per se. A sample upon request.

THE MEDICAL PROTECTIVE CO.
of Fort Wayne, Indiana

Professional Protection, Exclusively

against the use of purgatives composed of aloes. (Jour. A. M. A., Dec. 4, 1915, p. 2025).

Nose Ions.—The A. M. A. Chemical Laboratory reports that the circular matter for "Nose-Ions" is a crude attempt to impose on a scientifically trained profession with pseudo-scientific patter about ions, ionic dissociation and the positive and negative charges of ions. It appears that Nose-Ions is essentially an ointment consisting of a petrolatum base, containing some odorous principles such as camphor, menthol and eucalyptus, with some salicylic acid and some quinine. (Jour. A. M. A., Dec. 4, 1915, p. 2026).

Ozomulsion.—This "patent medicine" long sold as a consumption "cure" has been declared misbranded under the Food and Drug Act, the therapeutic claims being both false and fraudulent. The preparation was found to be an emulsion of cod liver oil, with glycerine and phosphorus compounds of calcium and sodium. (Jour. A. M. A., Dec. 18, 1915, p. 2184).

Dr. Whittington's Treatment for Consumption.—This preparation was examined in the A. M. A. Chemical Laboratory. From the analysis it appears that Dr. Whittington's Treatment for Consumption is a flavored syrup devoid of potent ingredients other than alcohol. Dr. Whittington is a member of the Medical Society of California. (Jour. A. M. A., Dec. 18, 1915, p. 2184).

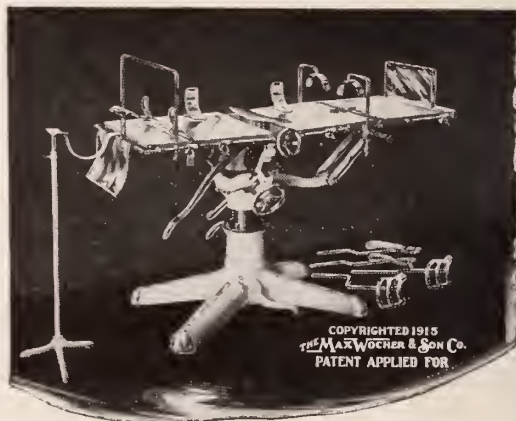
Rogers' Consumption Cure.—Rogers' Consumption Cure and Cough Lozenges and Rogers' Inhalant were advertised for the treatment of diseases of the lungs, etc. The government chemists reported that the first consisted of sugar lozenges, containing a small amount of gum and a trace of oil of rosemary. The inhalant was found to be an alcoholic solution of volatile oil, chiefly rosemary. The government held the therapeutic claims made for these preparations false. The owners having made no defense, they were fined. (Jour. A. M. A., Dec. 18, 1915, p. 2185).

Mist. Helonin Comp.—The only available information in regard to the composition of Mist. Helonin Comp., Schlotterbeck and Foss, is a statement in a circular that the active ingredients are helonin, senecin and avenin and the statement on the label that it contained 45 per cent. alcohol. The alcohol content is that of strong whisky. The practically inert drugs asserted to be contained in it would not in the least interfere with its use as a cordial. On the basis of the information supplied by the manufacturer, Mist. Helonin Comp., may be classified as an objectionable and worthless nostrum—unless we regard the alcohol as of value. (Jour. A. M. A., Dec. 18, 1915, p. 2186).

Incompatibility of Quinine with Aspirin.—Experiments have shown that weak acids, such as acetylsalicylic acid (aspirin), citric, malic, acetic or tartaric acid under the influence of heat may convert quinine into its poisonous isomer quinotoxin and cinchona into cinchotoxin. The danger of the

(Continued on page 158)

The Representative American Operating Table



THE CINCINNATI PEDESTAL AUTOMATIC

- ¶ Every known position can be obtained.
- ¶ Has no slow-operating gear wheels, but is controlled by fulcrum and locked with Locking Device Lever.
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in Infant Feeding are very well defined. Where for any reason Nature's supply fails and artificial feeding must be resorted to, the food to select at this critical period must be Clean, Wholesome, Uniform in Composition, Easily Assimilated and Simple to Prepare.



Gail Borden EAGLE BRAND CONDENSED MILK

THE ORIGINAL



possesses all the above requirements and the physician who feeds infants successfully will find Gail Borden Eagle Brand Condensed Milk to be by clinical trial a satisfying and reliable food at all times.

Samples, Feeding Charts in any language and our 52-page book "Baby's Welfare" mailed upon request

BORDEN'S CONDENSED MILK CO.
"Leaders of Quality"

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\$5.00 Places This Complete Outfit In Your Office

The outfit once installed will more than earn the balance for you under our liberal selling plan of seven equal payments of \$10.00 each.

Finished in a beautiful, everlasting white enamel, coat after coat of which has been forced on to and into the metal by pressure, and baked in a terrific heat. Every article made of steel electrically welded into a rigid piece.



The high quality invites the strictest comparison.
The low price makes comparison ridiculous.
The price of the outfit is \$75.00 and includes:

- Steel Instrument Cabinet with polished plate glass shelves and door—full nickel-trimmed.
- U. S. Army Operating Table with stirrups.
- Irrigator Stand with glass percolator and two-bowl stand.
- All Steel Instrument Table.
- Arm Chair with adjustable head rest.
- Revolving Operator's Stool.
- Best-Ever Waste Bucket.
- Hand-power Centrifuge.
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formation of quinotoxin in the body cannot be great. Ready-made mixtures of quinine or cinchona preparations with weak organic acids should be avoided. (Jour. A. M. A., Dec. 18, 1915, p. 2187).

Salvarsan Made in U. S.—Because of the shortage due to the war, salvarsan is made and offered for sale under its chemical name to physicians and hospitals urgently in need of it by the dermatologic laboratories of the Philadelphia Polyclinic. Dr. Jay F. Schamberg, the director of the Department of Dermatological Research, states that the product made by the dermatologic laboratories has been employed on hundreds of cases with excellent therapeutic results and with no reports of accident or untoward complications. (Jour. A. M. A., Dec. 18, 1915, p. 2179).

Cu-Co-Ba, Tarrant.—From the statements of the circulars, it appears to be one of the copabia and cubeb preparations which at one time were in vogue as a routine measure in the treatment of gonorrhea. (Jour. A. M. A., Dec. 25, 1915, p. 2257).

Poslam.—The A. M. A. Chemical Laboratory in 1909 found that essentially Poslam consisted of zinc oxide 12.01 parts, sulphur 6.67 parts, corn starch 22.00 parts, tar oil 15.18 parts, menthol and salicylic acid, small quantities, fatty base to make 100 parts. For skin affections which may be benefited by ointments the official ointments are as effective as the proprietary products and have the added advantage of being of known and more uniform composition. (Jour. A. M. A., Dec. 25, 1915, p. 2256).

Orthoform—New.—Treasury Decision 2194 contemplates registration of orthoform-new under the Harrison Narcotic Law. (Jour. A. M. A., Dec. 25, 1915, p. 2257).

The prevention of trachoma has been recognized in late years as one of the serious public health problems in Ohio. We were much interested in a pamphlet prepared by Gordon L. Berry, field secretary of the National Committee for the Prevention of Blindness, in which he reviews the general situation, discusses its prevalence, its effects upon vision, and the methods of control and eradication. While not primarily a treatise from a medical standpoint, but rather a popular presentation of the subject designed for the education of the layman, it is a pamphlet that would be of considerable interest to a large number of physicians who come in contact with this disease. It would be valuable for distribution among patients in districts where trachoma is prevalent. Copies may be secured free from the committee, which has headquarters at 130 East 22nd Street, New York City, or will be furnished in quantities at cost.

The National Committee for the Prevention of Blindness is conducting an active propaganda in this field. Its managing director is Mr. Edward M. Van Cleave, who for years was in charge of the State School for the Blind at Columbus.

Complete Instructions for Taking all Specimens and Sterile Containers, Sent FREE Upon Request

Wassermann Test \$5.00

We do the classical test. Any of the various modifications made upon request without charge.

Autogenous Vaccines \$5.00

with the *exciting organism* isolated and identified, cultured aerobically and anaerobically. Put up in ampules or 20 c. c. container.

Complement Fixation for Gonorrhea \$5.00

We use a polyvalent antigen.

Examination of Pathological Tissue \$5.00

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FORT WAYNE MEDICAL LABORATORY

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DR. BONNELLE W. RHAMY, Director

Bacteriological, sero-logical, pathological, toxicological and chemical examinations of all kinds given prompt, personal attention.

Full instructions, fee table, sterile containers and culture tubes sent on request.

(As early diagnosis is the important factor in successful treatment it will pay you to utilize dependable laboratory diagnosis early and often.)

Wassermann test for syphilis.....\$5.00
(Send 3-5 C. c. of blood)

Gonorrhoea complement fixation test.....\$5.00
(Send 3-5 C. c. of blood)

This serologic test is the very best means of determining the presence or absence (cure) of chronic gonorrheal infection.

Lange's colloidal gold test of spinal fluid..\$5.00
Differential test; tubercular, syphilitic infection and general paresis.

Pathological tissue diagnosis.....\$5.00

Autogenous vaccines
Bacteriologic diagnosis and cultures...\$2.00
20 doses vaccine in 2 C. c. vials.....\$5.00

Toxicology Analysis.....\$25 to \$100

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enables the physician to prescribe a nutritious and digestible diet that is safe and dependable.

The superiority of "HORLICK'S" has won for it the confidence and good-will of the medical profession and dietitians.

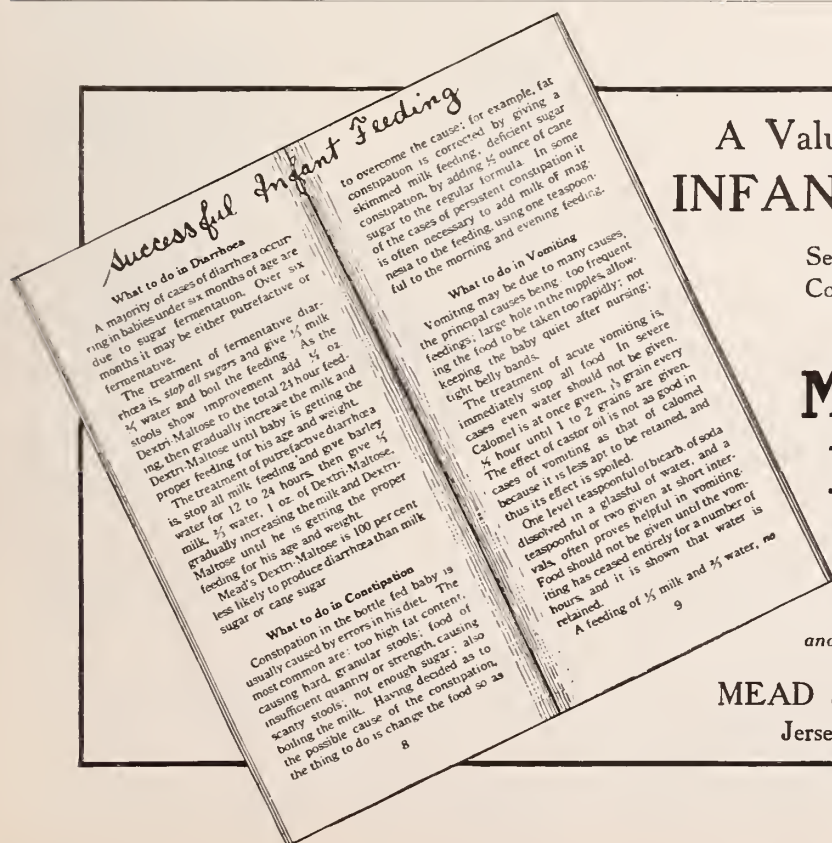
As a result there are numerous imitations, and attempts are made to substitute these for the **Original Malted Milk.**

Therefore ask for it by name

HORLICK'S

and thus avoid substitutes

HORLICK'S MALTED MILK CO.
Racine, Wisconsin



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New Communicable Disease Regulations

Cincinnati Department of Health has adopted the following revised schedule with reference to the duration of quarantine in the more common communicable diseases:

Quarantine shall continue for a period thereafter from the completion of fumigation as follows: In smallpox, seventeen days; in scarlet fever, ten days; in anterior poliomyelitis, fourteen days; in cerebro-spinal meningitis, fourteen days.

Quarantine for diphtheria will be lifted after two negative cultures (with an interval of two days) have been obtained from the patient and the premises fumigated. Other children in the family may return to school immediately after the quarantine is lifted, provided two cultures of the nose and throat, taken with an interval of two days, fail to reveal the presence of diphtheria bacilli. If the patient is removed to the hospital, other children in the family who have been immunized and cultures from whose nose and throat are negative, may return to school.

Children who have been exposed to the disease and transferred to the home of a relative, who have been immunized and cultures from whose nose and throat are negative, may return to school, provided they continue at the new address until the quarantine in the home is lifted. If not immunized and no negative cultures have been obtained, even though the address be changed, school permits will not be issued for two weeks after exposure. Diphtheria carriers will be treated as clinical cases.

Children who have had an attack of measles may return to school two weeks after the date of definite symptoms, providing no other cases occur in the same family.

In chickenpox, children will be excluded from school for a period of seventeen days; in whooping cough for a period ending ten days after the physician announces recovery.

For the above communicable diseases, sanitary isolation applies to all children in the same family.

In German measles, children are excluded for one week. Other children in the family who have had the disease may attend school.

Children who have mumps should be excluded until the swelling has subsided. Only the sick child is excluded from school.

The only change over old procedure is in the control of diphtheria, measles, mumps and chickenpox. New rules are in accordance with modern research findings.

Anderson, Goldberg and others hold that measles is highly infectious during the pre-eruptive stage and non-communicable after the disappearance of the eruption.

In chickenpox school permits have been issued 17 days after the report of the case, allowing seven days for acute symptoms to subside and 10 days for desquamation.

In diphtheria the department followed a literal interpretation of the statutes and required in the past continued quarantine for fourteen days, counting from the completion of disinfection, without any consideration for "contacts" who were immunized, without any regard for those who failed to develop diphtheria after a reasonable period for incubation and whose nose and throat were probably free from diphtheria bacilli.

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Office, 25 Ruggery Building, East Gay St., Columbus, Ohio

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The possibility that a bill providing for state sickness insurance will be introduced into the Ohio Legislature next winter is growing stronger. A measure modeled after that drafted by the American Association for Labor Legislation is now pending in the New York state legislature, and is receiving very careful attention by the Medical Society of the State of New York. The possibility of a similar bill in Ohio is being discussed by newspapers throughout the state. It is understood that insurance men engaged in writing health and accident policies are organizing their forces to combat such a proposal.

The Legislative Committee of our State Society is preparing to meet the situation, and adequately represent the interests of the medical profession of the state if such a law is given legislative consideration in Ohio. Tentative drafts of the general proposal have been submitted to the legislative committee in each county society, with a request that it be given study and consideration by the society. Comments received by The Journal from legislative committeemen in various sections of the state differ very widely. One writes that the State Society should do everything possible to "help stop such a d— fool move." Another feels that such a law would be a great boon to medical practice, in that "it would eliminate the necessity for much of the present charity work." Opinions of others range between these two.

It is too early to arrive at a definite conclusion regarding the merit of such a measure. However, this fact stands out boldly: State sickness

insurance would have a tremendous effect upon medical practice in the state, and the possibility of the enactment of such a law in Ohio makes it absolutely necessary for physicians to maintain the strongest possible organization, in every county, so that in the development of such legislation the interests of the medical practitioner may be adequately considered by the legislators.

+ + +

Springfield wants the 1917 meeting of the State Association, and the city which wrests that honor from its boosters will know that it has been through a fight. At a recent meeting of the Clark County Medical Society it was voted unanimously to send a delegation to Cleveland and to exert every influence to secure the meeting. Springfield offers many advantages, as it has two magnificent new hotels nearing completion with the possibility that two other hotels will be elaborately remodeled. Few cities in the state offer better transportation facilities, both by electric and steam routes. Its new Memorial hall is one of the finest in the state and could very nicely house all of the convention activities. Then, too, there is a new spirit abroad in Springfield. Even a casual visitor is impressed with a sense of civic awakening. It is becoming one of the "live," active, progressive cities of Ohio.

Springfield boosters point out that in recent years the state meetings have been confined exclusively to the larger cities, and that those smaller places which are equipped to care for the convention deserve recognition. Springfield has

not entertained the state meeting for nearly twenty years. The members of the Clark County Medical Society, together with many physicians throughout west central Ohio feel that the State Association owes to that territory the honor of a state meeting.

+ + +

Dr. Eugene F. McCampbell, who retires April 1 as secretary and executive officer of the State Department of Health to become dean of the College of Medicine at Ohio State University, will leave his present position with a record that commands admiration. He has reorganized and extended the work of our state health department until it stands today one of the very best in the United States. He has brought the people of Ohio to realize that public health protection is an important function of the state, and one that demands adequate financial support. After securing increased legislative appropriations, he has used the money to such excellent advantage that the real value of preventive work has been thoroughly demonstrated, and increased financial support may be expected in the future.

The splendid development of the State Department of Health in the past four years has not been solely due to Dr. McCampbell, but it is a real tribute to his executive ability. He has surrounded himself with a corps of department heads who are leaders in their respective fields. He has directed their activity so that the complete result has been a well balanced health administration.

Trustees of Ohio State University have been fortunate in securing the services of so able an executive to direct the important work of reorganizing the medical college, and to place it on the high plane which it should occupy as a component part of the university of the great state of Ohio.

We feel that in securing the services of Dr. Clyde E. Ford as successor to Dr. McCampbell, the State Board of Health has been exceptionally fortunate. Dr. Ford will bring to the state service the splendid experience gained in rebuilding the health department of Cleveland. He is recognized the country over as an expert in his field and will give the department wide prestige. He has a great opportunity before him, and we believe that under his direction Ohio will progress in the next four years as rapidly as it has in the past.

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Dr. W. E. Morris, secretary of Columbiana County Medical Society, died at his home in Lisbon, February 17th. As secretary-treasurer we grew to have a high regard for Dr. Morris and a profound respect for his ability. We extend our sympathy to Dr. Morris' family and our condolences to his society.

The American Medical Association has completed another great constructive work—one that we believe will be epochal in the development of public health activities in the United States. We refer to the detailed report of state public health work, based upon a first-hand survey of state departments of health, recently completed under the direction of the Council on Health and Public Instruction.

Dr. Charles V. Chapin, commissioner of health of Providence, R. I., devoted nearly two years to the collection of this matter, and to the compilation of the report. Before its publication it was impossible to establish any standard by which the relative merits of different state health departments might be determined. Now that it is completed it will be of great value in pointing out to state public health officials the particular features that need development in their respective states, and will be of incalculable value in impressing upon the general public the need of greater appropriations for extending the work in directions where it is needed. It makes possible, for instance, a careful comparison of the work done in Ohio with that done in Indiana, Illinois, Michigan, Pennsylvania, and other important states where somewhat similar conditions prevail.

Dr. Frederick R. Green, the secretary of the Council, and the active force behind the public health activities of the American Medical Association, labored eight years to make this survey possible—he having early realized its need as a basis for intelligent advancement in the field. The completed report certainly justifies his action, for the various states are now ready to actively progress by taking up a consideration of the work in which the survey has shown them to be comparatively weak.

We are very glad to note that in the general ranking Ohio stands very high. When Dr. Chapin was in Columbus, nearly two years ago, our state health department was undergoing a re-organization. Since he made his report several activities which he regards as essential have been inaugurated here, so that were the report based upon the work of the department at the present time, our standing would be even higher. For example, when Dr. Chapin was here our board had not established a division of child welfare, and since that time the work of our laboratories, both in diagnosis and in the manufacture of sera and vaccines, has been materially extended.

The survey of state public health activities has been so effective and valuable that we trust the Council will immediately take up the remainder of its program—the survey of the public health activities of the Federal government, and a similar survey of the work being done by municipal health departments and by voluntary public health organizations. We feel that this work is of primary importance, and should be made the basis of all public health work in the United States.

Exploiters of the fake tuberculosis "cure" known as Nature's Creation have run afoul of Uncle Sam and his federal pure food regulations. On February 22, District Attorney Stuart R. Bolin filed in United States Court at Columbus an official information against the Columbus company which manufactures this medicine, charging two counts of violation of the federal act.

Federal officials refuse to mince words in dealing with these remedies. In this case they take exception to the quotations which appear upon the bottle: "A remedy for tuberculosis and weak lungs." One count charges that the medicine is misbranded within the meaning of the law because "the statement was applied to said drug in reckless and wanton disregard of its truth or falsity so as to represent falsely and fraudulently to the purchasers thereof, and to create in their minds the impression or belief that said drug was in whole or in part, composed of, or that it contained ingredients or medicinal agents effective as a remedy in tuberculosis, when in truth and in fact, said drug was not in whole or in part, composed of, and did not contain ingredients or medicinal agents effective as a remedy for tuberculosis."

Although the legal phraseology is somewhat stilted, it contains the punch.

The second count is directed against pamphlets which accompany the bottles in which directions are given, designed to induce the patient to take as much of the dope as possible.

"Nature's Creation" is an old offender and was, at one time, one of the most profitable of the consumption cure fakes. It is rather fully described in *Nostrums and Quackery* (pages 131 to 145). Chemists in the A. M. A. laboratory found it to be a solution of potassium iodide in a weakly alcoholic medium containing vegetable extracts and flavoring matter, and small quantities of inorganic salts. It is, of course, useless and even dangerous in the treatment of tuberculosis—dangerous because it gives the patient false hope and cause him to fritter away valuable time that might have been used in real treatment. Government agents investigating the present violation found that it is still selling at the old price of \$5.00 a bottle. This seems incredible in view of the court testimony which came out in 1912, when H. W. Campbell, the original promoter of the concern, sued a Mrs. Reynolds, his former partner, to recover money which he alleged was due him from the profits. Campbell in his petition declared under oath that the mixture sold as Nature's Creation costs but two cents an ounce, or 24 cents for the twelve-ounce bottle which retails for \$5.00.

The Journal sincerely hopes that if the government convicts this company upon the present charges, the court will bear in mind that Nature's Creation has been the means of relieving thousands of sick and ignorant people of money which

they seriously needed, and that in probably hundreds of cases this one "remedy" has directly caused the loss of human life because of misplaced confidence in it.

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Quackery is still with us in Ohio. This is very easily demonstrated by a few minutes spent in looking over the daily newspapers of the state. Blatant display advertising announcements of the wonderful work by medical institutes, world renowned specialists for men, marvels in rupture treatment, and similar bunk, are prominent in papers in almost every city. The so-called "Interstate Doctors" who have visited most of Ohio's cities, are operating in full swing at Lancaster. The ever-present "United Doctor Specialists" are announcing one day stands at hotels in Mt. Vernon, Coshocton, Norwalk, Medina, Wooster, and other favored points. In Cleveland, one of the worst quack outfits in the country is continuing in full blast, doing its best to discredit the work of the X-Ray. In Columbus we have the pleasure of gazing into the cherubic faces of two modest men specialists almost every morning through the medium of the Ohio State Journal—the two other local dailies having refused to accept their glaring announcements. In Cincinnati a "famous German scientist" (he admits it) continues the use of large quantities of newspaper advertising space to extol his merits as a diet specialist. A horde of smaller fry, itinerant and otherwise, are working similar games in the smaller communities.

Compared with even a few years ago, there is little quackery. But it seems that in recent months it is again springing up.

The reason for their unusual boldness at the present time lies in the fact that the State Medical Board, for the past several months, has been almost swamped with work, chiefly the registration of nurses and the licensing of cult practitioners under the new Platt-Ellis law. Quack doctors are continually on the outlook for opportunities to ply their profitable business, and have been quick to recognize the handicap under which the state officers have been laboring, and the consequent necessary laxity in enforcing the provisions of the Medical Practice Act.

Now that the board has finished the bulk of the detail work necessary to put these new systems into operation, *The Journal* feels that the time has arrived for a state-wide campaign against all forms of medical quackery in Ohio. The enactment by the last legislature of the Hoy bill gives the board the legal power necessary to proceed, as will readily be seen by the following quotation from section 1275 of the general code:

"The words 'grossly unprofessional or dishonest conduct' (as applying to grounds for revocation of medical license) as used in this section are hereby declared to mean:

"First: The employing of any capper, solicitor or drummer for the purpose of securing patients.

or subsidizing any hotel or boarding house with like purpose, or the obtaining of any fee on the assurance that an incurable disease can be cured. * * * *

"Third: All advertising of medical practice in which extravagantly worded statements intended, or having a tendency to deceive and defraud the public, are made, or where specific mention is made in such advertisements of tuberculosis, consumption, cancer, Bright's disease, kidney disease, diabetes, or of venereal diseases or diseases of the genito-urinary organs.

"Fourth: Having professional connection with, or lending one's name to an illegal practitioner of medicine."

The State Medical Board owes it to the citizens of Ohio to stop, for all time to come, this organized business of exploiting the sick. If the funds necessary for wholesale prosecutions are not available, it is time that the legislature should be informed of the need so that definite appropriations might be made. The state is spending thousands of dollars annually to enforce its liquor laws, to regulate the sale of drugs, to see that boiler engineers are properly qualified, to eliminate financial swindlers. Certainly it can afford to spend the comparatively small amount necessary to rid the state of that class of human vultures who prey upon the sick and afflicted.

+ + +

Cleveland is to be congratulated upon its splendid medical library, owned and operated by a private association, which includes 256 members. The annual report of Dr. C. A. Hamann, the director, shows that the library now has on its shelves 21,428 volumes, and 10,849 pamphlets and theses. Of the former, 9,254 are bound volumes covering the general field of medicine, while the balance are bound or unbound volumes of journals, reports, and transactions.

Housed in a permanent home and centrally located, this library offers to the physicians of Cleveland facilities of inestimable value. It is very satisfactory to note that with the addition of the Dudley P. Allen endowment of over \$200,000, the library will have a secured annual income of nearly \$13,000 in the future.

The situation in Cleveland contrasts strongly with that in many other sections in the state. Very few have medical libraries worthy of the name. In Columbus, for instance, where a section of the general public library is set aside for use of the physicians, little or no attention is paid to the upkeep of the medical shelves, or to the care of current medical articles.

More attention should be paid by every community to the maintenance of some sort of library facilities. Even in the smaller towns it would be entirely possible for a local group to join forces in securing at least the more important current journals, and the important medical works as they appear. By keeping these in some

central location, easily accessible to all, the basis of a library could be formed. In one small town of less than 5,000 in northern Ohio, the doctors are planning to rent a room for this purpose in a downtown office building. Every member of the club will carry a pass key, and general hours for discussion and social intercourse will be established. They have roughly figured the cost and find that they can buy the more necessary of the new books, and all the important journals, and maintain their quarters, at a cost less than they incur individually under their present plan of operating independently and individually buying a few new books and a few of the journals each year.

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Who owns the X-Ray plate? Like the question of "Who owns the prescription?" this question is one of importance. Legal decision has held that a prescription is merely an order on the druggist, and is to be held by him for record. In no wise is the prescription the property of the patient. The patient pays only for medical examination and advice.

Who owns the X-ray plate should be a much simpler matter to decide. The X-ray plate when taken by the physician, or upon his order is a part of the physician's record of examination and as such should remain in his possession or in possession of the specialist who makes it.

The X-ray plate should be on file for reference in case of the unlooked for exigency of a suit for damages, or a malpractice action.

If patients must have a record to take away they should be given a print from the plate, but the plate itself should be in your hands both for the interests of the patient and your own protection. Then if occasion arises the plate can be produced intact, and will not have been broken or lost, as too often happens, when given into the care of the patient.

By all means keep the X-ray plate.—(J. E. T.)

+ + +

Dr. J. H. Seiler, who has served as secretary of the Union Medical Association of the Sixth Councilor District since 1897, sends us a copy of the new roster which includes a list of the presidents and officers since its organization in 1870 and a complete list of its 265 members. Forty-one per cent of the members of the Sixth District county societies are members of the district organization.

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The remarkable feature of the early weeks of 1916 is the tremendous gain in Richland. 31 last year and 45 this year (Feb. 21st). F. A. McCullough is the secretary-treasurer of this county. They made him secretary the first night he joined. Watch him develop.

Now that they have been licensed to carry on "a limited practice in medicine and surgery," the chiropractors, the great majority of whom are products of mail-order schools, are becoming ambitious. The limit of absurdity has been reached in Cleveland, where according to newspaper reports LeMar T. Beman, the municipal director of public welfare assured 300 members of the Ohio Chiropractic Association at its recent conference that he would seriously consider having a practicing chiropractor treat cases in the Warrensville and City hospitals.

The chiropractors, of course, were very quick to follow up the suggestion and have appointed a committee to urge this course upon Mr. Beman.

Cleveland is not the only city in which healers of this particular brand are endeavoring to worm their way into hospitals. Reports have been received from smaller communities saying that their claims are becoming insistent.

This is, of course, a question for local regulation. It is difficult to conceive, however, of a situation where a hospital staff whose members dedicate their time and scientific training to the treatment of the sick could possibly submit to association with commercialized healers of this sort. They have no more business in a scientific institution than a blacksmith or a "fortune teller." To understand how absolutely true this is, it is only necessary to review the documents on file with the State Medical Board. The great majority of chiropractors lack even a common school education.

It should be borne in mind, however, that these men and women have much at stake, and that they are often strong in local political circles. They will do almost anything to gain hospital connections. Their insistence may create a serious situation in some cities.

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The city of Hamilton is finding plenty of justification for its work in the field of food inspection, which is being prosecuted under the direction of Dr. Smedley of the city health department. In his annual report, Dr. Smedley says that the department has discovered that certain persons in the city buy carcasses of hogs, dead from cholera, and sell them for meat. One butcher bought a cow with a cancerous jaw, and converted it, cancer and all, into sausage. Dr. Smedley advises the city to employ a veterinarian to make post- and ante-mortem examinations of all animals slaughtered for consumption that have not been passed upon by the federal inspectors. He points out, rightly, that it is ridiculous for a city to wage a campaign against tuberculosis, and at the same time to permit the sale of meat from tuberculous animals.

Conditions are no worse in Hamilton than in other cities of its size. Many Ohio towns make little or no effort to provide an adequate food in-

spection service. It is a subject that should be given attention by every health department.

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It is regrettable to note that some of the newspaper publishers of Ohio are inclined to rush to the defense of the quack doctor, and the exploiter of fake nostrums. The persistent campaign that has been waged against these forms of fraud has had, in recent years, a disastrous effect upon the profits of those who exploit the sick. Fearing complete annihilation, and likewise fearing to fight in the open, these despicable crooks are endeavoring to transfer their fight to the shoulders of the newspaper publishers—probably the most influential class of men in the state of Ohio.

This was first indicated in January at the meeting in Columbus of the Associated Ohio Dailies, an organization including all daily newspapers of the state. The particular grievance in this instance was the action of the State Medical Board in exacting a promise from those who received licenses to practice under the Platt-Ellis law, to refrain from advertising. The publishers held—and they were technically right—that the board exceeded its authority in exacting these pledges.

Although considerable bitterness had been aroused among the publishers by the cult practitioners, broad-minded editors in this association, headed by Col. Perry of Chillicothe, its president, realized that there were two sides to the question. To show their fairness this association appointed a special committee to discuss the subject of medical advertising, and particularly cult practice advertising, with a committee from the State Medical Association.

Later, when the Buckeye Press Association met in Columbus in February, anti-medical sentiment assumed a different form. This association is comprised of publishers of a large number of the weekly newspapers of the state. Their attitude was one general resentment against the activity of the medical profession in recent years in endeavoring to curb widespread advertising of fraudulent nostrums.

The immediate form of attack suggested was the introduction of a bill in the next legislature to force all registered physicians in Ohio to regularly insert advertising statements in at least one newspaper, setting forth name, address, office hours, and telephone numbers, giving a complete resume of their education and a complete statement of charges for various forms of service.

Mr. Gehres of Waverly, Ohio, who is a candidate for the legislature, told the association that he was seriously considering the introduction of such a bill, in the event he is elected. Despite the fact that such a measure would be clearly unconstitutional, and more or less of a joke, it was given some serious discussion by the editors present, although no definite action was taken.

The discouraging feature in connection with both meetings was the almost universal sentiment of antipathy against medical men by the newspaper publishers.

Executive Secretary Sheridan, of the State Association, who was present by invitation at both meetings, briefly outlined the viewpoint of the physician in this matter, and described the motives which actuate the medical profession in making an organized effort to curb wholesale exploitation of the sick. He explained some of the medical frauds that have been perpetrated upon the people of Ohio in recent years, and was successful in a measure, in imparting to the publishers a better idea of the work of medical and public health organizations in this field.

The medical profession, if it is to be successful in its altruistic work, must have the support of the newspapers, for undoubtedly they are the most important of the modern media for public instruction. By the same token, however, they are the most powerful support of the heartless quack and patent nostrum exploiter.

We predict that within a very few years the raising of ideals in journalism will bring about a solution of this question. Newspapers are rapidly eliminating fraudulent advertising in other fields, but are making little or no attempt to curb exploitation in this field. The stand of some of the great newspapers of the country, however, will eventually have its effect upon the whole. Until that time comes the efforts of the medical profession to improve general conditions seem doomed to be seriously handicapped by a lack of co-operation, if not distinct antagonism, on the part of the class of men who could be most effective, and should be most willing to aid in bringing about better things.

It must be admitted that the newspaper publisher has his viewpoint. He recognizes advertising as the greatest modern business agency. The fact that he seemingly overlooks in his consideration of medical advertising is that the field of advertising is predicated upon its honesty, and that the great bulk of medical and nostrum advertising is essentially dishonest.

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The annual program booklet of the Richland County Medical Society includes the following pertinent comment upon the value of medical organization—local, state and national:

"Medical education and legislation are engaging more and more the attention of our national as well as our state governments, and in order that our legislative bodies may be enabled to act intelligently it is necessary that there be some organization to which they can look for information and advice.

"This they have in the American Medical and State Medical Societies, which in turn have their foundation in the county society.

"These societies have shown themselves to be

of immense value during the past year, especially here in Ohio, in securing regulation of the cults and in the defeat of laws detrimental to the public good.

"Our County Society also has assumed new and additional value to the profession during the past year since it has been assigned the staff control of the new Mansfield Hospital.

"It will therefore be seen that membership in the society has even greater value than ever before."

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A large wall map in the office of the State Society at Columbus is dotted with nearly 600 red-topped pins. Each indicates the location of a practicing physician who, according to the secretary of the local county medical society, is eligible for membership in the Association, and is one who should be interested in organized medicine. A systematic campaign is being conducted by the state offices, in co-operation with the local secretaries, to enlist these men, and the results to date have been very gratifying. It is probable that by the close of the present year our State Association will include between three and four hundred men who never have been affiliated with their county medical societies.

If you will do your share, this will mean that the State Association by the end of the current year will include practically every eligible physician in the state of Ohio, and will have reached its maximum strength in point of membership.

Doing your share in this great work means the prompt payment of your county society dues. Please attend to this at once, so that both local and state officers may devote more of their time to enlisting new members.

Great problems face medical practice in Ohio. The strongest possible state association is needed to cope with them. Help, by promptly paying your county society dues.

+ + +

Diplomas at O. S. U.—The attention of *The Journal* has been called to a matter which should be corrected by the authorities at Ohio State University. The diplomas issued by the College of Medicine and by the College of Homeopathic Medicine are identical on the face of the parchment. There is no distinction between the graduates of the two institutions. Inasmuch as there is a material difference in entrance requirements, and in the entire curriculum, there can be little question as to the necessity of carrying out a differentiation in the diplomas.

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Huron and Preble counties are clamoring for recognition and they are getting it by making membership records. Huron was the first 100% county for the year. Preble county is just realizing its strength, and a real organization is the result.

Original Articles

Resection of the Posterior Roots of the Spinal Cord for the Cure of Spastic Paraplegias*

Emmet M. Bland, M. D., Cleveland, Ohio

FOR many centuries, the Medical Profession has sought remedial measures for the relief of Spastic Paraplegias. Up to very recently, these efforts have proven uniformly unsuccessful. Not until Foerster published his work on resection of the posterior roots of the spinal cord could any hope be held forth to these sadly afflicted individuals.

ETIOLOGICAL DISCUSSION.

Whenever there is a break in the continuity of a motor cortico spinal tract, of which the pyramidal tract is the most important, there results a characteristic motor paralysis. Irrespective of whether the lesion be situated in the brain or in the cord, the resulting paralysis will be the same. This paralysis consists of a paralytic and a spastic component.

Normally, impulses are propelled along the pyramidal tract to the various muscle groups which enable these muscles to perform certain voluntary motions, but when there is a break in some part of this tract, these impulses no longer reach the affected muscles, and therefore they are unable to carry out certain or all of these voluntary motions. This is what Foerster termed the paralytic component. On the other hand an involuntary spasticity of the muscles takes place, which adds itself to the actual paralysis and intensifies it. If we examine more closely this spasticity, it becomes evident that the underlying cause of this condition is the increased reflex excitability of the peripheral muscles. Sensory impulses arising in the skin, ligaments, joints and especially the muscles, are propelled along the sensory peripheral nerves and the posterior nerve-roots, thru the gray matter of the cord and the anterior motor cells, along the motor roots and motor peripheral nerves to the muscles, forming the spinal cord reflex arc. It is this reflex which maintains muscle tonus, and keeps the muscles in a certain degree of fixation, and for convenience' sake has been termed the fixation reflex. The pyramidal tract contains fibres which have an inhibitory action upon this fixation reflex and keeps the fixation at a point equivalent to the normal muscle tonus. But when the inhibitory action of the pyramidal tracts is destroyed, allowing the fixation reflexes to exercise their full power on the muscles, without any restraint whatever they cause spastic muscle contractures. This is the spastic component of the paralysis. If the above theory is correct, it naturally follows, that if the fixation reflex arcs of the spastic muscle are interrupted at any point, the spastic condi-

tions must necessarily be relieved and in order to accomplish this, the posterior roots were selected as this is the only portion of the reflex arc which is of safe access to the surgeons' knife. Proof of this theory can be found in the living human pathology. One need only examine a tabetic patient and observe the flaccid condition of the muscles due to an absence of muscle tonus, caused by a break in the fixation reflex arc, on account of a degeneration of the posterior tracts of the cord. But more convincing than this, is the clinical picture of a patient suffering from a lesion of the pyramidal tract, with marked muscle contracture, who secondarily acquires a tabes. The muscle contractures relax and instead of a spastic paralysis, we now have a flaccid paralysis. The argument might be advanced that resection of the posterior roots would be apt to cause a taxia and sensory disturbances, but since each muscle group is supplied by three to four spinal segments, and it is only necessary to resect the roots of two or at most three of these segments to relieve the spasticity, there still remains one or two intact reflex arcs, which, since the inhibitory action of the pyramidal tract is destroyed, are more than ample to carry the sensory impulses to the brain and cord and the motor impulses to the muscles.

INDICATIONS.

There are many conditions such as the crises of tabes, painful neuralgias, Little's disease, etc., which can either be relieved or greatly improved by resection of the posterior roots. In this communication, I will confine myself entirely to the treatment of Little's disease. In the milder cases of this disease, I believe it would be inadvisable to resect the posterior roots as these can often be helped by the more simple orthopedic methods. In the severer cases where there is a great amount of spasticity, I believe resection of the posterior roots is absolutely indicated, as this is the only safe measure known at the present time, which will relieve the spastic condition of the muscles, and this more than the actual paralysis, which by the way, is often very slight, keeps these patients from walking.

TECHNIQUE.

The technique of this operation is that of ordinary laminectomy, opening the dura, locating the posterior roots and their resection. Five to six roots are resected on each side, the dura is closed with continuous or interrupted catgut sutures and the skin is closed in the usual manner. There is one point in the technique which I consider of the utmost importance, and that is the blocking

off of the higher centers of the brain and cord by the injection of novocaine into the spinal cord, immediately above the seat of operation. This was first suggested to me by Dr. S. S. Berger, of Cleveland. In our first case we did not do this and the patient died of shock three hours after the operation, although the operation consumed only 50 minutes. In our last 10 cases, we have done this each time and have not seen a semblance of shock, nor have we had any fatalities. It is my opinion that if this one point is carefully carried out, it will greatly reduce the mortality rate of spinal cord operations and the spinal cord will no longer be termed a "noli me tangere" organ.

The after treatment is long, arduous and difficult. These children must be taught to walk just as any child who has never walked before. Tendon lengthenings and tenotomies must be performed on account of actual muscle contractures. Plaster casts and other orthopedic measures must be resorted to. The after treatment generally consumes from one to two years. A defective mentality is often a great drawback to the successful carrying out of the after treatment. One point, tho, which I have observed in several cases, has been a remarkable improvement in the mental condition of these patients after the operation. The reason for this, I am unable to explain. I will now give a brief resume of my series of cases, but before doing this, it might be well to consider the mortality rate following this operation.

MORTALITY.

In a series of eleven cases we had one death, which gives us a mortality rate of a little less than 10 per cent. In reality, I believe this to be too high, as our only death occurred in our first case in which we did not block off the higher centers, nor had our technique been as well perfected as in our later cases. In our other cases, we did not have a single death nor were these children in anything like a serious condition after the operation. Every one of them made a complete convalescence from the operation in from twelve to fourteen days. The average operating time was about forty minutes.

I will not take the time to consider each case separately, but will only report those cases in detail in which sufficient time has elapsed since the operation to carry out the proper amount of after treatment. Three cases may so be considered.

CASE REPORTS.

Case 1.—A male patient, aged 7 years, delivered by instruments, mother in labor 72 hours, both parents had syphilis, patient has shown no active signs of this disease. Several months after birth, mother noticed marked stiffness of child's legs, she was neither able to spread or bend them. A physician was consulted who said that the patient would out-grow this condition. It, however, became gradually worse, and his legs completely crossed. A specialist was now consulted

who performed several tenotomies and kept the boy in plaster casts for about a year. Six months after the cast was removed the old condition returned. For the next three years the boy received no medical attention, as his case had been declared hopeless. When I first saw him, the flexor muscles of his thighs were as rigid as a board, his legs were completely crossed. It was impossible to move either leg separately, nor could his thighs be flexed upon his abdomen. He could neither sit, stand nor walk and was constantly confined to his bed. His mental condition was very bad, he being a partial imbecile. It seemed all but a promising case. Five pairs of roots were resected. The patient made an uneventful recovery from the operation and to my great surprise I found that the spasticities had been absolutely relieved and that the contractures had entirely disappeared. We are now able to move either leg in any direction or position without the slightest muscle resistance. His mentality kept pace with his other improvements. Now one year and ten months after the operation, he walks about, placing both feet firmly on the floor, using crutches only to maintain his equilibrium, altho he can take several steps without them. His fear of falling has compelled us to allow him to use crutches somewhat longer than necessary.

Case No. 2.—Male, age 10 years, family history negative. Six months after birth, mother noticed stiffness of left leg. This condition grew gradually worse and a surgeon was consulted, who performed several tenotomies but the improvement was only temporary. When patient was brought to me his left foot was in a complete pes equinus position, the muscles of the calf were very rigid, as were also the flexor muscles of the thigh. The leg was slightly flexed at the knee. He walked with the aid of two crutches, using a high shoe on the sound foot, in order that the toes of his spastic foot should not touch the ground, as this caused very severe convulsions of this extremity. Four roots, all on one side, were resected. It is now one year and a half since the operation and he is able to walk without the aid of either cane or crutch.

Case No. 3.—A female, aged 7, mother in labor 48 hours, family history negative. Six weeks after birth, child had convulsions. After this, the child was apparently in good health for about six months, when she had another convulsion. At the same time, the mother perceived a stiffness of both legs and was unable to flex them at either the hips or knees. This condition remained the same for about one year, when her thighs began to contract upon her abdomen and her legs upon her thighs. Her convulsions reappeared. She had as many as five attacks in one day. Tenotomies were performed, but as was to be expected, were of no avail. When patient was brought to me her condition was as before described. She could neither stand nor walk, and could only with great

difficulty maintain an erect posture when sitting on a chair. Four pairs of roots were resected, walking exercises were started eight weeks after the operation. Now, one year after the operation, she is able to walk without the aid of either cane or crutch, placing both feet firmly on the ground, the gait being certain and steady.

Rupture of the Male Urethra*

E. O. Smith, M. D., Cincinnati

Professor of Genito-Urinary Surgery, Medical Dept., Univ. of Cincinnati.

THE male urethra may be ruptured by direct violence applied from within the urethra by sounds or dilators, by violence applied to the perineum, as falling astride a wagon wheel, a fence, the edge of a barrel, etc., and it may result from extreme physical effort on the part of the individual. The damage to the urethra varies in degree from the slightest tear or break in the continuity of tissue to complete transverse separation.

The rapidity with which the symptoms develop is in direct proportion to the extent of the damage. Slight injury of the urethra produces symptoms slowly over many days, while complete rupture is followed by severe and serious symptoms within a few hours.

Immediately following the traumatism, blood in varying quantities escapes from the urethra, the patient experiences some pain, and he finds urination difficult or impossible. Urine and sometimes blood extravasate first into the perineum, gradually extending to the abdominal wall, never on to the thigh. When extravasation is slow, or in neglected cases, infection invades the extravasated area and the patient has chills and fever. Further neglect results in sloughing of the perineum, scrotum and large areas of subcutaneous fat from the abdominal wall. Occasionally such a condition causes the death of the patient from sepsis.

If the patient survives he is usually left with a perineal fistula or fistulae that do not correct themselves spontaneously.

The *diagnosis* is simple, resting on a history of traumatism, followed by blood from the urethra, difficult urination, pain, perineal swelling.

The *treatment* is prophylactic, early treatment, and late treatment. Prophylaxis consists in the surgeon doing no damage when passing metal sounds and when using an expansile dilator, such as Kollman's. When a metal sound does not pass easily on gentle manipulation it can not safely be forced by main strength. The dilator is such a powerful instrument that great damage may be quickly done if it is not skillfully used. The

CONCLUSION.

In concluding, permit me to say that in my opinion, this operation is a marked advance in the treatment of Little's disease, and it will no longer be necessary for a physician to stand at the bedside of one of these poor patients and say "nothing can be done for you."

urethra is probably the most abused part of the human anatomy at the hands of the unskilled and incompetent. Unless one is thoroughly familiar with the treatment of urethral pathology and is fully equipped to take care of these conditions he may do the patient irreparable damage. The motto of every surgeon who introduces an instrument into the male urethra should be to "At least do no harm."

A few months ago a large robust man, 35 years of age, was admitted to my service with a very extensive urinary extravasation which had followed the forcible passage of a urethral sound. After many weeks of extreme suffering, and much incising, he finally recovered his general health, but was left a local cripple. Hence the importance of emphasizing *gentleness* in the use of urethral instruments, thus applying the prophylactic measures.

Early treatment of a slow extravasation means perineal drainage as soon as the perineal swelling is discovered and before the scrotum has been invaded. Early treatment of a complete rupture means that surgical measures are employed within a few hours after the injury. In many instances most satisfactory results are obtained. The following case report illustrates very keenly the value of early repair of complete rupture of the urethra and bulbous portion of the penis. On June 24, 1913, Mr. T., age 33, a plumber, while walking about in a new building before the flooring was laid, slipped and fell astride a timber, two inches thick. While he was not injured by the fall, he was severely injured by the sudden stop when his perineum came in contact with the timber. On account of the pain, the blood from the urethra and his inability to urinate, he called his family physician, Dr. D. J. Davies. The doctor was unable to pass a soft rubber catheter and did not attempt further manipulation. Recognizing the gravity of the condition he sent the patient to the hospital, where I was asked to see him. From the time of the injury to the time I saw the patient in the hospital was about five hours. There was then some perineal swelling, no break in the skin, but a traumatic discoloration was present. The patient had voided no urine since the injury and a catheter could not be introduced into the bladder. The patient was immediately prepared for opera-

* Read before the Section on Dermatology, G. U. Surgery and Proctology, Ohio State Medical Association, in annual session at Cincinnati, May 4, 1915.

tion, ether administered and the perineum opened through a large inverted V-shaped incision. Careful dissection was made down to the fascia beneath which was a large hematoma, with which was mingled a small amount of urine. Cleaning out this space, it was discovered that the entire bulb, including the urethra, had been torn across. The injury to the urethra being in front of the compressor urethra muscle there was but little urine present. A soft rubber catheter, 18 F., was passed through the anterior urethra and brought into the perineal wound. Fortunately, I was able to find the proximal end of the torn urethra which was picked up with forceps and the catheter introduced into the bladder. The torn ends of the urethra were sutured with fine cat-gut around the catheter and the perineal incision closed about a rubber drainage tube. This perineal tube was removed on the fourth day. There was no leakage of urine through the perineal incision, which closed promptly without infection. The catheter was removed on the twelfth day and the patient was able to urinate normally. He left the hospital in less than three weeks, resuming work soon after returning home. For four months after the injury there were no penile erections. This condition began to improve slowly, and gradually returned to normal. He comes to the office about every four months for dilatation, when I can easily pass a 20 F. sound, working it up to 24 or 26 in thirty minutes. No doubt it will be necessary for him to have this done occasionally the rest of his natural life. Even that little inconvenience will be much better than to be annoyed with a perineal fistula.

Between the very early and the very late treatment comes a class of patients that are not seen by the urologist until there is extensive extravasation. This may be a few days or many days after the injury. Extensive extravasation into the scrotum and abdominal wall should be freely incised in many places to prevent gangrene. When gangrene has developed multiple incisions with applications of antiseptic dressings and awaiting the separation of the slough is about all that can be done. In this connection, let me briefly recite a case that came under my observation several years ago. Mr. K., aged 44, had gonorrhea when a young man, 20 years prior to the injury to his urethra. He had some trouble in urinating, doubtless due to a gonorrheal stricture, but had never taken treatment for this. One evening while chastising his son, 16 years of age, he became engaged in physical combat. While making a violent effort to throw the son to the floor the father suddenly felt a severe pain in the perineum, which stopped further punishment of the young man. He called to see his family physician within an hour or so, who found blood coming from the urethra, gave him something for

pain and told him to report at the office the next evening. This the patient did for two or three evenings when he was advised to remain at home on account of the perineal swelling, pain and fever. At the end of two weeks he was sent to the hospital where I was asked to see him. The entire scrotum was black, as large as a good sized grape-fruit and there was abdominal wall extravasation.

The extravasated areas were thoroughly incised. In due time the entire scrotum sloughed off leaving the testicles entirely bare. Antiseptic dressings were applied and after some days the strictured area was incised through an external perineal urethrotomy. In time, sepsis was well cleared up, urine passing normally through the urethra, and the scrotal borders began to show signs of covering the testicles, at least partially. Believing that nature might do a better plastic operation here than I could, it was decided to wait. I was agreeably surprised at the rapid development of the scrotal tissue over the testicles, which were finally entirely covered. Needless to add that it is not necessary for the patient to wear a suspensory.

Late treatment of ruptured urethra taxes the surgeon's ingenuity. Perineal and suprapubic fistulae plus the scar tissue in the urethra call for attention. On account of the small perineum in boys, the results are not as satisfactory as in full grown men. If a filiform can be passed through the urethra it serves as a guide for the perineal urethrotomy, which is at once performed. Retrograde sounding of the posterior urethra through a suprapubic cystotomy is sometimes necessary. A Number 18 or 20 French catheter is passed through the urethra into the bladder; a drainage tube about the same size is sutured to the catheter as far back in the perineal wound as possible and the perineal tissue closed between the two.

Most of the urine will be carried away through the urethral catheter, but if any should escape into the perineum the other tube will drain it off.

The perineal drainage tube can be removed at the end of one week, the urethral catheter should remain a few days longer. Many cases thus treated by us have given splendid results. The fistulae close and the patient urinates normally. Experience has taught us that such favorable results boy under 16 years of age has such a small perineum that there is but little tissue with which to repair. In two boys 8 and 13 years of age we have incised the perineal scar, performed external urethrotomy, introduced the catheter through urethra and closed the perineum over the catheter without drainage with good results.

The results of operative treatment in these cases that are a nightmare both to themselves and their physicians, have convinced us that it is certainly worth while to give these miserable boys and men a chance.

Sclero-Corneal Trephining for Glaucoma*

Andrew Timberman, A. B., M. D., Columbus

Professor of Ophthalmology, Medical Dept., Ohio State University.

ON January 11th of this year a young woman twenty-nine years of age was led into my office. She had been compelled, on account of a separation from her husband, to support herself by working in the laundry of the Protestant Hospital. For some weeks prior to her first visit she had with difficulty run the machine with which she had become so well acquainted.

She was of medium height, thinner by fifteen pounds than she should have been, and had a faded out, sallow complexion. She looked tired. I found no gross evidences of luetic infection. She had had no attacks of rheumatism, nor could any other dyscrasia be determined. She was just a tired, thin, anaemic appearing, working girl.

Three and one-half years before she had consulted a local oculist. Six months later a second one. During the month she was under his care he had given her two prescriptions for medicines to be taken internally; none to be used locally. During the past three years she has consulted no one, though she noticed she was gradually growing worse.

At the first consultation there was simply light perception in her left eye, and the ability to count fingers at two feet with the right eye. Tension in the right eye was estimated at plus one (+1) and in the left eye plus two (+2). Both pupils were dilated. The cornea of the right or better eye was slightly hazy. The right pupil reacted sluggishly to light. The left one did not. With the ophthalmoscope a marked cupping of the right disc, with a typical glaucomatous ring surrounding it, could be made out. The left eye was in practically the same condition, save the cupping, which was more pronounced. Patient gave typical history of glaucoma attacks with periods of iridescent vision. Finally, the Schiotz tonometer showed Tn. right eye 48 mm.; left eye 56 mm.

On January 18th the right or better eye was subjected to a sclero-corneal trephining under cocaine anesthesia. Two days later the eye was inspected only. The fourth day the first and only dressing was done and patient was permitted to leave her bed. There was scarcely any injection even of the eyeball. Tension was minus. Directly over the point of trephining the conjunctiva was seen to be slightly raised, showing that drainage was taking place properly through the artificial opening.

The patient was so well pleased on the fourth day after the operation that she consented to have the other eye subjected to the same treatment just one week after the first one, though little hope

was entertained that vision could be improved here.

This was done January 26th. This eye had as uneventful a convalescence as did the other. On February 13th, just twenty-six days after the first operation, the right eye was fitted with a —0.5 sp. —1.5 cyl ax 15, vision then equaling 20/200. It has since gone to 20/100. The left eye, as was expected, was not improved in vision. Tn. by digital examination would seem to be about normal, perhaps a little less than normal in the left eye.

Both eyes are now draining properly through the artificial openings, as evidenced by the slightly raised conjunctiva, the same projecting perhaps one millimeter above the surrounding membrane. Vision is so much improved in the one eye which alone offered any hope that the patient has, now for some weeks, been permitted to resume her work in the laundry. The tension in the good eye is practically normal, and there is every reason to believe that she has been permanently removed from the class of dependents, to which her increasing blindness relentlessly seemed to be consigning her.

Since writing the above, vision of R. E. with —0.5 sp. —2. ax 25 = 20/70 m. L. E. with —1.25 cyl ax. 155 = fingers at three feet. Tension R. E. 22 mm. L. E. 10 mm.

I have never seen the operation done by any other surgeon. I have never seen a patient that has been subjected to the operation, save my own. I am therefore speaking solely out of my own experience augmented and fortified by what I have gained by following the literature on the subject.

TECHNIQUE OF THE OPERATION.

The preparation of the patient should in every way conform to the procedures practiced for cataract work. I like to have my patient in the hospital not later than the afternoon before operating. This gives an opportunity for the patient to become acquainted with his room, his nurse and his general environment. It permits the exhibition of a mild laxative. A light breakfast is permitted. An hour before operating 20 grs. of strontium bromide are given per rectum. On the operating table the eyelashes of the upper lid are cut short, the contiguous parts thoroughly cleansed, and, just before beginning, the upper and lower fornices generously doused with 1:4000 mercuric bichloride. Cocaine 4% and adrenalin 1:1000 are used.

INSTRUMENTS.

A speculum, two fixing forceps, one with and one without a catch, a pair of small scissors, an angular Keratome and one of the various makes of trephine are necessary.

* Read before the Section on Eye, Ear, Nose and Throat, Ohio State Medical Association, in annual session at Cincinnati, May 4, 1915.

While I always use a speculum without a catch in cataract work, I prefer it with one in sclero-corneal trephining. There is not apt to be need of great haste in removing it, there is not the danger of vitreous escape, etc. The security against squeezing the lids together and the maintaining of a wide palpebral aperture are comforting to the operator at least. A fixation forceps with a catch is almost a necessity with many if not most patients unless a very able assistant is at hand. During the act of trephining, the eyeball must be steady, and as I do this with my left hand, I prefer the catch forceps. The second pair of forceps should have no catch. This pair is used for catching up the conjunctiva during its dissection. The angular keratome I use for finishing the dissection at the limbus and for splitting the cornea. I prefer it to a cataract knife or other instrument because when one is assured the point is entered between the corneal strata it presents a sharp edge to be worked either toward the right or left.

I have used the Von Hippel trephine almost exclusively and like it. I have tried the Fergus trephine and do not like it. Any other make I have not tried.

On the general subject of instruments, however, I am not dictatorial. An operator who knows what he wants to do and how to do it can use almost any instrument that will do the work at all. I can get along with any kind of a speculum, any kind of forceps, without any scissors at all, and almost any old kind of a knife. I suspect I could use any kind of a trephine, but familiarity with the use of a Von Hippel instrument in corneal experimentation work led me to use it and so I prefer it.

The flap is usually placed in the superior quadrant, though it may be placed anywhere on the ball. Recently, in a case of glaucoma following an extraction of cataract, combined with iridectomy, I placed it in the supero external quadrant. But it is more convenient to do it directly above, where the wound is better protected and where also there is less need to use sutures to retain it in place than in any other location. Catching up the conjunctiva as far back toward the equator as convenient, a little opening is made with the scissors. One blade is slipped into this opening and an incision curving down and to the right is made. The same is made toward the left side. Without releasing the conjunctiva the dissection is continued toward the limbus in the median line. As one nears the limbus not only the conjunctiva but the subconjunctival connective tissue down to the white sclera is included. As I draw near the limbus I exchange the scissors for an angular Keratome, for with it I can more readily finish the dissection at the limbus, and split the cornea.

Some troublesome hemorrhage is usually encountered at the limbus. This is best controlled by dipping pledgets of cotton, wound on tooth-picks, into adrenalin and making pressure for a few moments. To my mind this brings us to

the really hard part of the operation. To dissect to the limbus, cross it and split the cornea and yet not buttonhole your flap or tear it away is not easy. Conceivably this undesirable opening may be made simply by undue pressure in controlling hemorrhage as well as by misplacing the point of the knife. Thus it is always with a feeling of relief that I lay down my dissecting instruments and pick up the trephine. The use of the Von Hippel trephine necessitates a little more extensive dissection of the sides of the flap than is suggested by Major Elliott for the use of his trephine. To successfully use the Von Hippel trephine, the flap must lie flat on the cornea, otherwise it may be torn by the revolving set screw holding the flange on the blade. The blade should be made with an immovable flange and no set screw at all. I now have such a blade.

It has occurred to me that a subconjunctival injection of cocaine and adrenalin into the superior quadrant of the eyeball, say five minutes before the operating might render the dissection at the limbus less difficult and at the same time better control the hemorrhage which sometimes is quite troublesome just at this point. I shall at least try it.

Trephining the sclera is not difficult. The instrument is held vertical to the ball and only the slightest pressure is permitted. It is desirable to have it cut thorough first on the side next the cornea. This leaves it hanging by its attachment above, keeps it from being lost in the anterior chamber, an accident I have never had, and renders it easily seized by forceps. Should the operator desire a smaller opening than the diameter of his trephine indicated the button may be only partially removed. My trephine knife is only 1 1-2 m. m. in diameter, however, and I have always removed the entire button.

Immediately on penetrating the sclero-cornea the intra-ocular pressure will cause the iris to pouch through the opening. The iris may be seized and pulled through the opening until the sphincter pupillae presents and an ordinary iridectomy may be done; or without seizing it, it may be snipped off with a pair of scissors much as we do in case of iris prolaps following a cataract operation.

The aqueous then escapes and the iris flattens out flush with the scleral surface. In other words we have simply buttonholed the iris directly opposite the trephine opening. Should the iris not bulge sufficiently after removing the button, it can usually be made to do so by a little pressure upon the under side of the globe by the steadying fixation forceps.

The flap is now turned back over the wound and carefully ironed out; especial attention is given to removing the speculum that the flap be not all ruffled up again while taking out the upper blade. Instead it is the part of wisdom to lift the lid on a large hook after the speculum is removed to make sure that the flap is in good form. I have

never had recourse to the use of a suture, but should not hesitate to do so, should I deem it necessary.

TOILET.

A liberal smear of 1 per cent yellow oxide ointment is used over the closed lids. The light dressing is retained in place by means of strips of surgical adhesive plaster. No bandage is used.

The patient is kept in bed for two days but allowed considerable freedom there. He may lie on either side, and have the use of a back rest the second day. Forty-eight hours after the operation, an inspection is made without entirely removing the dressing. If there is nothing to indicate trouble, the eye is left alone for another twenty-four hours. Then the dressings are taken down, the eye inspected and cleansed, and light dressings are applied to the operated eye only. The fellow eye is left unbandaged, the patient is permitted to leave his bed, and to go home the following day.

INDICATIONS.

Concerning these my own experience is not sufficiently extensive to hazard or formulate advice. Major Elliott names two forms of glaucoma in which he hesitates to trephine. 1st.—glaucoma with semi-fluid opaque lens. 2nd.—glaucomatous secondary to cataract associated with fluid conditions in which there is a free communication between the aqueous and vitreous chambers. In all others he unhesitatingly advises the procedure. His wonderful experience would seem to give him authority to speak.

STATUS OF THE OPERATION.

From the time of Beers, who first taught us how to do an iridectomy; from the time of Von Graefe, who first associated glaucoma and iridectomy; on down through that wonderful last quarter of the 19th century, the ophthalmologists have advanced nearer and nearer the goal, their work culminating in the brilliant achievements of Legerange. When one thinks of it, Fergus in 1909 only simplified the idea of Lagrange which was a removal of a portion of the sclero-corneal tissue. But it has taken the evangelist Elliott to perfect the technique of ocular trephining and to preach the gospel to all the world, even as it has taken a Col. Smith to render a like service in intracapsular cataract work, tho he did not originate the idea.

Will trephining stand the test of time? Has it come to stay? Or is it merely a fad ascendent today only to wane tomorrow? Time only can tell. Assuredly when something better is devised it will go into the discard. It may well be that something soon may be discovered that will illuminate the whole subject concerning the fundamental causes of glaucoma, and with this new light may come a rationale of treatment of an entirely different order. But I am thinking that so long as the rationale of treatment of glaucoma is what it is today, namely, the artificial drainage of the anterior segment of the globe, so long the procedure of trephining will be in good repute.

NOTE—A recent examination of the patient referred to above shows that she has as good vision now as she had in May, 1915.
112 E. Broad St.

The Negro Health Problem in Cities*

John H. Landis, M. D., Cincinnati, Ohio

Health Officer, Cincinnati Board of Health, Cincinnati, Ohio.

DURING the meeting of the American Public Health Association in Jacksonville last year, one session of the Health Officers' Section was given to a consideration of the "Negro Health Problem."

City and country conditions were described in a series of papers written by southern health officials who are in close personal contact with the negroes of the South and who are perfectly familiar with their methods of living, superstitions, average earning capacity, habits, methods of recreation, forms of dissipation, etc., It was the consensus of opinion of those taking part in the symposium that the problem presented was the same everywhere and that the causes creating the problem were to be found in both city and country districts.

Ignorance was given as the chief cause, and in-

stances were cited in small villages in country districts where smallpox, tuberculosis, and typhoid fever were found and where nothing in the way of preventive measures had been adopted. No privy vaults were used, no fly screens installed, no vaccination had been done. These places swarmed with flies, human excrement was thrown out upon the ground, and kitchen slops and garbage polluted the soil and tainted the atmosphere.

In the cities, as well as in the country, congestion is the rule, one or more families living in each shack of from one to three rooms. Most of these houses have window shutters which are usually closed even in the day time. At night fresh air is carefully excluded.

Poverty was given as an important contributing factor, and \$240.00 was said to be the average family income.

Attention was directed to the enormous amount of syphilis, gonorrhoea, and tuberculosis afflicting the colored race, the statement being made that

* Read before the Section on Hygiene and Sanitation, Ohio State Medical Association, in annual session at Cincinnati, May 4, 1915.

syphilis is three times more prevalent in the black than in the white race.

This condition has been brought about since the war between the states. Before that period, the negro was a valuable asset and could be turned into money either through the product of his labor or by his sale. His health was guarded and, when taken sick, he received the best medical attention attainable. He was properly housed and fed, received an ample amount of rest, and consumed practically no alcoholic beverages. Now he likes late hours which are spent in resistance-destroying forms of dissipation, he is alcoholic, addicted to narcotics, loves carnal pleasures, and lacks control. The result of all these causes is lowered resistance to disease and decreased efficiency. His food consists mainly of pork and corn products, neither of which are of the best quality and are improperly prepared in cooking.

In summing up, Dr. Allen of Georgia said that the negro is the "white man's burden," that syphilis, gonorrhoea, and tuberculosis threaten the perpetuity of the race, and that what is needed is to improve both his intelligence and income.

In direct opposition to Dr. Allen's statement that "the negro is the white man's burden," was the suggestion from another essayist that an investigation of the Negro Health Problem should include an investigation of "those who live on him."

In one city of the South, where a narrow street separates the Russian Jewish quarters from the negro settlement, the negro death rate is five times higher than that of the Russian Jews.

Dr. Levy of Richmond, Va., brought out the interesting fact that while the general death rate of Richmond was higher than that of Boston, the white death rate of Richmond and the negro death rate of Richmond were both lower than those of Boston. It is the larger proportionate number of negroes in Richmond that makes her combined death rate higher than that of Boston.

The symposium suggested an investigation of Cincinnati conditions, and the statistics for 1913 established the following facts based on the colored and white population:

First. That Cincinnati's white death rate was a fraction under 16 per 1,000, while the colored was 33.49, or over 100 per cent more.

Second. That where one white child dies before birth, three colored meet the same fate.

Third. That of the colored children born alive, twice as many die during the first year of life.

Fourth. That over four times as many colored people die of tuberculosis.

Fifth. That four and one-half times as many of them die of syphilis.

Sixth. Over twice as many of them die of alcoholism.

Seventh. That two and one-half times as many of them die of general paralysis of the insane.

Eighth. That over twice as many of them die of diseases of the circulatory system.

Ninth. That over three times as many of them die of pneumonia.

Tenth. That almost twice as many of them die of chronic Bright's disease.

During 1914, their birth rate was 21.5 per thousand, and their death rate 32.3 per thousand.

In seeking for an explanation of any health problem, regardless of the race involved, certain fundamental conditions are recognized as important predisposing factors in determining morbidity and mortality rates. Among the most important may be mentioned housing conditions, income, habits, forms of dissipation, immorality, delinquency, poor food, etc.

A large majority of Cincinnati's colored population live in the down-town congested portions of the city. It is a well-known fact that it is almost impossible for colored people to secure living quarters outside certain rather well defined boundary lines. Two reasons exist for this condition: First, and of minor importance, inability to meet rental charges; and, second, and of major importance, their presence is resented by the white population.

In Cincinnati, and this statement will apply to all cities, the colored man cannot hope to live under the average sanitary conditions enjoyed by the white man. He gets what is left, and that means that he lives in congested quarters without modern conveniences and pays an excessive price for what he gets. Neighborhoods in which he lives are in or very close to vice districts, and in this environment he is compelled to bring up his family. He is mercilessly exploited by landlords, one favorite method being to collect the monthly rental at the end of each week. In this way the landlord is able to make a year yield thirteen months' rental instead of twelve.

His income is meagre because the many avenues of endeavor open to the white man are closed against him. He cannot hope to compete in the professions, mercantile pursuits, or the trades. This leaves him practically nothing to look forward to in the way of employment but day labor, portering, barbering, or house service. All of these menial positions mean a minimum income which is a prolific predisposing cause of high morbidity and mortality rates, immorality, and crime.

Before the war, the colored man had practically no bad habits. Since that time, he has cultivated all of them; alcoholism and the various forms of narcotism have become rampant. This has led to idleness, and crime, and the latter is an especially potent factor in the development of disease. The use of cocaine and opium and its derivatives is said to be unduly prevalent in the colored race.

An idea of the prevalence of conditions leading to work house commitments may be gathered from the fact that with five per cent of the population, the colored race furnishes thirty-three and one-third per cent of the inmates of that institution. The colored race furnishes twenty-four per

cent of the inmates of the house of refuge, and nearly twenty-two per cent of those in the tuberculosis hospital.

Many believe that the negro race is a very prolific one. Based on probate court records of marriages, it is only one-half as prolific as the white race, for in proportion to their population almost an even one hundred per cent more marriages occur in the negro race and the birth rate per thousand is practically the same in both races.

In facing this race health problem, one is immediately struck with the differences between the material surroundings of the negro and those presented by the members of other races who have become citizens of this country. Racial prejudice against them is almost, if not quite as marked as it is against the negro and yet they compete for the mastery in the professions, various business

pursuits, and trades. With their many evidences of successful competition on every hand, it is difficult to explain the negro's failure to achieve the same degree of prosperity to racial prejudice alone.

The facts presented furnish an explanation of the Negro Health Problem in cities.

Lack of knowledge, poverty, alcoholism, narcotism, immorality, idleness, crime, improvidence, and race prejudice combined, are active in the race tragedy being enacted in our midst. If the race is to survive in this country, radical changes must be brought about, changes involving its political, social and economic status. The problem is nation-wide and cannot be solved on any other basis. Has the dominant race in this country the wisdom and the desire to solve the Negro Health Problem?

Anemia: Diagnosis of Underlying Cause and Treatment

A. E. Osmond, M. D., Cincinnati, Ohio

THE term anaemia is generally used to cover any condition where the patient looks pale and bloodless. Too frequently the term is mis-used as the name of a disease, when, as a matter of fact, it is but a symptom of any one of various diseases. A patient may seem to be anaemic, when he may have an excessive number of cells. Instead of dismissing a patient's condition with the general diagnosis of anaemia, (which, like "Charity covers a multitude of sins" in diagnosis), we must study the blood and learn what changes are present and why. We must search for a cause. Gruner states "There is no such thing as a primary anaemia." We must realize that all anaemias are secondary, are symptomatic of some general systemic disease.

The body is composed of various tissues, springing from the epi-endo- or the mesoblast of the embryo. In this paper we will discuss the blood as a tissue, though, to be strictly accurate, it may be considered as the index of the health and functional activities of the various haematopoietic tissues.

The blood is a highly complex fluid containing substances in solution and bodies or corpuscles held in suspension. These corpuscles in some instances possess amoeboid movement, yet their greatest motility is due to a passive floating in the current. The blood is a transport agent and the blood cells are carried along with dissolved substances, some of which the cells of the tissues can utilize, others of which have served their purpose and are on their way to excretion. These latter may exert a harmful effect on all blood cells with which they come in contact. The blood cell is a suspended body carried along as so much drift wood in a current. Its origin and end occur elsewhere; so, in the study of blood, we must

realize that the findings in the peripheral circulation are but an index of the powers and activities of the "blood cell factories." We realize "there is no such thing as a primary anaemia." "Every anaemia is the effect of agents acting either on the circulating blood or on the bone marrow or on both at the same time." Blood cells are being constantly produced and destroyed, and the term anaemia implies that the normal balance has been disturbed—destruction is greater than construction. In the leucaemias the opposite condition exists. The construction of white cells exceeds the destruction, and we must look for the cause, not in the blood current, but in those tissues forming lymphocytes or myelocytes. In the so-called blood diseases and other general conditions associated with marked pallor (anaemia), careful study must be made of cells found in smears and stains, rather than in the simple enumeration of red and white blood cells.

The mere enumeration of a city's population is the least important part of a census. It is the careful study of individual units, the classes and types into which they may be divided, their origin, activities, sources of supply, output, function, death, in short, a careful study of vital activities that furnishes the data from which valuable conclusions may be drawn. An analogous condition is present in all blood examinations and it must be approached in a similar manner. We must make an intelligent "differential count" if we expect aid in diagnosis.

The normal peripheral blood has certain definite percentages of definite types of cells. Their origin takes place in definite tissues. The normal white cells are:

1. Polymorphonuclear neutrophile: (a.) juvenile type, (b.) rod nuclear, (c.) segmented type.
2. Lymphocytes: (a.) mature types, and (b.) immature types.

*Read before the Medical Section of Ohio State Medical Association, in annual session at Cincinnati, May 4, 1915.

- 3. Polymorphonuclear eosinophiles.
- 4. Transitional or endotheliocytes.
- 5. Large mononuclears.
- 6. Myelocytes.
- 7. Mast Cells.

Myelocytes and mast cells are found occasionally in about .5%. The normal red cell is the typical "non nucleated bi-concave disc."

Under diseased conditions both red and white cells show pathological changes as to form, staining, relative percentages and numbers, or they may be replaced by other types. These types in many cases are thrown into the circulation before they are fully mature. In other words the "blood cell factories" are not producing a standard normal output. They may be working efficiently (and be producing a needed leucocytosis), but they are working abnormally and these abnormal outputs enable us to learn the underlying conditions, and possibly reason back to a cause.

In the differential count of the normal white cells, the various types are present in fairly definite numbers and percentages, as follows:

Number of cells in thousands.....	6
Basophiles	1%
Eosinophiles	3%
Myelocytes%
Juvenile type%
Rod nucleus type	4%
Segment nucleus type	63%
Lymphocytes	23%
Large mono nuclears	6%
	100%

In diseased conditions these percentages vary. Many methods have been devised for charting them for study. The Arneth method, as modified by Schilling, is probably the most reliable and gives quite accurate insight into existing clinical conditions. It is based upon a deviation from the normal percentages:

In the chart, these normal percentages are shown in the first line. Abnormal conditions are shown below. It will be noted that in abnormal or diseased conditions, the percentages of various types of cells are greatly changed, being "displaced" to the right or to the left of a line, separating the rod nuclear neutrophiles from the segment nucleated neutrophiles.

These changes in per cents are shown in heavy black figures. If we take for example, a severe sepsis and lymphatic leucaemia, we will discover that the percentages, as shown by the heavy black figures, are deviated to the left for severe sepsis and to the right for lymphatic leucaemia.

The chart shows a few fairly characteristic diseases, but many others are suggested by following out Arneth's method.

Displacement to right or left or nutral indicates conditions as follows: To right—acute general infections, typhoid, tubercle, syphilis, lymphatic leucaemia; to left—septic conditions, puerpural infection, appendicitis, peritonitis, scarlet fever, diphtheria, pneumonia, acute protozoal diseases; to extreme left—agonal septicaemias, leucaemias (myelogeneous); Nutral—aplastic anaemia, chlorosis, pernicious anaemia, pseudo leucaemia, splenic growths, protozoal diseases (chronic).

Those displacements to the left which show a marked eosinophilia are suggestive of trichina, ascaris, ankylostomum; urticaria, zoster, pemphigus, psoriasis, asthma, and Grave's disease. Experience has taught me that an "Absent Eosinophilia" is a very grave condition, and prognosis when no eosinophiles are found is very bad.

In the red cells marked changes may be noted as evidence of destruction. These changes may be: 1. poikilocytosis. 2. polychromatophila. 3. basophilic stippling. 4. Cabot's ring bodies. 5. Howell Jolly bodies. 6. Demi lune bodies. 7. nuclei showing evidences of mitosis, shadow and cleated reds as micro-normo or megaloblasts. 8. pessary forms. 9. and in addition the presence of the malaria plasmodium and other organisms. The

Disease	Number of White Cells per CMM in Thousands	Basophiles	Eosinophiles	Neutrophiles			Segment Nucleus	Lymphocytes	Large Mono-nuclears
				Myelocytes	Juveniles	Rodnucleus			
Normal	6	1	3	.....	.....	4	63	23	6
Typhoid	3	.....	.....	.....	.....	30	19	36	15
Severe Sepsis	7	.....	.....	1	12	49	25	9	4
Liver Abscess	6	1	2	.....	.....	27	42	20	8
Ankylostomiasis	6.5	2	32	.....	.....	4	32	22	8
Leucaemia	50	3	6	14	13	20	36	3	.....
Lymphatic Leucaemia	120	.....	1	.....	.....	2	1	55	41
Aplastic Anaemia	3	1	2	.....	.....	5	62	23	6
Hodgkins	5.7	1	1	.....	.....	7	40	45	8

suggested significance of these changes is shown below.

1. Poikilocytosis—Severe secondary and pernicious anaemia, malignant tumors tertiary syphilis, haemorrhage from gut, late tuberculosis.

2. Polychromatophilia—after haemorrhage, pernicious anaemia, severe intoxications particularly from salts of heavy metals.

3. Basophilic stippling best marked in poisoning by lead, tin, copper, potassium chlorate, and early pernicious anaemia, then best shown in the megaloblasts.

4. Cabot's ring bodies—plumbism, pseudo leucaemia.

5. Howell Jolly bodies—Pernicious anaemia.

6. Demi Lune Bodies—malaria, convalescent typhoid.

7. Micro, normo, megaloblasts evidence of immature forms being thrown in circulation often after severe haemorrhage, pernicious anaemia, plumbism.

8. Shadow and pessary forms—destruction of red cells in blood stream taking place often in severe cardiac and renal conditions.

9. Malaria-tertian, quartan or aestivo autumnal.

Many of these conditions should be checked up by careful analysis of urine and stool and by thorough physical examination. An X-ray may also be needed to show a cancerous growth in the gut which has caused blood in the stool and an extreme anaemia. It may show a tubercular lung, also. In addition we must always consider the findings of the white cells and haemoglobin.

These may be relatively plus or minus—as a rule the latter, but when “plus,” pernicious anaemia is strongly suggested.

As said earlier in this paper, “Anaemia” must be considered a symptom of some condition affecting the “blood cell factories” and we must intelligently consider all of our blood findings in the effort to locate the underlying cause. Some of these have been indicated and experience constantly adds to the accuracy of our conclusions.

TREATMENT.

As regards the treatment of anaemia; since it is pretty well proven that primary anaemia does not exist, (or at least that it is very rare), the first thing in a secondary anaemia is to take steps to locate and remove the cause. Should the patient be syphilitic, tuberculous, exsanguinated from hook worm activities, a chronic parenchymatous nephritis, a broken cardiac compensation, or from any of the primary causes, prompt attention to them will clear matters up wonderfully.

But in addition, some effort should be made to provide the blood forming organs with needed material. Of these iron, arsenic and manganese are the most valuable. Personally I prefer hypodermic medication in using iron. Iron given by mouth is largely excreted. In the process of digestion large amounts of H₂S are generated. This

gas promptly unites with any iron we may give, with the result that most of it is excreted as iron sulphid, as shown by the familiar black stool. Iron, if injected, is more readily taken up by the circulation and carried throughout the entire body—the “blood factories” take their share as needed. The neutral citrate in .06-10 doses, daily or even weekly, depending on the case, gives best results. Arsenic may be combined or used in pill form. Arsenic comes in the trioxid and in the pentoxid form. I believe the pentoxid to be the less toxic and possibly the more effective. Our old friend Fowler's Solution must not be neglected or forgotten. It has stood the test of time.

Salvarsan in pernicious anaemia is sometimes followed by good results. In a syphilitic condition salvarsan or neo-salvarsan are both excellent.

In anaemias associated with intestinal decomposition, glycerine C. P. after meals is of value. The use of alcohol is frequently suggested in the form of port or sherry wine or a rye whiskey. Personally I think alcohol in any form is detrimental, if not absolutely injurious. It gives an anaemic patient nothing that he needs—but instead makes his system have to eliminate a powerful toxin.

Habits must be regulated—out of doors; if possible—8-10 hours' rest—plus a “siesta” in the afternoon. A warm shower, a thick lather rubbed off with a handful of coarse salt followed by a cold shower gives an active stimulus and helps “start the day right.”

Regular feeding of good plain food, milk, eggs, rare or even raw beef, in what I call a “cannibal sandwich,” spinach, carrots, onions; all help. Whole wheat bread, legumes, bran, corn meal are all excellent and often keep the daily evacuation normal because of their coarse texture. Fresh fruits are valuable.

Inspection. Patient should report at least weekly to be weighed, examined, and advised. As strength and color reappear, exercise may be judiciously added but must stop short of fatigue.

Sports are allowable but walking or golf are equal to the more strenuous exercises and are less apt to be carried to excess. Study, work, and business must be systematized, and play and diversions must be appraised at their full value. This latter applies particularly to school girls. Massage may also be of use, but must be intelligently directed and applied. A nursing mother should have the child put on the bottle or weaned.

Any surgical condition must be looked after, the tonsils and adenoids in particular.

A dentist should be consulted in all cases. A clean well ordered mouth is absolutely essential, but unfortunately is rarely considered and is only too often absolutely neglected.

In short, every anaemic must be most thoroughly examined to locate the cause, and in the treatment, attention must be paid not only to the medication, but to all of the above items, as only too often they are by far the most important part.

Smallpox in Ohio

Frank C. Boudreau, M. D., Columbus

Director Division of Communicable Diseases, Ohio State Board of Health.

S MALLPOX has been moderately prevalent in Ohio for a number of years. The history of smallpox in this state is divided into two periods by the year 1898. Prior to 1898 a moderately severe form of smallpox prevailed, but since that date the disease has held to an extremely mild type. The present mild form of smallpox is supposed to have been imported by the American soldiers who fought in the Spanish-American War, and whose disbanding caused a rather wide spread of the disease. It must not be supposed, however, that every case of smallpox was severe which occurred prior to 1898. Sydenham, who lived during the 17th century, mentioned cases of smallpox with only a few scattered pustules, and in the Secretary of State's report of smallpox for 1881-1890, deaths from this cause are divided into two classes; those from smallpox and those from varioloid. Neither is it true that all cases of smallpox since 1898 have been mild. During 1902, 1903 and 1910,

smallpox has a strong tendency to breed its kind, although an occasional severe case will result from contact with a mild case, and vice versa. So mild has smallpox become that it is controlled with the greatest difficulty, because:

- (1) Many cases do not require a physician's aid.
- (2) Physicians are misled by the mild character of the disease.
- (3) The public does not sufficiently dread the present form of smallpox to guard against it by vaccination.

PREVALENCE OF SMALLPOX.

Records of smallpox in Ohio are found in the annual reports of the Secretary of State, the annual reports of the Bureau of Vital Statistics (since 1909) and the annual reports of the Ohio State Board of Health. Varying systems were used in collecting these statistics, so that they do not possess an equal value. The following table shows smallpox deaths in Ohio by five-year periods, 1881-1914 inclusive:

TABLE I.

Period	Remarks	Deaths
1881-1885	Secretary of State	882
1886-1890	No deaths reported in 1887	30
1891-1895	No deaths reported in 1891	26
1896-1900	No deaths reported in 1897	127
1901-1905	State Board of Health (to 1909)	809
1906-1910	Bureau of Vital Statistics (From 1909)	36
1911-1914	Four-year period	31
1881-1914	Smallpox deaths in 31 years	1941

The figures for 1881-1898, inclusive, are for years beginning April 1st, (1880), and ending March 31st, (1898). Other figures are for calendar years. For the period 1909-1914, inclusive, statistics were collected by the Bureau of Vital Statistics under the present registration law.

Death records reported by the Secretary of State are not accurate. Assessors in appraising properties, were supposed to secure and file with probate judges, reports of deaths. Two facts illustrate the worthlessness of such a system: first, that for several years the death returns of Cincinnati and Cleveland, as secured by the respective boards of health, exceeded the returns filed with the Secretary of State for the counties in which these cities are situated; second, that a number of unfortunate males are recorded as having succumbed to puerperal fever! The only excuse for including such returns as these is that no other figures are available, and second that smallpox deaths create a deep and lasting impression, and for this reason are apt to be remembered.

Table II shows very clearly the varying degrees of severity of smallpox, indicated by the case fatality rate, for the years 1898 to 1914, inclusive.

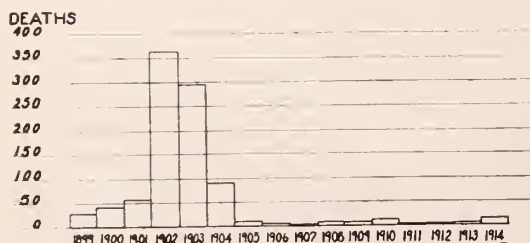
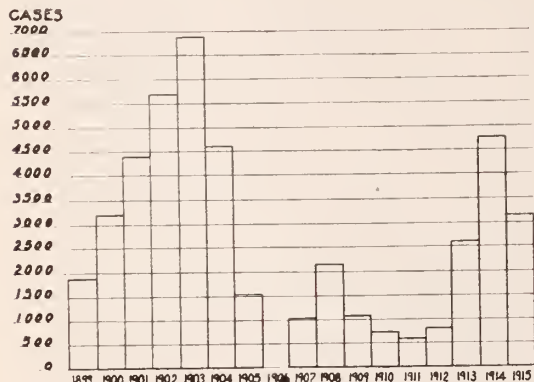


Chart I—Comparing small-pox cases and deaths in Ohio from the disease from 1899 to 1916.

severe forms of smallpox occurred in various parts of Ohio. Even excepting these cases, which were traceable to imported cases, severe types of smallpox have not been unknown since 1898. The difference between smallpox prior to and succeeding 1898, is that mild cases were not in the majority before that date, as they have been since. In other words, the present mild form of



These plates show an extremely mild case of smallpox (lower picture) and, in the upper picture, a case rated as moderately severe.

TABLE II.

Year	Deaths	Cases	Case-Fatality Rate
1898*	5	669	0.7
1899	32	1896	1.7
1900	44	3229	1.3
1901	58	4880	1.2
1902	361	5756	6.2
1903	287	6903	4.0
1904	91	4570	2.0
1905	12	1554	0.8
1906†	5	*	*
1907	2	1018	0.2
1908	8	2173	0.3
1909	7	1028	0.6
1910	14	759	1.8
1911	4	590	0.6
1912	5	827	0.6
1913	7	2633	0.2
1914	15	4789	0.3

*Year ending March 31; for all others, the calendar year.

†No report of cases in 1906.

During the period covered by this table, the case-fatality rate has exceeded one per hundred cases in seven years. During the last ten years this rate has been reached only in 1910. High rates in 1902, 1903 and 1910, are probably due to an imported form of smallpox. In 1902, 224 of the 361 deaths occurred in Cleveland. In 1903, 59 of the 287 deaths occurred in Columbus, the case-fatality rates in these cities being 17 per cent and 11 per cent, respectively. In 1910, 10 of the 14 deaths occurred in Cleveland, giving a case-fatality rate of 16 per cent. The extremely low case-fatality rates since 1904 are remarkable. In recent years deaths averaged only from two to six per thousand cases. In Chart I the same

information is given in graphic form. The contrast between the relation of cases to deaths in 1902, 1903, on the one hand, and of 1913, 1914, on the other, is rather remarkable, and shows strikingly the tendency of smallpox to become milder.

The distribution of smallpox cases by counties is shown in Chart II. Counties in which 75 cases or more occurred within a given year are shown in black, while those in which more than 25 and less than 75 cases occurred are shaded. No record is made of counties having less than 25 cases. This chart does not show the case distribution according to density of population, however, so that only a rough idea of the prevalence distribution of smallpox can be secured. The influence of the epidemic of smallpox in Toledo in 1914, is clearly shown, the disease following almost every railroad out of Lucas County.

The prevalence of smallpox in the twenty largest cities of Ohio is shown in Chart III. This chart is based upon statistics for the period 1904-1914, inclusive, and represents average annual morbidity rates per 100,000 inhabitants. The high morbidity rate in Lima is due to the outbreaks of 1905 and 1914. Hamilton experienced epidemics in 1907, 1908 and 1913. Cleveland is low because epidemics of smallpox in that city occurred just prior to the period for which this chart was prepared. In any chart of this kind allowance must be made for the fact that by increasing the period upon which morbidity rates

are based, many changes of position would occur.

Before dismissing the prevalence and importance of smallpox, reference must be made to the fact that nearly every other communicable disease, with the exception of chickenpox, exceeds smallpox as a cause of death. Deaths from smallpox in Ohio during the period, 1909-1914, inclusive, numbered 52, as compared with 6,677 from typhoid fever, 4,836 from diphtheria, 2,924 from whooping cough, 2,676 from measles, 1,604 from scarlet fever, 729 from epidemic meningitis, and 474 from acute poliomyelitis. In other words, for every death from smallpox we have 128 deaths from typhoid fever, 93 from diphtheria, 56 from whooping cough, 41 from measles, 30 from scarlet fever, 12 from meningitis, and 9 from poliomyelitis. The importance of smallpox is based, not upon its death rate, but rather upon the economic disturbance it causes in the community and its potentiality. By this I mean that smallpox may at any time become virulent, and cause a large number of deaths as it did in 1902 and 1903, or to express it more correctly, the indifference with which the present form of smallpox is regarded leads to disregard of vaccination, and consequently, to an unprotected population, among which virulent smallpox spreads rapidly. A populace unprotected by vaccination has been likened to tinder, and smallpox to the spark. The resulting blaze may be extremely destructive, and the danger of a spark falling among such people in Ohio is ever present; as virulent smallpox exists in Mexico, some parts of Ohio, and other localities in close touch with the United States and Ohio by railroad and trans-oceanic traffic. Since 1900 two outbreaks of virulent smallpox have occurred in Ohio. Should this form of smallpox be introduced into certain parts of Ohio at the present time, I shudder to think of the result.

The seasonal distribution of smallpox cases in Ohio is shown in Table III, covering the years 1913 to 1915, inclusive:

TABLE III

Year	Total	Jan.	Feb.	Mar.	Apr.	May
1913	2633	160	134	259	207	189
1914	4789	883	781	662	519	454
1915	3181	366	356	452	509	337
Total	10603	1409	1271	1373	1235	980
June		July	Aug.	Sept.	Oct.	Nov.
259	135	96	68	201	356	569
336	210	102	55	116	343	323
370	131	91	38	86	216	229
965	476	289	161	403	915	1126

The least number of cases occur in July, August, September and October. The months of greatest prevalence are December, January, February, March and April. This distribution does not necessarily obtain for any particular community for any specific year.

The age distribution of smallpox cases is

shown in Table IV, which is based upon 1579 smallpox cases reported during 1915.

TABLE IV.—Age Distribution of 1579 Cases Reported in 1915.

Age	Cases	Distribution per Thousand
Under 1 year.....	36	22.8
1 year	27	17.1
2 years	31	19.6
3 years	41	26.0
4 years	43	27.3
Total under 5 years....	178	112.7
5-9 years	270	170.0
10-14 years	218	138.0
15-19 years	191	121.0
20-24 years	164	103.9
25-29 years	119	75.4
30-34 years	108	68.4
35-39 years	96	61.0
40-44 years	102	64.6
45-49 years	44	27.9
50-54 years	42	26.6
55-59 years	24	15.2
60-64 years	9	5.7
65-69 years	7	4.4
70-74 years	2	1.3
75-79 years	1	.6
80-84 years	0	0
85-89 years	3	1.9
90-94 years	1	.6
Unknown	0	0
Total	1579	1000

During the pre-vaccination era smallpox was a disease of children, as measles is now. Vaccination modified age distribution because children were usually protected by vaccination. While nearly every other contagious disease spares the suckling, smallpox is quite common among this class when exposure takes place. In the table under consideration, only two per cent of the cases were under one year of age. Nearly thirty per cent of the cases were among children under ten years of age, while over thirty per cent of the cases occurred among children of school age, that is from five to fourteen. This would indicate that vaccination of school children is being neglected. Anyone familiar with health conditions in Ohio knows that such a statement is conservative. Aside from a few of the larger cities in the state, boards of education are not utilizing the powers conferred upon them by law, of requiring vaccination as a prerequisite to admission to school. In many communities this step has been taken when it was too late to accomplish the most good.

I hope in the future to present the arguments for and against vaccination in Ohio, but I must include here a table based on material secured by the State Department of Health, of the vac-

Final status of 1732 smallpox cases reported in Ohio during 1915:

Number never successfully vaccinated.....	1454
Vaccinal status not given.....	108
Vaccinated within seven years.....	29
Vaccinated more than seven yrs. previous	58
Vaccinated—no date	18
Vaccinated less than ten days before eruption	31
Vaccinated 15 days before eruption.....	15
Vaccinated after exposure	19
Successfully vaccinated	170
Never successfully vaccinated, or unknown	1562
Total	1732

Chart II—Showing small-pox prevalence in Ohio by counties. The counties which are black indicate 75 or more cases of small-pox. Shaded counties indicate from 25 to 75 cases. Counties in white had less than 25 cases each year.



1912



1910



1913



1911



1914.

This table is self-explanatory. At the same time it must be pointed out that the evidence as to vaccination is complete in only 29 cases, for

the process is not supposed to protect for more than seven years, and all others who were vaccinated, except those vaccinated immediately

before smallpox, had this operation performed more than seven years previously. Many persons are vaccinated soon after exposure to smallpox, and while this step is to be recommended, its failure must not be taken as a criterion of the value of vaccination.

TRANSMISSION OF SMALLPOX.

Smallpox is transmitted, in the main, by contact with cases of the disease. It may also be transmitted by contact with fomites—articles contaminated by the patient. This last method of transmission is so unusual, compared to direct contact, that it has relatively little importance. The virus of smallpox is contained in the secretions of the mouth and nose, the skin, and possibly the feces and urine. The disease is infective from the onset, but most dangerous during the pustular period. Smallpox is probably as readily communicable as any other disease, but the virus is not to any extent air-borne. The virus probably is breathed in; that is, the upper respiratory tract is the site of entry. The mild form of smallpox at present prevailing is, in my opinion, much less communicable than the virulent type.

DIAGNOSIS.

In considering the diagnosis of smallpox as at present prevailing, the older text books cannot be followed, and even some of the more recent works contain erroneous statements. First, let me emphasize that such terms as "nigger itch," "Cuban itch," "elephant itch," etc., have no place in the vocabulary of the modern medical man. No conditions are described in medical literature under these titles, and smallpox has been disguised as "Cuban itch" on many occasions. In my opinion, physicians should be above adopting the language of the laity. The points by which smallpox is differentiated from other eruptive diseases are the following:

- (1) Character of the symptoms of onset; fever, rigor, pain, headache, aching in back and limbs, etc.
- (2) Duration of period of invasion—from three to five days, usually four.
- (3) The fact that when the eruption appears, all symptoms moderate and the temperature falls to normal or slightly above.
- (4) The distribution of the eruption; sparse on those parts of the body covered by the clothes, and plentiful on exposed surfaces.
- (5) The shotty feel of the eruption during the papular stage, uniformity in size of lesion, and umbilication.
- (6) The fact that the eruption does not usually appear in crops, but simultaneously goes through the stages of papule, vesicle, pustule and crust.
- (7) The fact that the eruption usually involves the true skin, and is surrounded by a circular areola.
- (8) Smallpox does not occur in recently vaccinated individuals, and persons who have had smallpox.
- (9) Length of the period of eruption.
- (10) The initial exanthem situated in the triangles of the thighs.

None of these characteristics is constant. The symptoms of onset may be lacking. The lesions may be so few as to disturb the normal distribution. The true skin may not be involved, and the shotty feeling may be absent. The eruption may even occur in crops, (Dr. Lee) as in chickenpox, and finally, the eruption in abortive cases, which are not uncommon, may persist only three or four days, and perhaps never become pustular. In any given case, however, a sufficient number of these characteristics are present to enable the acute observer to arrive at a satisfactory diagnosis. I wish to emphasize the necessity of observing the case as a whole, and not in any one particular phase. The vaccinal status, the history, the symptoms of onset, and the character and distribution of the eruption are all important in arriving at an intelligent conclusion. Chickenpox is best differentiated from smallpox by the fact that symptoms of invasion are usually lacking in the former, the eruption is vesicular from the first, and seeks those portions of the body covered by the clothes—that the rash appears in crops, and passes rapidly into crusts, and that on any area of the skin showing lesions, the eruption may be seen in three states—appearing (vesicles), maturing, and disappearing (bloody crusts). Finally, chickenpox is a disease of childhood, second attacks are rare, and vaccination confers no immunity. The temperature in chickenpox is irregular, and is usually elevated when the eruption appears, whereas in smallpox it is usually normal at that time.

A number of laboratory methods can be applied to the diagnosis of smallpox. Sections of the lesion may be examined microscopically. This is not very practical and requires a pathologist with experience in this method. The contents of a pustule may be applied to the eye of a rabbit. In a few days a characteristic lesion will develop if the disease is smallpox. This takes time. Another method is to introduce the heated contents of a pustule into the arm of a recently vaccinated individual. If the disease is smallpox, a reaction similar to a positive Von Pirquet reaction will result. More practical is the use of successfully vaccinated rabbits. An area of skin is shaved, the contents of the suspected lesion are introduced into the skin, and a local and characteristic reaction occurs if the disease is smallpox. If the material is from a chickenpox vesicle, no reaction results. This method may be applied to all border-line cases. I am making arrangements to perform this test in our laboratories, and propose to place it at the disposal of physicians who desire to use it.

THE PREVENTION OF SMALLPOX.

The prevention of smallpox is based upon immunization, isolation and disinfection. Smallpox will not spread in a well-vaccinated community. Unfortunately, vaccination is not compulsory in Ohio except for school children in certain com-

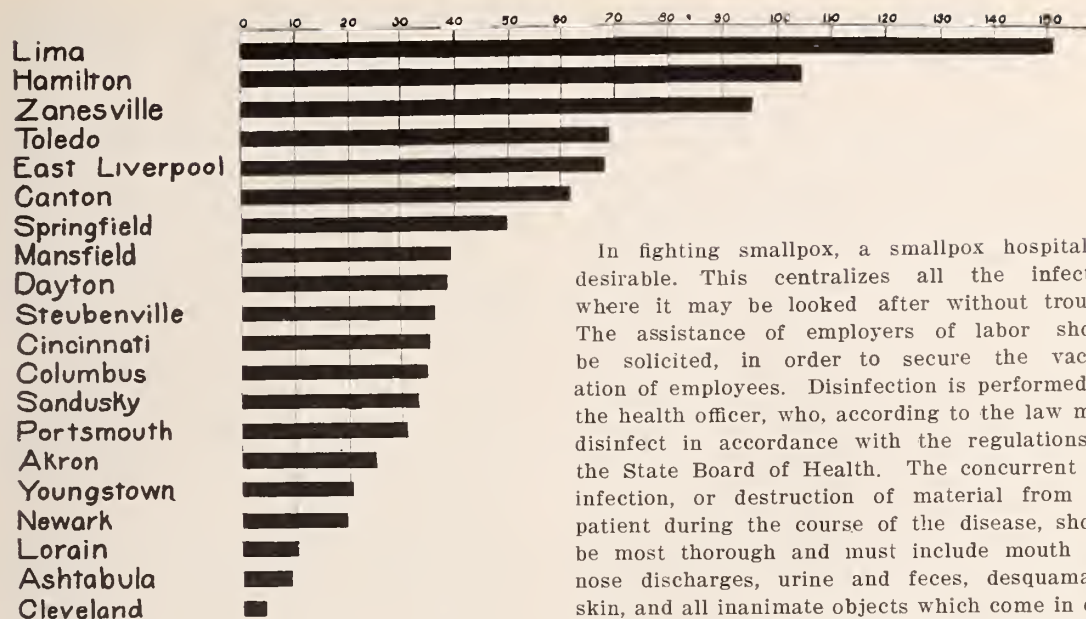


Chart III—Showing prevalence of small-pox, per 100,000 population, in the 20 largest cities of the state for the period 1904-1914, inclusive.

munities. The law of Ohio requires that every case of smallpox and all susceptible exposures shall be quarantined. Persons who have had smallpox or who have been recently, successfully vaccinated, need not be quarantined, even if exposed to smallpox, because they are not susceptible. With the permission of the local board of health, unvaccinated exposures who consent to vaccination within the four days following their first possible exposure need not be quarantined. They must, however, be observed daily by some physician suitable to the local board of health, until vaccination matures. Members of a family quarantined for smallpox should be vaccinated. This is not compulsory, but when members of such a family are informed that they must be quarantined for seventeen days following recovery of the last case and disinfection, unless they consent, objection is usually withdrawn.

Boards of education have at all times the power to make vaccination of school children compulsory. When this is done arrangements must be made to vaccinate indigents gratuitously. In my opinion, vaccination is such a safeguard that boards of health should provide the material and the services of a physician without charge when boards of education take this step. When smallpox actually prevails in a community, the board of health has the same power as the board of education to require vaccination of school children. This is a power conferred only for emergencies, and the regulations adopted become void automatically when smallpox disappears. Boards of health and education should co-operate, the former supplying the material and physicians, the latter adopting the regulation.

In fighting smallpox, a smallpox hospital is desirable. This centralizes all the infection where it may be looked after without trouble. The assistance of employers of labor should be solicited, in order to secure the vaccination of employees. Disinfection is performed by the health officer, who, according to the law must disinfect in accordance with the regulations of the State Board of Health. The concurrent disinfection, or destruction of material from the patient during the course of the disease, should be most thorough and must include mouth and nose discharges, urine and feces, desquamated skin, and all inanimate objects which come in contact with or are used by the patient. Proper disinfection during the course of the disease will make it safer for the family and will render the efforts of the health officer easier when fumigation is performed.

In concluding this article, let me emphasize the fact that vaccination is the *sine qua non* in the prevention of smallpox. Modify quarantine, omit disinfection, but never relax vaccination requirements. Quarantine and disinfection are useless without vaccination. Another thing which has strongly impressed me is that an adult who has an eruptive disease, preceded by four or five days of malaise, pain, prostration, and a fever which becomes normal when the eruption appears, in 99 cases out of 100 has smallpox and will prove it by transmitting the disease to others, some typical cases resulting. When in doubt, vaccinate, isolate, and wait. The diagnosis will usually be cleared up in two or three days. Watchful waiting coupled with preparedness is a good policy for smallpox prevention. An important factor in prevention, mention of which I have purposely left to the last, is an enlightened medical profession. The majority of physicians know nothing definite about smallpox when they graduate. Yet smallpox is becoming rather prevalent in this country, and nothing is so liable to make or break a man's reputation as mistakes in the diagnosis of smallpox. Let us have more emphasis placed upon the diagnosis of smallpox in medical schools. Finally, a campaign of publicity is needed to acquaint the public with the prevalence of smallpox and the efficiency and harmlessness of vaccination. In this as in other phases of smallpox prevention, the medical profession of Ohio will no doubt bear its burden honorably and efficiently.

*I must gratefully acknowledge the assistance and advice of Mr. G. B. L. Arner, Dr. W. E. Obetz and Mr. W. R. Tilley in the preparation of this article.

Dr. McCampbell Reviews Work of Four Years in Reorganizing the State Department of Health

In resigning as secretary and executive officer of the State Board of Health, to accept the deanship of the College of Medicine of Ohio State University, Dr. E. F. McCampbell, on February 17, presented to the board a detailed statement of the development of the department during the four years in which he has directed its activities.

We are quoting at some length from this report, in the belief that our members will be interested in the details of the work that has been responsible—to a large degree—in materially lowering the death rate in Ohio, and in awakening our five million citizens to a new realization of the possibilities in public protection.

In his report Dr. McCampbell outlines the specific reforms which he proposed in 1912 and tells in detail what has been done to bring about each plan. Preliminary to this he makes the following general statement:

"At a meeting of the State Board of Health in January, 1912, I was appointed Secretary and Executive Officer of the State Board of Health. I assumed administrative charge of the State Department of Health in the following June. At the time of my appointment I was a member of the Faculty of the Ohio State University, having been connected with the Department of Bacteriology for six years and previously with the University of Wisconsin. Having worked in the field of sanitary science and public health for several years, I was reasonably familiar with the possibilities along these lines in the State of Ohio. It was quite apparent that an opportunity for constructive work of unusual character was presented. The president and the board of trustees of the Ohio State University also realized this opportunity for service and it was finally agreed, providing I would retain my connection with the University, that I should undertake the work with the State Department of Health. The State Board of Health agreed to this arrangement and the position was finally accepted.

FROM 1886 TO 1912.

"My distinguished predecessor, Dr. C. O. Probst, with the support of a board in full accord with his constructive ideas, had built up public health work in Ohio from the beginning in 1885 to a point, where, in 1911, there was a rapidly growing appreciation on the part of the people of this state of the value of sanitary and hygienic procedures. The State Department of Health had been developed from a time when the work could easily be carried on by the secretary to a time when the service of a corps of employes in various lines was needed for the work at hand. The constructive work of Doctor Probst in the State of Ohio is a matter of public

record worthy of high praise and needs no further comment at this time. The sound basis established has made possible future work.

"During the period intervening, between the time of my appointment and the time of assuming charge of the work, the question of state public health administration received careful thought, consideration and study. As a result of this study certain facts were quite apparent as to the status of public health work in the State of Ohio. Also, it was quite plain that Ohio has progressed, but not so rapidly as certain other states in this country in this line of work which was generally conceded to be more or less vital to the general interests of the state.

"One fact quite noticeable was that the legislative appropriations were entirely inadequate. In population Ohio stands fourth among the states of the Union, while in state public health appropriations in 1912 this state stood twentieth. Even when the rather generous appropriations of several of the larger local communities of the state were added and comparisons made, Ohio was shown to stand fifteenth in the list with other states. Accordingly, a general program for constructive work was formulated, as indicated in my early monthly reports, and with the support of the Board, I started to develop the various problems. It was estimated that the carrying out of this program would take not to exceed four or five years. After this time it has always been my intention to return to my scientific and instructional work in the University. Such a procedure was also in conformity with my understanding with the president of the Ohio State University."

THE PROPOSED REFORMS.

He then outlines the proposals which he outlined in 1912, and which have formed the basis of his work in the department, as follows:

1. Organization of the Department of Health into definite bureaus or divisions, each with a director responsible directly to the executive officer.
2. Selection of technical experts in their respective lines as directors of these divisions.
3. Extension of the same principles in the selection of all persons employed in the various divisions.
4. Improvement of general methods of administration including the holding of staff meetings, the abstracting and discussion of various articles on public health, the organization of the library, adoption of general efficiency methods in the control of all employes; improvement of methods in the handling of correspondence and reports; the stimulation of scientific research on public health problems, etc.
5. Introduction of a definite and well organized method of purchasing supplies through a purchasing agent.
6. Establishment of a division of tuberculosis.
7. Establishment of a division of occupational diseases and industrial hygiene to improve hygienic conditions of the places of employment of the 500,000 skilled workers in Ohio.
8. Development of the public health educational work, it being clearly recognized as the fundamental solution of practically all the public health problems.
9. Development of a division of child hygiene to deal with such problems as the prevention of the unusually large infant mortality in the state, the

physical supervision of school children, the teaching of hygiene in the schools, the health aspects of directed play and recreation, etc.

10. Extension of the work of the state's hygienic laboratories to make them diagnostic laboratories more useful to physicians, and to include analytical work on foods and drugs and the manufacture of diphtheria antitoxin.

11. Extension of the engineering work of the department. It was quite apparent that a large number of local communities should be advised and if necessary forced to make improvements in their public water supplies, sewerage systems and methods of sewage and refuse disposal in order to adequately safeguard their citizenship.

12. Extension of the work of the department in the control of communicable diseases, including an intensive campaign to secure the more complete reporting of disease, more thorough enforcement of quarantine, and more detailed and careful investigation of epidemics.

13. Development of more carefully organized work dealing with the prevention of blindness.

14. More careful control and supervision of maternity homes and lying-in hospitals.

15. More rigid enforcement of the sanitary provisions of the State Building Code, dealing with plumbing and drainage.

16. Increased legislative appropriation.

The report then proceeds to take up in numerical order these proposals, and to outline the progress that has been made under each general heading:

1. The State Department of Health has been organized into eight bureaus or divisions, each with a supervising director, as follows: ((a) Administration, (b) Sanitary Engineering, (c) Laboratories, (d) Communicable Diseases, (e) Public Health Education and Tuberculosis, (f) Industrial Hygiene, (g) Child Hygiene, (h) Plumbing Inspection.

2 and 3. Directors of all the divisions and the technical employes under them are experts in their respective lines. Some of the directors have been employes of the State Board of Health for quite a number of years, others have been added during the course of the last four years. All have worked with new and increased capacities and determined perseverance.

4. The technical staff of the department has been organized into a composite body for the purpose of discussing various problems of public health and departmental administration. Staff meetings have been held at regular intervals and efficiency records have been kept of each employe in the department. Improved and efficient systems of filing reports and handling correspondence have been adopted and methods have been introduced to secure the utilization of the current periodicals and library facilities which have been placed under a special librarian.

5. One of the members of the technical staff has, for the past three years, served as purchasing agent for the entire department. It is estimated that the introduction of this system into the department has saved at least \$1500 per year over the old system.

AN IMPORTANT FIELD.

6., 8. and 13. The Division of Tuberculosis was established early in 1913. Previous to this time the State Board of Health had made tuberculosis

a reportable disease. The legislature had provided by law for county and district visiting nurses, and had also made important amendments to the district tuberculosis hospital law. Later the public health educational work was also placed in this division. This work comprises:

(a) The distribution of popular pamphlets and circulars on public health matters. (b) The issuance of a monthly journal on public health for the general instruction of health officers, physicians, and other interested persons. (c) Direction of the public health exhibit, composed of charts, models, motion pictures, etc. (d) Giving of lectures on public health topics in different communities of the state by various members of the staff. (e) Development of public health organizations in local communities. (f) The instruction in post graduate courses on public health in the Ohio State University for the purpose of giving special training to those entering the field of public health work. In 1915, a sub-bureau of tuberculosis hospital admissions and discharges was established in this division, as well as a sub-bureau for the prevention of blindness work. A large number of pamphlets (800,000) have been issued by this division. The Ohio Public Health Journal has been distributed to 8,000 health officers, physicians, and interested persons each month.

The division is also engaged in an active campaign for the development of local public health organizations and the securing of local public health nurses, as well as the organization and building of tuberculosis hospitals. The work can be summarized by comparison as follows:

"At the time of the organization of the division in 1913, there were 29 public health organizations in Ohio and 266 public health nurses employed in 14 cities and counties, serving a population of 1,227,663. On February 1, 1916, there were 71 public health organizations in Ohio, and 309 public health nurses employed in 55 cities and counties, serving a population of 2,545,591.

"At the time of the organization of the division there were 8 tuberculosis hospitals in the State of Ohio with a bed capacity of 564, serving a population of 1,649,742. On February 1, 1916, there were 18 tuberculosis hospitals in the state with a bed capacity of 1,524, serving a population of 2,721,723.

"The public health exhibit was first shown in September, 1913. The exhibit cost approximately \$5,000 and has been carried to various parts of the state in a baggage car. The approximate weight of the exhibit is 10,000 pounds. From September 1, 1913, to February 1, 1916, the exhibit has visited 89 cities, 18 county fairs, and has been seen by approximately 1,000,000 people. In connection with this exhibit, 280 lectures have been given in various communities, and 105 lectures have been given by various members of the department outside of the exhibit campaign.

INDUSTRIAL DISEASE SURVEY.

7. Division of Occupational Diseases and Industrial Hygiene was established in 1913. At first the chief work of the division was the occupational disease survey, made by 14 different investigators, who inspected the manufacturing industries and some others in the state during a period of nearly two years. Eighty-one cities and villages were visited, 1040 establishments and workplaces inspected, where there were employed 236,000 wage-earners (males 200,936, females

33,048) not including office and managerial forces. The completeness of the survey may be judged from the fact that the 1910 census gives 445,000 wage-earners, so-called, in the state. Coal mining was not investigated because of the strike conditions in that industry. The report of the survey was condensed to the volume of 438 pages, having 101 illustrations, with special features of educational character included. As summarized, 40 general trade processes, more or less common to all industries, were covered and in addition 45 general industries, some of which had as high as 30 trade processes each. The prevalence of 12 industrial health-dangers or hazards were ascertained in connection with each trade or calling. Through the Occupational Disease reporting law and the efforts of the investigators, 1415 cases of occupational diseases were collected and classified, of which number 682 were due to lead poisoning alone; respiratory afflictions came second with 345; several special investigations were also made; 7,500 copies of the report on the survey were printed, and to date, over 5,000 have been distributed.

Educational activities of the division have covered the preparation of 50 different pamphlets and leaflets upon various phases of industrial hygiene, poisons and diseases. The director has given addresses at some 15 national and state conventions.

The division is now studying special problems, such as child labor upon truck farms, buckeye pollen poisoning, various industrial poisonings, and the physiological standards of toleration in regard to numerous poisons and working conditions.

9 and 14. Division of Child Hygiene was organized in October, 1915. The director has given a large number of addresses on this subject; has issued several pamphlets, and has also been organizing the baby-saving campaigns. This division is also charged with the administration of the law which requires the licensing and inspection of maternity boarding houses and lying-in hospitals. Division is now co-operating with the Child Welfare Department of the Board of State Charities in this work with good effect.

LABORATORY WORK EXTENDED.

10. Important developments have been made in the work of the laboratory during the last four years. In addition to the bacteriological examination of water and the specimens for diphtheria, tuberculosis, malaria, typhoid and rabies; examinations of smears from the eyes of the new born; specimens for gonorrhea and for spinal meningitis are now made. In addition to the distribution of silver nitrate solution which has grown so that during the year 1915 approximately 15,000 outfits were distributed, the laboratory prepares typhoid vaccine, which is distributed to the physicians of the state. Active work is also now being done on the immunization of horses for the production of antitoxin.

The chemical laboratory work has greatly increased by receiving samples from the State Agricultural Commission, which department has submitted since the first of July, 1915, samples of dairy, food and drug products, also fertilizers, stock foods, insecticides, germicides and limestone. The State Liquor Licensing Board, the penitentiary and other state departments and institutions also submit miscellaneous samples for analysis.

The laboratory staff has necessarily increased with this development so that at the present time it includes 18 members. With this staff, during the year 1915, a total of 12,220 samples were examined, as compared with a total of 5,000 four years ago.

11. The work of the Division of Sanitary Engineering has been rapidly developed during the last four years. The following table gives some very interesting data as to the number of communities which have made improvements in water supplies, water purification, sewage treatment, and garbage disposal since June, 1912:

Projects	Number of Communities	Population Affected	Approximate Cost of All Projects	Approximate Cost of Projects Completed
Water supply	91	823,900	\$ 7,559,000	\$ 6,173,000
Water purification	35	1,144,200	4,381,000	1,780,000
Sewerage	89	1,110,000	5,405,000	1,464,000
Sewage treatment	98	1,115,900	2,991,000	651,000
Garbage disposal	2	200,000	150,000	150,000
Total			\$20,486,000	\$10,218,000

During this same period the division made a large number of investigations and has examined a large number of plans for sanitary improvements. The total number of water supplies investigated was 584, water purification plans, 40, sewerage systems and sewage treatment plants, 616, miscellaneous, 120.

In 1912 there were 33 municipal water purification plants in Ohio. On February 1, 1916, there were 53. In 1912 there were 43 municipal sewage treatment plants in Ohio; today there are 60. In 1912 there were 274 municipal water supplies in Ohio, today there are 318. The division now consists of the director and chief engineer and five assistant sanitary engineers.

12. The Division of Communicable Diseases was not organized until 1912. Prior to that time it was represented by an epidemiologist, only part of whose time was devoted to the control and investigation of communicable diseases. A number of physicians in various parts of the state had been selected by the board to make investigations and settle disputes concerning diagnosis in ob-

scure cases of smallpox, scarlet fever and other communicable diseases. These men, while all were experienced in the diagnosis, were in some instances not familiar with the statutes governing the powers and duties of health officers. Their services have gradually been dispensed with until at the present time nearly all communicable disease investigations are performed by inspectors from this division, who are familiar with the health laws, and whose recommendations are uniform and based on well defined policies.

In the early part of 1912, and during preceding years, morbidity reports submitted by health officers to the State Department of Health were quite incomplete. Many villages, townships, and even some cities, did not report at all. A greater effort was made to keep in touch with local health officers and so secure more complete reports. Only a few of the more common communicable diseases were reported in the year 1912. In 1914 the Board adopted certain portions of the Model Morbidity Law as regulations. With the aid of these regulations, which made all preventable diseases reportable, fairly complete reports are now being received from practically every health district in the state.

An assistant epidemiologist has been added and the number of investigations increased from 33 to 94 annually.

Through the medium of the Ohio Public Health Journal, the public health exhibit and conferences with health officers a great deal of educational work has been done in regard to the prevalence and control of communicable diseases. The improved system of morbidity reports has been of value in preventing the spread of milk-borne diseases, and in showing the relation of employment and other social conditions to disease. The State of Ohio is now recognized as being progressive as far as morbidity reports are concerned.

15. The work in domestic sanitation and plumbing inspection was made possible by an act passed in 1910, in order that the state might take official cognizance of the unfavorable and insanitary condition of plumbing in such communities as are not protected by regulation and inspection. The Division of Plumbing Inspection was organized in 1912. One of the first duties was to cooperate with and assist the State Building Code Commission in drafting a suitable plumbing code. This was passed in 1911.

As in the matter of providing for state inspection of plumbing in the smaller cities and rural communities and upon state buildings and structures, Ohio was also the first state in the Union to enact legislation providing for a uniform minimum standard state law, which blazed the way for economy and efficiency in plumbing practice and the prevention of the installation of plumbing in buildings in a manner favorable to the development of disease.

STATE IS PAYING MORE.

16. It was quite necessary to have adequate legislative appropriations to carry on this work. An active campaign was instituted for this purpose. The following table gives the appropriations to the State Board of Health for the periods indicated:

Year	Date	
1912	Feb. 16, 1912, to Feb. 15, 1913.....	\$ 55,345.00
1913	Feb. 16, 1913, to Feb. 15, 1914.....	82,358.40
1914	Feb. 16, 1914, to Feb. 15, 1915.....	88,378.13
1915	Feb. 16, 1915, to June 30, 1916.....	155,275.80
1916	July 1, 1916, to June 30, 1917.....	125,770.00

In June, 1912 there were 23 persons employed in the department with a monthly pay roll of \$2,359. In January, 1916, there were 61 persons employed in the State Department of Health with a monthly pay roll of \$6,817.14.

O. S. U. SEES OPPORTUNITY.

Dr. McCampbell closes his review of the work with the following statement:

"Opportunity for legitimate productive service is appreciated by almost every man or woman. I feel that it is not presumptuous to state that a real service pro bono publico has been performed by the staff of the State Board of Health in the development of public health work in Ohio. Our work has been generously recognized by other states and various sanitarians of repute. As a result of the co-operation of all the health forces in the state, the general death rate has been reduced from 13.34 per 1,000 population in 1912 to 13 per 1,000 in 1915. Having given this work my best effort for the past four years, with great personal satisfaction, I feel that a point has been reached when the interests of this tremendous problem will best be served by placing it in the hands of another, who must, of necessity, extend the work and develop it still further. A beginning has just been made and there is still a broad field for constructive activity. Furthermore, another useful field for service in connection with the development of the medical department of the Ohio State University has been presented. In addition, the university authorities are especially anxious to develop the field of preventive medicine, hygiene and sanitary science, and to give intensive consideration to the question of preparing young men and women to enter public health work. I feel it my duty, therefore, to meet and develop, if possible, those not new yet fundamental problems."

Dr. William H. White, Cleveland, who some months ago was appointed provisionally as chief medical examiner for the Industrial Commission of Ohio, succeeding Dr. A. W. Binkley, has received the permanent appointment after passing a competitive civil service examination. He has full charge of administering medical features of the workmen's compensation act in this state.

NEWS NOTES OF OHIO

Dr. B. G. Anderson has been appointed health officer of Uhrichsville.

Dr. H. P. Feaster, Delaware, spent the month of February in Florida.

Dr. Robert Ramroth and bride have returned to Marion from their wedding tour.

Mrs. Salisbury, wife of Dr. Charles W. Salisbury, of Dayton, died February 17.

Dr. A. T. Bashford, who practiced in Wooster for several years, has moved to Wellington.

Dr. G. F. Barnett, formerly of Fairport Harbor, Lake county, has located for practice in Painesville.

Dr. and Mrs. W. D. Hamilton, and daughter, of Columbus, spent the month of February at Winter Park, Florida.

Dr. R. C. Longfellow, Toledo, has been notified of his election to active membership in the Society of American Bacteriologists.

Dr. Jonathan B. Vail, Lima, with his wife and daughter, left on February 2 to spend the remainder of the winter in Honolulu.

Dr. George F. Pendleton, who completed internship in Cleveland City Hospital last October, has located for practice in Kansas City, Mo.

Dr. Gaius E. Harmon has been appointed assistant registrar of the Bureau of Vital Statistics of the Cleveland City Division of Health.

Dr. A. V. Hinman, Youngstown, has been appointed trustee of the Springfield Lake tuberculosis sanatorium, vice the late Henry Wick.

Surgeons of Toledo and Indiana Railroad Company have organized with Drs. Charles M. Harpster, of Toledo, the chief surgeon, as chairman.

Dr. and Mrs. O. O. LeMaster, and daughter, Isabel, of Sidney, left February 25 for an extended tour of the West. They plan to return early in May.

Dr. V. N. Marsh, formerly of Flushing, who has been for two years in the Northwest, has removed

to Painesville where he will be permanently located.

Dr. W. S. King, addressed members of Ashtabula Chamber of Commerce on January 31, on "Recent Developments in Medical and Surgical Research."

Dr. Charles Sanborn, former superintendent of Cincinnati General Hospital, has severed his connection with the Greenpoint Hospital, Brooklyn, according to a newspaper report.

Miss Marian Lumley, Columbus, who for ten years was office manager for Dr. Baldwin, has resigned to enter a new field—establishment of office systems for surgeons and physicians.

Dr. W. H. Pritchard, Gallipolis has recovered from an attack of lobar pneumonia. Dr. Jehu Eakins has been compelled to largely discontinue his practice on account of severe stomach disorder.

Cleveland Medical Library Association will receive \$25,000 from the estate of the late Dr. Benjamin L. Millikin, president of the association. The bequest is for an endowment fund for general purposes.

Dr. T. M. Stewart, Cincinnati, after April 1, will be located at Oconomowoc, Wisconsin, where he becomes assistant medical superintendent at Edgemoor Sanitarium for Mental and Nervous Diseases.

Dr. George Rasetti, Cincinnati who has been in the army medical corps of France since the outbreak of the war, is now stationed at Bonaki, Africa, where he is training negro troops for the French army.

Dr. Frances M. Hollingshead, director of the division of child hygiene, Ohio State Board of Health, spoke before the educators of Sandusky county, urging the adoption of a system of physical inspection of children in the county schools.

The Toledo Academy of Medicine is working on plans for a new home to be built on a lot which it recently purchased on Sixteenth street, between Madison and Jefferson avenues. Dr. Louis Miller, president of the Academy, is authority for the statement that the building probably will be completed by Fall.

A new medical office building has been opened on East State Street, Columbus, by Dr. I. B. Harris. Offices have been leased to Drs. V. A. Dodd and E. F. McCampbell, who are now associated in practice, and Drs. R. C. Tarbell and C. E. Silbernagel. Dr. Hugh Means has opened an elaborate X-Ray laboratory on the second floor.

Prompt Report of Physicians of Every Case of Inflammation in the Eyes of New-Born Required by New State Law

At the suggestion of its advisory committee of ophthalmologists, the Ohio Commission for the Blind will, during the next few months, make every effort to enlist the co-operation of every physician in the state in its campaign to secure prompt report of all cases of inflammation in the eyes of the new born.

The new prevention of blindness law which became effective August 20, and which bore the hearty endorsement of the Legislative Committee of our State Association, requires that physicians, midwives and nurses shall immediately report to the local health officers, by the quickest possible means, verified later by a written report, the appearance of any inflammation in the eyes of a baby under two weeks of age. The law specifically requires that this inflammation shall be reported within six hours after it develops. The reason for requiring this prompt report is that it makes it possible to take immediate preventive measures, and in many cases, to save the sight of the child. This is made possible by a follow-up system that has been developed by the State Board of Health, by which the Board is enabled to supply a nurse equipped to administer necessary treatment in all cases where this is not provided by the regular attendant.

Experts in the field of blindness prevention hold that this is the most progressive state law in the country, and that its effective administration will mean a material reduction in our annual toll of preventive blindness.

MEDICAL ADVISORY BOARD.

On February 10, the advisory committee of ophthalmologists met with the Commission for the Blind in Columbus, and discussed the administration of the law. Dr. R. G. Paterson, director of the division of public health education of the State Board of Health, who is in charge of the administration of the measure, reported in detail on the work that has been accomplished to date. He declared that the law is being observed by midwives and maternity hospitals, but that it has been very difficult to secure reports from physicians.

Medical members of the advisory committee feel that if physicians fully understood the provisions of the law, and the necessity of complete reports, resort to prosecution for violation would not be necessary. It was suggested, however, that *The Journal* call to the attention of the members of the State Association, the fact that the law has "teeth," and that failure to observe its provisions may result disastrously for any physician who is careless and neglects to make the required report.

We reiterate, therefore, that every case of inflammation in the eyes of a child under two weeks

of age must be immediately reported—within six hours after the inflammation develops—to the local health officer. If prophylactic measures have been taken, inform that official of the fact. If the child is without proper medical attention, the health officer will either send a local visiting nurse, or will report by long distance telephone or telegraph to the State Board of Health. In this case, a traveling nurse will be sent from Columbus to look after the case and administer necessary treatment.

LAW HAS "TEETH."

Failure to make this report lays the physician liable to a fine of not to exceed \$100. Failure on the part of the physician to promptly report is easily detected when the child later develops a case of ophthalmia neonatorum or any other eye disease. The local health officer then investigates and discovers who was in charge of the baby when the inflammation developed. He is **compelled** by law to report the facts immediately to the State Board of Health, and the executive officer of that board is compelled by law to immediately lodge a complaint with the prosecuting attorney of the county in which the offending physician resides.

To date five of these formal complaints have been lodged—one each in Cincinnati, Fostoria, Canton, West Toledo and Columbus. At Cincinnati, the offending physician was found guilty in court and fined \$50 and costs. The board has determined to press prosecution in the other counties.

The State Board of Health requires the use of a one per cent solution of nitrate of silver in the eyes of all new born children. Its laboratories, through its 400 distributing stations scattered throughout the state, are prepared to furnish small bottles of this solution, together with droppers and instructions to midwives, physicians, and others. This service is largely used by midwives, of course, but it is hoped to encourage the very general use of the solution by all physicians.

MANY REPORTS RECEIVED.

The enactment of the law has very greatly stimulated the filing of reports. From September 1 to February 1, the State Board of Health has received 339 case reports of eye conditions, 176 of which were reported as inflammation, 54 as neonatorum, and 109 as trachoma.

Dr. W. H. Snyder, Toledo, a member of the Ohio Commission, presided at the February meeting. Dr. D. B. Hartinger, Middleport, S. M. Hartzell, Youngstown, C. L. Minor, Springfield, J. E. Millette, Dayton, and G. C. Schaeffer, Columbus, members of the advisory board, and Drs. J. E. Brown and C. F. Clark, of Columbus, participated in the conference at which all lay members of the Commission were present.

Here Is Statement of Society's Finances

The Secretary-Treasurer of the Ohio State Medical Association (Dr. Selby, of Toledo) submits the following statement of financial condition for the year ending December 31, 1915:

Balance of December 31st, 1914.....\$ 3,430.29

INCOME

Receipts from County Societies..... 10,045.30

Interest on bonds and notes..... 68.60

\$13,544.19

DISBURSEMENTS

Refunds to County Societies....\$ 8.00

Secretary expenses 487.00

Bureau of Promotion..... 2,037.03

Council expense 552.42

Public Policy and Legislation... 1,433.37

President's expense 69.14

Salary Secretary-Treasurer 1,083.29

Annual Meeting expense..... 225.19

Journal Subscriptions 3,308.05

Journal Special acct. (deficit)... 1,300.00

Publicity Committee 33.63

Miscellaneous expense 116.85

—————\$10,653.97

LEDGER ASSETS

Cash in First National Bank, To-

ledo, O.\$ 590.22

Bond 800.00

Notes (Journal) 1,500.00

—————\$2,890.22 \$2,890.22

Receipts from Counties During Year 1915.

Name	Amount
Adams	\$ 57.50
Allen	199.50
Ashland	50.00
Ashtabula	60.50
Athens	112.00
Auglaize	54.25
Belmont	184.50
Brown	28.50
Butler	119.00
Champaign	63.00
Clark	159.00
Clermont	28.50
Clinton	57.00
Columbiana	82.50
Coshocton	44.50
Crawford	66.00
Cuyahoga	1,276.50
Darke	116.00
Defiance	13.00
Delaware	65.00
Erie	64.50
Fairfield	89.50
Fayette	27.00
Franklin	778.50
Fulton	81.50
Gallia	48.50
Geauga	19.00
Greene	70.00
Guernsey	61.50
Hamilton	1,232.50
Hancock	82.00
Hardin	43.50

Name	Amount
Harrison	26.00
Henry	39.00
Highland	54.50
Hocking	27.00
Holmes	19.50
Huron	21.00
Jackson	52.50
Jefferson	98.50
Knox	75.00
Lake	40.00
Lawrence	40.50
Licking	82.50
Logan	75.00
Lorain	115.00
Lucas	533.50
Madison	18.50
Mahoning	242.50
Marion	72.50
Medina	52.50
Meigs	22.50
Mercer	70.25
Miami	106.00
Monroe	28.50
Montgomery	367.50
Morgan	35.00
Morrow	38.50
Muskingum	81.00
Noble	30.00
Ottawa	32.00
Paulding	55.50
Perry	47.50
Pickaway	56.00
Pike	31.50
Portage	70.50
Preble	49.00
Putnam	69.50
Richland	77.50
Ross	38.50
Sandusky	50.80
Scioto	116.00
Seneca	79.50
Shelby	38.00
Stark	285.50
Summit	339.50
Trumbull	42.00
Tuscarawas	105.00
Union	30.50
Van Wert	63.50
Vinton	20.50
Warren	156.50
Washington	86.50
Wayne	53.50
Williams	83.00
Wood	48.00
Wyandot	24.00

Total\$10,049.30

Entered Refunds 4.00

—————\$10,045.30

DESCRIPTION OF BONDS

Purchased October 14th, 1912.—State of Ohio, County of Lucas, Village of Maumee, Dudley Street Improvement Bonds. Par value \$800.00, interest 4½ percent dated Sept. 1st, 1912; due March 1st, 1915 (Bond No. 4) and March 1st, 1916 (Bond No. 7): interest payable March 1 and September 1st; interest and principal payable at Northern National Bank in Toledo, Ohio. These bonds are placed in box No. 1513 at the vault of the People's Savings Association, Toledo, O.

DESCRIPTION OF NOTES

\$1000.00 to Ohio State Medical Journal, 4%, 90 days, payable at office of the Secretary-Treasurer, at 659 Spitzer Bldg., Toledo, Ohio, February 22nd, 1914. Interest on this note has been regularly met and the note renewed.

\$500.00 to Ohio State Medical Journal, 4%, six months, payable at Toledo, May 25th, 1915.

Suggestions for Securing More Accurate and Therefore More Valuable Data on Causes of Deaths in Ohio.

EDITORIAL NOTE.—Almost every physician realizes the value of vital statistics. Furthermore, reports are required by the state law. If, in making these reports, a little more care would be used, the value of the data would be greatly enhanced. Dr. Harmon's analysis of mistakes made by Cleveland physicians in this work should be valuable in aiding others to avoid these errors.

The value of vital statistics depends, of course, upon their accuracy. To make these statistics valuable for reliable deductions the use of uniform methods of reporting is absolutely necessary. Dr. G. E. Harmon, Department of Hygiene, Western Reserve University, in the January number of the Cleveland Medical Journal, writes very interestingly on this point, analyzing the 4,749 death certificates filed with the Cleveland department of health during the first six months of 1915. Of these, 422 or 8.9 per cent were incorrectly made out by the attending physician, and were returned to the author for corrections—to make them conform with the method of classifying set forth in the official International List of Causes of Death, which has been adopted by the census bureau and which is applicable to all death certificates in Ohio.

Dr. Harmon's article shows wherein physicians were at fault, and contains many instructive suggestions which we believe will be of general interest to physicians throughout the state for we are sure that the majority of medical men are anxious to cooperate intelligently in securing accurate vital reports. Dr. Harmon says:

DEATHS FROM PNEUMONIA.

"Seventy certificates were returned because the type of pneumonia was not stated. In general two types of pneumonia are recognized, the broncho and the lobar. In order that the deaths caused by pneumonia may be correctly classified, it is necessary that as far as possible the type of pneumonia be definitely stated as of the broncho or lobar type. It is not sufficient merely to state pneumonia as a cause of death. If the type cannot be determined the proper procedure is so to state on the certificate.

"If the pneumonia is secondary to some other disease, such as typhoid fever, whooping cough, measles, phthisis, etc., the primary condition should always be stated in addition to indicating definitely the type of the pneumonia.

"Seventy-nine certificates were returned on which the cause of death was given as due to external causes or violence. Very frequently it was not stated whether the death was due to accident, suicide or homicide. It is necessary that a definite statement be made as to whether the deaths were due to accident, suicide or homicide, since the International List makes provision for these three classes of deaths due to external causes. In addition the means or instrument of death should be indicated in each case. This information was omitted on many of

the certificates and so they were returned in the endeavor to obtain it. So in every case of death due to violence the nature of the injury should be indicated, and a statement made as to how it occurred and whether it was accidental, suicidal or homicidal.

"In those cases where death is caused by burns, it should be stated as to whether the burns were received as the result of a conflagration or hot liquids. Thirteen certificates were returned because this information was not given and was needed to make proper classification possible.

TYPES OF NEPHRITIS.

"As the International List divides nephritis into acute and chronic types, it is desirable that as far as possible deaths should be returned as definitely caused by acute or chronic nephritis. Nineteen certificates were returned because nephritis was given as the sole cause of death, no statement being made as to whether it was acute or chronic. If the nephritis is secondary to any such condition as scarlet fever, measles, the ingestion of poisons, etc., these primary conditions should be indicated on the certificate.

"Sixteen certificates were returned because paralysis was given as the cause of death. This is a most unsatisfactory cause of death because it is a symptom and not a disease. It may be caused by such conditions as cerebral hemorrhage, acute poliomyelitis, syphilis and so on. These primary conditions are the ones which should be given as the cause of death.

"Twelve certificates were returned because intestinal obstruction was assigned as the cause of death. The primary cause resulting in this condition should be stated. It may be due to intestinal cancer, to strangulated hernia, or to adhesions following an operation. In the latter case the disease or condition necessitating the operation should always be indicated. The aim is to classify the death under the primary disease or condition which finally resulted in intestinal obstruction; so the use of the term intestinal obstruction unqualified is not satisfactory.

"In twelve cases certificates were returned because the nature of the tumor causing death was not given. While it is somewhat difficult at times, still as far as possible the nature of the tumor causing death, as to whether it is carcinoma, sarcoma, fibroid or what not, is to be indicated on the certificate.

"In eleven cases the condition necessitating operation was not given. Surgical operations,

hysterectomy, laparotomy, etc., are not satisfactory causes of death. The primary condition necessitating the operation should always be clearly stated. If the operation was called for because of a condition resulting from external violence, the nature of the injury should be given, and also how it occurred and whether it was accidental, suicidal or homicidal.

STILL BIRTHS.

Eleven certificates were returned because it was not clear whether a child was stillborn or not. The term stillbirth should be used only in case of a child which is *born dead*. If the child lives for any length of time whatever, some other cause must be assigned to account for its death. Prematurity should not be given in a case where the child is born dead unless it is clearly indicated that the fact that the child is premature is responsible for its being born dead or stillborn. It is important that on the certificate of every child born dead the term stillborn should appear in addition to whatever other reasons may be assigned for the stillbirth. It is also important that doctors see to it that no age is given for a stillborn child, for if the child is reported as stillborn and an age is given, it is very confusing and as a rule the certificate must be returned to clear up the conflicting information before a proper classification can be made.

"As far as possible it should be indicated whether bronchitis is acute or chronic. Eleven certificates were returned because this was not done.

"If cholecystitis is due to gallstones, it should be so stated on the certificate in order that the death may be attributed to biliary calculi and not to simple cholecystitis. Ten certificates were returned for inquiry as to whether the cholecystitis was caused by biliary calculi.

"Ten certificates were returned because tuberculosis was given as the cause of death. It is obvious that without a statement as to the organ affected, a certificate so made out could not be properly classified according to the International List, which makes several divisions for the various types of tuberculosis. For accuracy the organ affected with tuberculosis should always be given.

"Peritonitis as a cause of death is unsatisfactory for registration purposes. Nine certificates were returned because this term was used. Peritonitis is rarely a primary cause of death, for it is generally preceded by such conditions as perforation of the peritoneum by a wound, suppurating appendicitis, gastric ulcer, salpingitis, general infections, etc. It is these primary conditions which should be given as the cause of death.

GLANDULAR ENLARGEMENT.

"When death is caused by conditions resulting from the enlargement of the prostate gland, the nature of the enlargement should be indicated,

and it should be especially stated whether it is or is not cancerous. Nine certificates were returned in an endeavor to get the necessary information on this point. If the enlargement is due to cancer, the death should be classified under cancer; otherwise it should be classified under diseases of the prostate gland.

"As with tuberculosis the use of cancer alone is not a satisfactory cause of death. For proper classification the organ affected must be indicated. This was not done on nine certificates which were returned for more complete information.

"In giving meningitis as a cause of death, the form or nature of the infection causing the meningitis should as far as possible be indicated. This was not done on eight certificates.

"Diseases of the urinary tract were not sufficiently defined in seven certificates to make satisfactory causes of death. In the case of pyelitis it is necessary to know the primary condition, such as the presence of calculi, infections which really cause the pyelitis and ultimately death, and so whenever possible such primary condition should be indicated. With cystitis the primary condition causing the disease is to be given. If due to an infection the nature of the infection is to be stated and also how it occurred. If such conditions exist as enlargement of the prostate gland, calculi or cancer, all of which may cause marasmus may be secondary to such conditions in stating the cause of death. In the young,

"Marasmus is not a satisfactory term to use as gastro-enteritis, prematurity, congenital defects, syphilis, etc. In the aged it may be secondary to tuberculosis, arteriosclerosis, cancer or chronic diseases. It is these primary conditions which should be given as the cause of death rather than marasmus. Seven certificates were returned in order to determine as far as possible the nature of the primary disease resulting in marasmus.

HEART CONDITIONS.

Seven certificates were returned because death was assigned to ill-defined conditions of the heart. When dilatation of the heart is given as the cause of death, the primary disease should be given. Of course it may be due to pneumonia, erysipelas, typhoid fever, and other infectious diseases. It may follow operations, and in this case the disease for which the operation is performed should be indicated. If it occurs as a result of a chronic heart lesion, the nature of this lesion should be indicated. The use of such terms as heart lesion, heart trouble, heart failure, and paralysis of the of the young, it helps in classifying if a statement is made as to whether the heart trouble is con-cystitis, they are to be indicated. heart should be replaced by a more definite characterization of the cardiac difficulty. In the case genital or not.

"In filling out a certificate, uremia should be replaced by the disease causing death. Seven

certificates were returned because this was not done. Uremia is really a symptom and not a disease. If due to nephritis, which of course generally is the case, a statement should be made to that effect, and also as to whether the nephritis is acute or chronic. If uremia occurs during or as the result of pregnancy, this information is also needed for accurate classification.

"As far as possible for purposes of accuracy it is very desirable that the primary disease resulting in convulsions of the young be given instead of using the term convulsions of the young unqualified in any way. Seven certificates were returned to get information on this point. Convulsions, of course, may be due to such conditions as gastro-enteritis, congenital defects, injuries, and so on.

"In six instances no statement was made as to whether the endocarditis was acute or chronic. This differentiation is needed for accurate classification.

"Six certificates were returned to gain additional information about a septicemia. Accurate classification requires that the primary disease resulting in septicemia be stated. If due to an infection the nature of the organisms causing it and the method by which the infection occurred are desired. If the septicemia results from an injury, the character of the injury, how it occurred and whether it is accidental, suicidal or homicidal, should be stated. If the septicemia is of puerperal origin, this should also be definitely stated.

"GANGRENE" IS UNSATISFACTORY.

"Six certificates were returned to obtain additional information about gangrene. This term used alone is not a satisfactory cause of death, since it may be caused by such primary conditions as diabetes, arteriosclerosis, the results of an injury, etc. In every case the primary disease should be stated so that the death may be assigned to its proper place in the classification.

"In a number of instances the type of goiter was not indicated, and this made accurate classification impossible. An enlargement of the thyroid gland is assigned a different place in classifying, depending upon whether it is due to cancer, or fibrous conditions, or a goiter of the exophthalmic type. What has already been said concerning peritonitis applies in the case of pelvic peritonitis, namely, that the primary disease should be given.

"The nature of a congenital malformation is needed and this point was omitted on a number of certificates. In the case of rheumatism some statement is desired as to whether it is acute or chronic. Pulmonary hemorrhage is a most unsatisfactory cause of death, for it may be caused by a number of primary conditions, such as tuberculosis, traumatism, cancer, aneurism, about which some information is required before the death can be accurately classified.

"In a number of cases death was assigned to jaundice, hemorrhage of the stomach, hypertrophy of the liver, anemia, pulmonary oedema, etc. The use of such terms, really symptoms, is worthless from the viewpoint of accurate statistics. The primary disease of which the above are symptoms should be definitely given in each case."

Seneca to Discuss Wide Range of Subjects

Seneca County Medical Society has in prospect a most delightful year, judging by the annual program which has been published in pamphlet form. The monthly meetings provide a well balanced offering of scientific, clinical and social work, and is a credit to the society. The officers this year are: George W. Willard, president; Naaman C. Miller, vice president; Victor L. Magers, secretary; George L. Lambright, treasurer, with B. R. Miller, John D. Howe and Robert C. Chamberlain as an executive committee; Marion W. Uberroth, George L. Hoege and Proctor E. Benner, committee on ethics; E. H. Porter, B. W. Mercer and C. F. Daniel, committee on admissions. The program for the balance of the year follows:

SENECA

March 16—Mercy Hospital, Tiffin, 9:00 A. M. to 4:00 P. M.; second annual medical and surgical clinic day. Address on medicine, John Willard Stone, Toledo.

April 20—Shawhan Hotel, Tiffin, 8:00 P. M. "Sanitation," Marion W. Uberroth; "The Means," John A. Gosling; General discussion, Naaman C. Miller, Dorsey W. Fellers, Neil S. Storer, John H. Thompson.

May 18—Shawhan Hotel, Tiffin, 8:00 P. M. Diabetes—"Diagnosis," Harmon B. Gibbon; "Modern Treatment," Charles T. Benner; General discussion, William N. Leonard, Berlie W. Mercer, Wade K. Chamberlain, Robert G. Steele.

June 15—Meadowbrook Park, Bascom, 6:30 P. M. First annual good fellowship banquet of the doctors and their wives—and interested friends. Fostoria and Findlay physicians included. John D. Howe, Toastmaster. "The Wife of the Doctor," Harvey B. Gooding; "The Husband of the Doctor's Wife," Mrs. Harvey B. Gooding; "Some of the Side-Lights of Medical Practice," George L. Hoege.

July 20—Fostoria, 8:00 P. M. "Simple Diarrhoea," George L. Lambright; "Ileo-Colitis," William H. Benner; "Cholera Infantum," Victor L. Magers; General discussion, Martin E. Wilson, Ralph R. Hendershott, Bertha E. Zahm, Henry L. Wenner, Jr., John A. Gosling.

August 17—Mohawk Lake, picnic luncheon, 5:30 P. M. Character Studies—"John Alexander McFarland," Maurice Leahy; "Ariel Burnham Hovey," Henry L. Wenner, Sr.; "George P. Willard," Edwards H. Porter.

September 21—Shawhan Hotel, Tiffin, 8:30 P. M. Nephritis—"Diagnostic Technique," Paul J. Leahy; "Modern Treatment," Proctor E. Benner; General discussion, George L. Hoege, Henry L. Wenner, Sr., Robert C. Chamberlain, Earl L. Overholt, Marion W. Uberroth.

October 19—Shawhan Hotel, Tiffin, 8:00 P. M. "The Diagnostic Value of Pain," Ralph R. Hendershott; "Urinary Calculi—"Differential Diagnosis," Naaman C. Miller; "Modern Treatment," Raymond A. Palmer; General discussion, Maurice Leahy, Bryce Miller, George W. Willard, Charles F. Daniel, John D. Howe, Charles T. Benner.

November 10—Shawhan Hotel, Tiffin, 8:00 P. M. Pelvic Infection—"Diagnostic Technique," Robert C. Chamberlain; "Modern Treatment," Berlie W. Mercer; General discussion, Chalmer N. Hatfield, Walter L. Mumaw, Charles L. Anders, Charles M. Comer, Proctor E. Benner, George L. Lambright.

December 16—Shawhan Hotel, Tiffin, 8:00 P. M. "The Future of Medicine," Earl L. Overholt; "The Need of Proper Medical Equipment," William N. Leonard; "National Medical Reciprocity," Wade K. Chamberlain; "A Review of the Year's Work," George W. Willard; General discussion, Adelbert D. Bowen, Ellis N. Hall, Amos W. Knight, Clifton D. Olds, William H. Benner, Edwards H. Porter.

Dr. Snyder's Proposal to Organize Surgical Units in Larger Cities Meets With Approval

The article in the February number of THE JOURNAL by Dr. Walter H. Snyder, of Toledo, outlining a proposal for the establishment of surgical units in the larger cities throughout the country, attracted wide attention. We are printing, this month, some of the letters of comment received by THE JOURNAL.

Two of our correspondents connected with the Army pointed out that Dr. Snyder's plan is very similar to that now being worked out by the Surgeon General. Hospital units are being organized in several cities, within the membership of the Medical Reserve Corps—which at present has a membership of 1,600 and which, army officials hope, will be increased by the end of the year to between 10,000 and 15,000 medical men.

One of these units is being established in Cleveland. Others are being formed in Rochester, Boston and New York. Later, others will be started in the larger medical centers.

Inasmuch as military preparedness is probably the chief topic under consideration, THE JOURNAL feels that the following letters of comment will be generally interesting:

FROM VICTOR C. VAUGHAN.

"I have read the article by Doctor Snyder, of Toledo, with great interest. I do not feel myself competent to pass upon any detail of his proposed plan. I do want to urge the physicians of this country to be prepared for war before it comes upon us.

"It was my fortune to serve one year in the army in 1898-99. When one talks of preparedness I think of those tens of thousands of patriotic young men who enlisted in 1898, and who within a few weeks were sick, dying and dead on account of the unprepared condition of the country. Until the Spanish War was practically over, there was not a camp in the United States equipped with means and instruments necessary for the correct diagnosis of either malaria or typhoid. The Typhoid Commission went to Camp Alger in Virginia. There they found hundreds of men ill with what they thought was typhoid fever, but most of the men in charge had diagnosed the disease as malaria. The members of the Commission, knowing that however well they might regard their own diagnostic ability, it would not be well to combat the opinion of men who had been with these sick soldiers for six weeks. There was at hand no means of deciding this question of diagnosis. The Commission returned to Washington and asked the Surgeon General to authorize the Commission to place in every camp in the United States men equipped with necessary microscopes and culture tubes to recognize the plasmodium of malaria and to make Widal tests. The Surgeon General being himself a scientific man gave the Commission *carte blanche* and authorized the Commission to pro-

ceed. Diagnostic tents were established within a few days in all the camps, and such men as Craig, Dock and others undertook this work. Within less than a week's time the whole question as to the nature of the epidemic prevalent in the camps was settled and settled beyond any controversy. Every one fully established the fact that the prevalent disease was typhoid and that it was spread largely by contact. It was only necessary to disinfect tents, blankets, and everything, and take other precautions now well known, and then within a few days typhoid fever was practically exterminated among the American soldiers. When in memory I walk through the long hospital tents of 1898 and again see the thousands of men prostrated with typhoid fever, I fail to understand how any one can question the advisability of preparation.

"I do hope that the medical profession will not linger in the performance of its duty.

"Lectures on Military Surgery, on Camp Sanitation, on Military Administration so far as it applies to the Medical Corps should be given all senior and junior students in our medical schools. Medical men in our large cities should form hospital and ambulance corps, and we should be ready to serve our country efficiently if called upon to act. Yours truly,

"V. C. VAUGHAN.

"Ann Arbor, Mich., March 1, 1916."

THE ARMY VIEWPOINT.

"I have been very much interested indeed in Dr. Snyder's article. It is most clear and practical, and is a thoroughly good way of co-ordinating our medical resources in time of peace for use in war.

"The Surgeon General has given much thought to this matter, and you will be interested to know that he has had an officer visiting large centers for the past month or so, getting units organized along lines almost identical with those which Dr. Snyder has so well worked out independently. The attitude of the medical officers of the army is to welcome most heartily the most valuable and absolutely essential assistance which our confreres in civil life can give. We wish to see them come into the Medical Reserve Corps and organized in such a way as will bring about the most complete sympathy and understanding, and the maximum efficiency of all concerned. As in the present war abroad, if we ever get into a war ourselves, the doctors necessary from civil life will outnumber those in the regular army by ten to one. Now is the time to prepare. I am very sincerely yours,

E. L. MUNSON,

Editor, *The Military Surgeon*,
(Lt. Col. Med. Corps, U. S. A.).

Washington, D. C., February 29, 1916.

DR. BRAISTED, OF THE NAVY.

"I would say that in view of the fact that the proposed plan for a reserve surgical corps is suggested for service with the Army, I do not feel that it would be proper for me to make any comments with regard to medical organization, or other medical needs for that branch of the Government Medical Service.

"Believing that you might be interested in the subject, however, I am sending you herewith circulars describing the Medical Reserve Corps of the Navy. The question of preparedness for the Navy has been the subject of very careful thought, through a lifetime of Navy medical service, and it is believed that proper and efficient plans have been devised to take care of the sick of the Navy in time of war, or an emergency.

"It is the desire of this Bureau to recruit our Reserve Corps as nearly as possible from the ranks of young men, who may be prepared to take duty abroad auxiliary ships, or other vessels of the Navy; men who are physically fit to endure the hardships and responsibility of sea service in time of war.

"The Medical Department of the Navy plans with regard to both organization and equipment, it is believed, are now on a basis permitting of ready expansion whenever Congress sees fit to appropriate money for expansion of personnel and material.

"The plan of Dr. Snyder reveals a patriotic willingness on the part of medical men to make sacrifices, which is very commendable, and which in time of emergency would be a splendid assurance of sympathetic support to the officers of the regular service in their efforts and responsibility to take care of the sick and the wounded of the Navy. Very truly yours, H. C. BRAISTED,

Surgeon General, U. S. Navy.

Washington, D. C., February 29, 1916.

COMMENT FROM OHIO.

"In reading Dr. Snyder's article I am reminded of the stanza from Kipling which, I think, covers the point in regard to surgical preparedness:

This is the law of the Jungle,

As old and as true as the sky;

And the Wolf that shall keep it may prosper,

But the Wolf that shall break it must die.

As the creeper that girdles the tree trunk

The law runneth forward and back,

For the strength of the pack is the Wolf,

And the strength of the Wolf is the Pack.

"A chain is no stronger than its weakest link, and an army is no stronger than its medical and surgical service.

"The plan evolved by Dr. Snyder is ideal, and deserves the serious consideration of every one interested in the medical and surgical branches of the army. I would be pleased to see this plan carried out in detail. It would put the Medical and Surgical staff on a footing where it prop-

erly belongs, and would count for efficient work. The same amount of work would be done easier, and with less expense to the national government; the saving from a financial standpoint would be immense; the saving of human life could not be calculated. By carefully kept hospital records by competent surgeons, who understand this work, the pension department could be put upon a sound basis. I served as a U. S. pension examiner for several years, and had occasion to observe the great advantage in adjusting pension claims, where accurate hospital records had been kept, by competent trained men in the medical department of the army.

"The army surgeon should be thoroughly trained in time of peace in regard to what may be expected of him in time of war. The highest efficiency can only be obtained by thorough organization in time of peace, and the army would secure a more desirable class of surgeons, competent to make correct diagnosis, to keep proper medical records, to organize the field hospital, to secure better sanitation. Many lives would be saved that otherwise would be sacrificed, if the medical and surgical units were not thoroughly trained for this special work, or the organization were not attempted until after the call to arms.

"I was much impressed by the proposed plan of Dr. Snyder, in regard to the preparation of dressings and instruments. This question is of vital importance to every citizen, be he a surgeon or layman. War always breaks out when least expected, and if the surgical units are not prepared in time of peace, all will be chaos. They must be trained to have an idea of what is expected of them, in dealing with the sick and injured in the army camp. They must study camp situations, and wounds inflicted by the different kinds of instrument of warfare, and the difference in treating the patient in unfavorable surroundings, compared to a well equipped hospital. A surgeon may be a great success as a surgeon in a well equipped hospital, and a failure in an army camp.

"Certainly, now is the time to prepare for war—along the unit lines suggested by Dr. Snyder."

J. W. Fitch, M. D., F. A. C. S.

Portsmouth, O., February 29, 1916.

FROM DR. M'CURDY.

"It seems to me that Dr. Snyder has brought out the necessity for an organization of medical men and nurses that few of us have seriously considered. I believe his idea is worthy of the co-operation of the medical men of Ohio and should be carefully investigated as to its feasibility. Whether the size and organization of the unit as suggested is the best or not I believe a committee or a conference of those interested could decide. Very truly yours,

"Sidney McCurdy."

Youngstown, O., February 19, 1916.

Unique Features Are Planned For Annual Meeting to Be Held at the Statler Hotel, Cleveland, on May 17, 18 and 19

Cleveland Academy of Medicine is working on plans to make the 1916 meeting of the State Society the best ever held, both from the scientific and the social standpoint. Make your arrangements now to attend these sessions—on Wednesday, Thursday and Friday, May 17, 18 and 19.

Dr. Clyde E. Ford, chairman of the general committee on arrangements, is planning several innovations that will make the meeting out of the ordinary. One of these is the substitution of a talk by a popular humorist for the usual speeches at the annual banquet. The committee has secured the services of Mr. John Kendrick Bangs, and the after-dinner speaking will be confined to Mr. Bangs.

Arrangements are being made for cards to various Cleveland golf clubs for those members who care to take advantage of the invitation.

To aid auto enthusiasts, the Cleveland Automobile Club is planning to supply definite information regarding automobile routes, and the condition of all roads in Northeastern Ohio, to those members who plan to drive to the meeting. The club will have complete and timely information available ten days in advance of the meeting, and will be very glad to answer in detail all queries.

The beautiful Statler Hotel, one of the finest in the Middle West, will be the official headquarters of the convention. All section meetings and the general sessions will be held on either the mez-

zanine or the parlor floor of this hotel. Registration desk and commercial exhibits will be on the mezzanine floor, with a pathological exhibit on the parlor floor. Cleveland is well equipped with hotels, and plenty of rooms will be reserved to meet the varying pocketbook needs.

Many problems of great interest to the Association will be under discussion by the House of Delegates, and in the general sessions of the Association. It is generally agreed that the next eighteen months will be of vital importance to medical practice in Ohio, for in that period a new legislature will convene, and will very probably take up a proposal for state sickness insurance. The program committee of the State Association is arranging to have a discussion on this general proposal by a political economist capable of giving a clear idea of its possibilities, and its probable effect of such an insurance plan upon medical practice.

The program committee of the State Association is now at work perfecting the details of the scientific program. Unusual interest is being shown in the various section meetings.

Cleveland, in the middle of May, is an ideal convention city, and every effort will be made to extend a thorough welcome to all visitors. Last year, at Cincinnati, the registration reached nearly 1000. It is hoped and believed that this year the total registration will far exceed this figure.

Delegates Selected for the State Meeting

The Journal has received notification of the appointment of the following delegates and alternates to the State Meeting, to be held in Cleveland May 17, 18 and 19. We will appreciate further notification:

Clinton County—Delegate, C. A. Tribbet; alternate, G. W. Wire.

Hamilton County—Delegates, Louis Schwab, Oscar Berghausen, E. O. Smith, H. Kennon Dunham, Louis Stricker; alternates, Fred Lamb, Mark Brown, J. Louis Ransohoff, James M. Bentley, F. M. Burns.

Champaign County—Delegate, E. W. Ludlow.

Darke County—Delegate, J. E. Monger; alternate E. G. Husted.

Greene County—Delegate, H. R. Whitacre; alternate R. H. Grube.

Montgomery County—Delegate, H. V. Dutrow; alternates, W. A. Ewing, A. O. Peters.

Shelby County—Delegate, Arthur Silver.

Defiance County—Delegate J. B. Ury; alternate, Geo. A. Rigrish.

Paulding County—Delegate, A. H. Mouser; alternate, L. R. Fast.

Hancock County—Delegate, J. C. Tritch; alternate, A. J. Reycraft.

Logan County—Delegate, E. R. Henning; alternate Guy Swan.

Marion County—Delegate, F. Young; alternate, H. L. Uhler.

Mercer County—Delegate, H. J. Cordier.

Ashtabula County—Delegate, M. M. Battels; alternate, C. N. Warner.

Erie County—Delegate, Charles Graefe; alternate, F. P. Southwick.

Lorain County—Delegate, E. V. Hug.

Medina County—Delegate, E. L. Crum.

Ashland County—Delegate, W. M. McClellan.

Richland County—Delegate, J. M. Garber; alternate, J. Lillian McBride.

Summit County—Delegates, H. H. Jacobs, J. H. Weber.

Belmont County—Delegate, C. W. Kirkland; alternate, D. W. Boone.

Coshocton County—Delegate, Lister Pomerene.

Jefferson County—Delegate, C. Maxson; alternate, H. C. Minor.

Tuscarawas County—Delegate, E. D. Moore; alternate, J. A. McCollam.

Fairfield County—Delegate, J. T. Farley; alternate, A. L. Guthrie.

Muskingum County—Delegate, E. R. Brush; alternate, F. S. Baron.

Perry County—Delegate, R. W. Miller; alternate Edgar D. Allen.

Lawrence County—Delegate, J. S. Wiseman; alternate, W. L. Griffith.

Crawford County—Delegate, C. D. Morgan; alternate, H. L. Van Natta.

Morrow County—Delegate, W. C. McCormick.

Pickaway County—Delegate, G. H. Colville.

University Extension Project of State Society Will Be Launched at Marion on March 30, by Dr. Briggs of Western Reserve

At Marion, on March 30, the State Society will inaugurate its "University Extension" program by sponsoring the first of a series of lectures that are to be given throughout the state under the direction of the Committee on Medical Education.

Dr. Charles Edwin Briggs, Associate Professor of Surgery in the School of Medicine of Western Reserve University, Cleveland, will cover from a practical standpoint, the entire subject of Fractures and Dislocations. The committee is now working on a schedule which will make it possible for this lecture to be delivered in geographic centers throughout the state, each lecture to be open to all practicing physicians in the immediate territory.

The first lecture at Marion is designed for all physicians of the following counties: Marion, Hardin, Wyandot, Crawford, Union, Logan and Delaware. Every medical man is invited, regardless of affiliation with his county society.

The meeting will be held at 4 P. M. in the auditorium of the First Presbyterian Church, at Prospect and Church Streets, Marion. At 5:30, a subscription dinner will be served in the church to all physicians by the Ladies Aid Society, for a fee of fifty cents per plate. Immediately following the dinner, Dr. Briggs will resume his subject and will demonstrate practical methods on preparing and applying bandages, splints, etc.

Dr. Dana O. Weeks, Councilor for the Third District, Dr. Cary T. Wiant and Dr. E. L. Brady, president and secretary of the Marion County Society, and every member of the society are enthusiastically interested in making this meeting a great success. Assurances have been received of a large attendance from practically every adjoining town—many physicians feeling that a general discussion of the ever-troublesome subject of fractures is one from which they can derive much practical benefit.

Abstracts of Dr. Briggs' lecture will be furnished in advance, so that everyone may be prepared to participate in the discussion.

If the Marion meeting is a success, the plan will be continued to cover other sections of the state with similar meetings in such cities as Lima, Tiffin, Toledo, Sandusky, Mansfield, Akron, Youngstown, East Liverpool, Zanesville, Portsmouth, Chillicothe, Columbus, Hamilton and Dayton.

This is, of course, a tentative list, and is entirely subject to the plans and wishes of the local societies, and will be subject to numerous modifications.

Those connected with the development of this plan feel it will have a great educational value.

The inevitable tendency of a productive educational system is toward centralization and is the result of at least three conditions. There is first

the inclination, the desire and the necessity for those who are educationally productive to become associated because of the inspiration and practical advantage of the close association of ideas. Since the accumulation, expansion, and dissemination of knowledge is not primarily commercially productive, it is necessary that such undertakings receive substantial external support to insure their continuation and growth, the advantage and necessity of which is fundamental; the requirement for this external support has still further necessitated the centralizing of such efforts to avoid economic waste, increasing in proportion to a degree of such support. And finally the problem of distribution requires bringing the mobile individual to the fixed center, for even Mohammed must come to the mountain, the advantage of which is greatly increased through the creation of conditions favoring the acquisition of knowledge through the elimination of individual distractions.

But while this condition of centralization has been an absolute necessity and in itself a great advantage even in the distribution of knowledge, there has also existed the disadvantage that all could not come to the center, particularly in the face of those restricting conditions incident to the more permanent life relationships. While the center was taxed to its capacity by those who could come to it the requirements of these others could not be met, but with the increase of facilities it was thought possible to mobilize certain features of centralized education and take it, not to the individual, but to small groups of individuals, to temporarily, at least, carry some small part of the mountain to Mohammed provided he himself would but move a little. From this possibility is being evolved what has come to be known as the University Extension Movement, the most general and successful application of which has been made by the University of Wisconsin.

In the field of medicine the necessity for some such undertaking has been increasingly evident. The complicated relationships incident to the practice of medicine render exceedingly difficult the exactions of a centralized educational system. The first departure was the postgraduate school, then the more general establishment of postgraduate departments, and finally the creation of short restricted periods of instruction in individual subjects or even parts of the same; but all these developments required presence at the center. That still greater mobilization of the system is required is not open to question; it is manifest in the individual expression of almost every practicing physician; it is shown in the increasing tendency to visitation, a method having some advantages in itself, but prodigal of both time and expense, hopelessly casual in its purpose, and usu-

ally pitifully lacking in its opportunities through the absence of any serious educational motive, the manifest object usually being to produce effects rather than results.

For some time there has been developing a feeling and belief that the state medical societies could undertake with propriety and advantage some such decentralizing project as that embodied in the idea of university extension, and furnish to its members and others, possibly without as well as within the profession, certain educational opportunities which could not be obtained under existing conditions. The plan has already been in effect in a limited and modified way in some states, though not always through the medium of a state medical society. It has been the belief of the present administration of the Ohio State Medical Association that its full function was being exercised in a rather limited degree in providing mainly the machinery of a state organization, and it has been the hope and purpose of the administration to make a modest introductory effort to provide some such opportunity as that under discussion.

The project at the present time is in a rather elementary state, but a start is being made with the confident expectation that an adequate plan will be gradually evolved. For various reasons which readily present themselves it was believed that a discussion on Fractures and Dislocations would furnish an exceedingly advantageous beginning, and the preparation of this discussion is now nearing completion.

The project is susceptible to almost unlimited development so long as it is maintained on a strictly educational basis and ulterior influences are not allowed to interfere in any particular. The subjects to be discussed should be carefully selected with reference to their educational value as well as the needs of the society, and those who are to present them should be chosen solely for their educational qualifications; such selections will require the most exacting devotion to the interests of the undertaking. It seems quite probable that a system can be evolved whereby such section of the state as arranged upon this transportation basis can have the advantage of university extension methods as applicable to the science of medicine. If the demand is found to be as urgent as present indications suggest, it is believed the Association should pledge itself to the project in a broad and comprehensive manner; it can be undertaken by the Association with a degree of propriety that might be questioned, even though quite unjustly, if it were initiated by a medical educational institution, and moreover the state organization can put itself in a position to start the project at once which is something no other organization can probably do. It would seem as if this undertaking should develop rapidly into one of the most important and far-reaching activities of the Association.

Do Not Neglect to File Your Birth Reports

Dr. Bland, state registrar of vital statistics, announced in the February Journal that an active campaign would be inaugurated to compel the reporting of all births to the local registrars. In Ohio this is mandatory within ten days after the date of birth. In his article, Dr. Bland pointed out that strict enforcement of the law is absolutely necessary in order to secure admittance for Ohio into the new birth registration area established by the Federal Census Bureau.

Dr. Bland authorized the statement that wholesale prosecutions would be inaugurated against physicians and midwives who refuse or neglect to comply with the provisions of the state law, violation of which lays the physician liable to a fine of at least \$5.00 and costs.

This movement was first started in New York State late last November, under the direction of Dr. Cressy L. Wilbur, director of the division of vital statistics of the state health department. A note from Dr. Wilbur informs us that since that time about 1,000 official informations against New York State physicians have been lodged by this department with the local district attorneys.

In commenting upon the similar situation in Ohio, Dr. Wilbur writes:

"My Dear Mr. Sheridan: Thanks for copy of the *Ohio State Medical Journal* which I have read with great interest. Certainly the Association is coming to the support of Dr. Bland and the state authorities in their effort to enforce the birth registration law in the most thorough manner. I am glad indeed that the profession is taking this stand and believe that it will aid greatly in the facility with which the work is accomplished.

"You will be pleased to know that Dr. C. St. Clair Drake, of Illinois, has also resolved to enforce the new Illinois Law in the same manner beginning January 1, 1916, also that the Secretary of State of Michigan is to do the same."

When this issue of *The Journal* went to press, the Ohio department had taken no definite steps toward inaugurating suits against physicians, but it is probable that an attempt will be made to enforce the penalty against a large number during the next sixty days.

The Journal is in receipt of a letter from Mr. Sam L. Rogers, Director of the Federal Census Bureau, commending an editorial stand in favor of enforcing this law.

The State Board of Health, at its February meeting, held in Columbus, accepted the resignation of Dr. E. F. McCampbell, to take effect April 1, and elected Dr. Clyde E. Ford, Cleveland, as secretary and executive officer. Dr. Ford was elected on the first ballot, and no other candidates were balloted upon. When this issue went to press, March 10, Dr. Ford was still undecided about accepting the place. He had under consideration other excellent offers, but was being strongly urged by his friends to take the post at Columbus.

The Educational Function of the Hospital, as Viewed by Dr. Winford Smith, Superintendent of Johns-Hopkins Hospital

The following article from the January issue of Modern Hospital will be of much interest in Ohio at this time, in view of the questions raised concerning the minimum educational standards for the training of nurses recently adopted by our State Medical Board. This article presents the view of those urging high standards of nurse education.

Writing on the subject of education, Herbert Spencer said: "To prepare us for complete living is the function which education has to discharge." The old theory of education was the acquisition of knowledge; the new theory, as promulgated by Spencer, is, that it is a training of the mental faculties, so that in addition to knowing about things, we are also taught how to accomplish things.

The first duty of the hospital is, of course, to provide for the care and treatment of its patients; but it also has a function beyond this, and that is educational. In the broadest sense, hospitals may be said to be educational to physicians, medical students, nurses, patients, employees and to the community. While the majority of hospitals are not so located as to be available for students of medicine, all hospitals to a certain extent are educational to the other classes mentioned.

In a very able address before the American Hospital Association in 1911, Mr. Abraham Flexner made the point that hospitals owed a duty to medical education, and unless they met that duty they failed to accomplish their greatest usefulness. He pointed out that many hospitals are so located as to be of great value to neighboring schools, in that it is possible for them to furnish to such schools the opportunity to study groups of patients with all of the possibilities of practical demonstrations and bedside instruction; and that in failing to meet the needs of such schools, they do not embrace the great opportunity of increasing their own usefulness, both in the exercise of their primary function of caring for the sick and in the exercise of their educational function. He also pointed out that many other hospitals which place their facilities at the disposal of the poor, unworthy schools, are likewise failing to meet their responsibilities in that they are fostering these poor schools and therefore poor medical education.

It is unquestionably true that hospitals are becoming each year more and more important factors in the preservation of the public health. There is a constantly growing appreciation of what the hospital means to those who are ill, of its responsibilities for educational work and for investigation and research, which, while not interfering with the actual care of the patients (the result being quite the contrary), present possibilities of a greater service to mankind generally. The hospital which welcomes teaching

within its walls insures more careful methods, more careful study of the individual case, and generally speaking, better and more thorough treatment for its patients.

In this country we have been surprisingly slow to grasp this fact, considering that the growth of the hospital movement has been so rapid. It is quite probable that the rapidity of hospital development in America has been largely responsible for the lack of appreciation of the larger opportunities. It was only a few years ago that the hospital in this country was considered the place of last resort. Today almost a complete reversal of opinion has taken place, and it is now considered the place of first resort for anyone who is seriously ill. With this growing appreciation of the value of the hospital there has occurred a mushroom-like growth of hospitals, attended with all the evils of too rapid development—namely, lack of standards of organization and management, lack of standards as to support, poorly formulated plans, mismanagement and failure to comprehend the greater possibilities of the movement.

Within the last few years, however, there has come a broader conception of what the hospital stands for and of its greater usefulness. This is largely true because of the educational function of the hospital.

I have said that the hospital is educational to practically all who live and work within its walls, and to the community as well. Who can doubt that the employees working day after day in such an atmosphere must learn something of value in the way of helpfulness to others, something finer and broader by way of appreciation of life's problems, of human frailties, and of self-sacrificing service to others? Who can doubt that the patients, many of them at least, learn these same lessons, and at the same time learn how to take better care of their own bodies and how not to be a source of danger to others? These are phases of the educational function not often considered, but nevertheless important.

Of the more important phases, let us consider the education of medical students. In the so-called teaching hospitals, thousands of medical students are trained each year, both in theory and in practice. They are enabled to interview patients and thereby learn how to elicit the necessary information. They are taught what facts to emphasize and what to ignore, what to retain and what to discard. They learn how to examine a patient in order to bring out the abnormal conditions. They learn from the teacher and by actual

experience, how to recognize a condition and how to reason from the phenomena presented, back to the conditions underlying them. Furthermore, having learned at the bedside to recognize abnormal conditions, they learn also what is the proper therapeutic measure, and how to carry it out, which is quite as important. They are taught not only about a thing, but how to perceive the thing itself. The hospital, then, is the training school for thousands of young men, who go forth each year to give to their fellow men the benefit of that knowledge.

Again, every hospital has its resident staff, numbering all the way from one to a hundred. These young men, already recognized as physicians, continue for one or more years to serve the hospital in order to acquire skill in diagnosis, in treatment, in operative technic, and in powers of observation and reasoning. Then, too, there is the senior staff of physicians and surgeons, who, by the study of large groups of patients, by the experience gained in operating upon large numbers of patients, acquire a skill and technic which make them authorities in their subjects and leaders in their profession.

In the laboratories, also, are those men who devote their lives to careful routine study of all conditions found, to constant experimental work, as the result of which new facts are being discovered which add to the knowledge of disease and the methods of combating it. All of this means progress and benefit to mankind.

To the community in which such an institution is located, it has an enormous educational value. The effect which the standards and principles of such an institution have on a community, the development of public interest in these principles, the efforts of this group of thoughtful, earnest, skilful workers cannot fail to have a very practical value in the development of public hygiene, better sanitation, better living conditions and a higher plane of existence.

I am aware that I am telling you nothing new, that, in fact, I am only repeating in a little different form what has been said over and over again. Nevertheless, it seems to me that it bears repetition, for the true value of the hospital, in the broadest sense, is not yet generally recognized.

There remains one, a most important, phase of the educational function of the hospital—I might say the most important phase—namely, the education of the nurse. I wish to dwell at some length on this subject, because of the need of a more accurate perception of its possibilities. The training school for nurses represents one of the most important departments of the hospital, both because of its function in nursing the patients and because of the public demand for trained nurses.

"In course of time we propose to benefit not only Bellevue, but all the public hospitals, and also to train nurses for the sick in private houses and for work among the poor.

"As the work advances, we hope to establish a college for the training of nurses which will receive a

charter from the state and become a recognized institution in the country. Branches of this college would be established in connection with hospitals devoted to particular diseases, such as the Woman's Hospital, etc., so that in course of time nurses trained for the treatment of special diseases will be as easily obtainable as physicians. Connected with the college would be a home for nurses, whence they would be supplied with employment and provision made for them when ill or disabled by labor or advancing years. The nurses when trained would receive a diploma or certificate, renewable at fixed periods. Thus the college would control their nurses during their state of pupillage and protect the public from imposition by making it known that a nurse whose diploma or certificate was not in due form had forfeited the confidence of the institution.

"The work before us is not an inexpensive one. It should not be regarded merely in the light of a work of benevolence, but as a system of education, calculated to benefit thousands in all ranks of life, and, like the quality of mercy, blessing him that gives and him that takes."

Not many training schools for nurses have been started with such a broad conception of the needs, the aims or the value of such a school, as an educational institution. I have said that the growth of the hospital movement has been remarkable. The growth of the nurse training school movement has been equally rapid, for the two have developed together. To this fact we must attribute many of the difficulties which now attend every effort to standardize these schools and to raise the standard of nursing.

To be more explicit, practically every hospital of any size has its training school for nurses. In the majority of these instances the hospital has established the school, not with any deep-rooted desire to train nurses for the purpose of serving the public generally, or because of any particular interest in education along this or any other line, but with one idea paramount—to get the nursing work of the hospital done in the simplest and cheapest possible manner. Even a superficial study of the situation will convince one that this is not an exaggeration, and that the majority of boards of trustees, medical boards or ladies' committees, have no conception of the great part which the nurse is playing today in all humanitarian work, nor of the increased demand for educated, thoroughly trained nurses for all phases of public health work. They think of her only as the pupil and as the private nurse.

Many of these schools, I am almost tempted to say the majority, have standards of admission too low or too elastic, have courses of instruction too meager and too spasmodic, and subordinate too completely the interests of the school, as a school, to the practical needs of the hospital. This does not accord with my idea of the educational function of the hospital. The point has been made by Mr. Flexner that hospitals owe a duty to medical education, and we heartily agree with him. I would also make the point that hospitals owe a duty to nursing education, and that this is particularly a function of the hospital.

That the trained physician and surgeon play a very important part in the general scheme of life none will deny. Does anyone believe that the physician and surgeon could begin to do the splendid work which they are doing today without the

trained nurse? Without detracting one whit from the credit due the physician and surgeon, we must admit that medical and surgical technic would hardly be what it is today had it not been for the development of the trained nurse to supplement his work and to assist him in carrying out the complicated and technical procedures of modern practice. That good nursing is often quite as essential as good medical attention, and that it is often equally responsible for a favorable result, none will deny. Furthermore, the better trained a pupil is the better nurse she will be. A nurse cannot be overtrained any more than a physician can be overtrained.

If the hospital owes a duty to medical education, it also owes a duty to nursing education, for the same reason applies, namely, the need of such education in the interest of humanity. Only a few hospitals are available for teaching medical students, while many hospitals can educate nurses, and every hospital large enough to support properly, and which properly conducts a training school, renders a great public service by so doing.

The trained nurse is now called upon to perform work which was never contemplated in the beginning. Even the broadest conception did not in the early days conceive of a service much wider than that of skilled attendance upon the sick. In the present day, however, she is a therapeutic agent of great value. She is called upon in almost every phase of our civic and social life to organize, to systematize and to teach, as the private nurse, the visiting nurse, the rural nurse, sanitary inspector, etc.

Professor C. E. A. Winslow, of the College of the City of New York, writing on the education of the public health nurse, says:

"We need expert sanitary engineers to build and operate our public works; we need sanitary physicians to deal with the broader communal aspects of the spread of communicable disease; we need sanitary bacteriologists and chemists and statisticians to furnish the special expert knowledge by which all these activities must be guided. More than all, however, we need large bodies of sanitary educators to bring our knowledge to bear on the individual citizen who alone can make so much of it effective. Some of these missionaries of sanitation will be physicians, but most of them will be nurses. And that is why, in my judgment, the visiting nurse is the most important figure in the modern movement for the protection of the public health."

Dr. J. H. Mason Knox, late president of the American Association for the Study and Prevention of Infant Mortality, writes as follows:

"In the last analysis, however, all our work hinges upon the better care of individual babies coming under our influence, and it is here that the trained nurse should be given first place, both because of her unique opportunities and because of the good results which she has accomplished and does accomplish."

Testimony of this character can be quoted ad infinitum.

Recognizing, then, the desirability and the necessity of training nurses, we may ask, is this the function of the hospital? I believe it is distinctly and peculiarly the function of the hospital. I have never been able to believe in the idea of a

detached central school, where the pupils will receive their preparatory and theoretical training, and from which they may be sent out to hospitals on assignment, to receive their final and practical training. Such a plan can undoubtedly be made to work, but in my opinion is not ideal. Experience in medical education should teach us that. The medical school which gives the first two years in one place and the last two in another is not as desirable as the one (all other things being equal) which enables the student to spend all four years in the same environment. It is not as good for the student and is not as healthful for the development of the school itself. The same principle applies to the training school for nurses.

The training school for nurses, as well as the medical school, must have the facilities for practical training and actual experience in order that the education may be well rounded and complete. Hospitals exist to serve the public. In the broadest sense, then, the hospital should develop along all lines which tend to public service, which are related to public health, and which do not interfere with its primary purpose. In no other way can it attain its fullest efficiency. There are many hospitals, as we all know, which are now exercising this function. In fact, to a greater or lesser extent, they all do. There is, however, a need of standards, else there is danger that the profession of nursing will become filled with quacks; that the public will be led to accept poor service when the best is needed; that worthy young women will be misled into believing that they are to receive a thorough training, when they are offered only an imitation and superficial training, for which they must give from one to three years of hard, faithful, honest service; danger that the vast possibilities for public service by a profession of skilled workers may be lost because of the failure to foster the growth of this profession and to protect it from commercialism and low standards.

What are the standards needed? In the first place, it should be recognized that this movement which started out simply to meet a hospital need has developed into an educational movement, in response to a vastly more important and vastly broader need of the public at large. In order to safeguard this movement, therefore, each state should standardize its training schools for nurses, and registration should be compulsory, as with the physician.

In order that their graduates may be eligible for registration, schools should be obliged to adopt a fairly uniform curriculum, and to give training in all necessary subjects, or else affiliate with other recognized schools capable of supplying training in the subjects in which the weaker school is deficient. Only those hospitals which have more than a minimum number of beds and which are so-called general hospitals should be recognized as capable of conducting training schools.

Compulsory registration is likewise important; in my opinion, quite as important as for physicians. These are fundamentals and can be met by legislation. In order to insure the educational machinery, endowments for schools are extremely desirable; or at least a certain definite budget should be set aside for strictly school purposes.

Many arguments are heard against such measures, as, for instance, the difficulty of getting a sufficient number of nurses to carry on the work of the hospital and the need of cheaper nursing service for people of moderate means. With regard to the first, it has not yet been demonstrated that raising the standard of the profession would not attract more applicants to the schools. If such did not prove to be the case, then the training of nurse assistants, or attendants, would undoubtedly meet the situation.

As for the second argument—the need of cheaper service—the same can be said of physicians, yet we are constantly raising the requirements of medical schools and are now considering the desirability of a fifth or hospital intern year, before allowing the physician to practice. We would not think of recommending half-trained physicians. Then why consider half-trained nurses?

In closing, I wish to repeat that in my opinion it is high time that the medical profession and the public should recognize the importance of high standards in the education of the nurse, and should demand compulsory registration for the nurse, as well as for the physician, the pharmacist, the dentist, the osteopath, and the barber. The hospital should play an important part in all these movements.

* PHYSICIANS WHO REGISTERED *
* WITH THE PROBATE COURTS *

The state law requires that physicians moving into a new location must file notice of their presence with the probate court. The probate judges report these changes annually to the State Medical Board. We are printing the report for 1915, largely for the convenience of secretaries of county societies who keep a careful index of names of all physicians residing in their counties. The three largest counties are omitted from this list, because the street addresses were not given and the information is, therefore, of little value. The list:

Adams—Edwin James Kennedy, Peebles; Samuel C. Clark, Cherry Forks; Benjamin L. Casey, Winchester.

Allen—John R. Parry, Jr., Lima; Frumenti W. Winters, Myron E. Lane, John H. Berry, Lima State Hospital; Matthias A. Wagner, Lima; Harvey L. Bassinger.

Ashland—Thomas W. Clark, William A. Forrester, Leander Z. Skinner.

Ashtabula—Edward P. Dennis, LaFayette Van Amburg, Howard A. Knox, Josiah H. King, Martin L. Stehley, Cuyahoga County; Bernice A. Fleek, James S. Van Norman, Theodore N. Smith, Arthur W. Thomas, Ottis L. Graham.

Athens—McKendrie Z. McKibben, Albany; Cullen W. Irish, Athens.

Auglaize—William A. Forrester, Wm. E. Bloyer, O. L. Mapes, Clarence F. Ruhlman, Aldo V. Sibert.

Belmont—John C. McGinnis, Martin's Ferry; Will A. Quimby, Wheeling. W. Va.: Silas F. Roberts, Glencoe; Levi A. Zerns, Bellaire; O. L. Mapes.

Butler—Howard L. Wilkinson, Hamilton; Mabel E. Gardner, Middletown; Malcolm G.

Smith, Leroy Stanton, Reily; Edward B. Markey, Hamilton; Albert G. Henry, Edgar C. Skinner, John C. Ludwig.

Carroll—Clem A. Giles, Leesville.

Clark—Herman E. Vogel, Edward C. Nehls, Frumenti W. Winters, J. C. Bartlett, Joseph H. Rinehart, Herbert V. Weilbranch.

Clinton—Charles A. Shaeffer, Lees Creek; Leslie E. Daugherty, Midland City.

Columbiana—Orville C. Walker, Salineville; Rollin M. Schwartz, Columbiana; Cleon W. Colhy, Wellsville.

Coshocton—Martin L. Stehley, Fred Blenkner.

Darke—Wm. H. Matchette, Greenville; Walter J. Smith, Arcanum; Charles P. Sullivan, Burkettsville.

Defiance—Joseph E. Stephan, Jewell; Daniel J. Leithauser, Defiance (now at Youngstown); Edwin J. Lauber, Defiance.

Delaware—Martin L. Stehley, Jay Clement Johnson, Fred Blenkner, Franklin D. Postle.

Erie—L. D. Bryan, Sandusky.

Fairfield—Wm. J. Rueter, Royalton; Martin L. Stehley, Lancaster; Horace G. Boynton.

Fulton—William P. Valentine, Tedrow.

Gallia—Robert F. Sayre, Crown City.

Greene—Harold C. Messenger, Harry P. Hanson, Xenia.

Guernsey—Owen R. Kackley, Pleasant City; Edwin R. Lewis, Kimbolton; Virgil H. Danford, Cambridge; Harry Soldner, Berue, Ind.; Fred Bnalkner, Cambridge.

Hancock—Edward W. Misamore, Findlay; Earl Benjamin Maxwell, Van Buren; Mabel Roe Coddington, Otto B. Gates, Findlay.

Hardin—Abraham L. Huston, Raymond G. Schuette, Ralph D. Quillen, Harold E. Gibson, John E. Talbott, Allen M. Wisely, Jr.

Harrison—Wendell P. Brown, Moorefield.

Henry—Cleal G. Hissong, Hamler.

Highland—Maloy M. McCullough, Greenfield; Henry H. Lowe, Leesburg.

(List Continued in the April Issue)

STATE MEDICAL BOARD

OFFICIAL BOARD

LESTER E. SIEMON, President, Cleveland, March 17, 1918
 J. H. J. UPHAM, M. D., Vice President, Columbus, March 17, 1920
 S. M. SHERMAN, M. D., Treasurer, Columbus, March 17, 1921
 JOHN K. SCUDDER, M. D., Cincinnati, March 17, 1919
 BEN. R. MCCLELLAN, M. D., Xenia, March 17, 1922.
 LEE HUMPHREY, M. D., Malta, March 17, 1917
 C. E. SAWYER, Marion, March 17, 1923.
 GEO. H. MATSON, M. D., Secretary,
 Office, State House, Columbus.
 Examiner in Preliminary Education,
 K. D. SWARTZEL, M. Sc., Columbus.

The staff of the State Medical Board is busily engaged in passing upon applications for certificates to practice limited branches of medicine and surgery under the exemption clauses of the new Platt-Ellis law. A number of applications are being withheld for further investigation by special agents representing the board, but the task is rapidly nearing completion. During February the board issued licenses to those included in the list which follows. The special branch in which the license is issued is indicated by the number following each name, and may be translated by the following table:

1. Chiropractic
2. Spondylotherapy
3. Electro-therapy
4. Hydro-therapy
5. Mechano-therapy
6. Neuropathy
7. Suggestive-therapy
8. Psycho-therapy
9. Magnetic Healing
10. Massage
11. Swedish Movement
12. Chiropody

Akron—Mumper, Carroll A., 230 Bluff Ave., 1.

Alliance—Mackey, Jos. R., 154 Market St., 10.

Cincinnati—Allen, Mary, 1605 Madison Road, 12; Balkenhol, Elizabeth A., 991 Hatch St., 10, 11; Crooks, Winona J., 808 Chateau Ave., 12; Cuney, Cora E., 822 Wehrman Ave., 12; Eiche, Amelia C., 906 Neave Bldg., 10, 11; Green, Rachel A., 3404 Carthage Ave., 12; Portune, Margaret, 38 Alexandra Bldg., 10, 11; Polmanteer, Virgil L., 801 Mercantile Library Bldg., 5, 1; Ruhlman, Henry J., 62 W. St. Clair St., 12; Simms, Harriet C., 2726 Ashland Ave., 12; Cohan, Annie Bell, 1302 Locust St., 10.

Canton—Payne, Fred H., 225 McKinley Ave., S. W., 4; Payne, Chas. H., 513 Third St., S. W., 12, 10.

Columbus—Dickinson, Chas. B., 30 E. Broad St., 1, 3; Lippert, Henry, 371 Stoddard Ave., 5; Mayer, Alfonso R., 202 Beck St., 5; Long, Ira W., 101 N. High St. 1, 2, 3, 6; Slagle, Flavius T., Central Nat'l Bank Bldg., 1, 5.

Cleveland—Brindley, Lynn D., 1637 E. 66th St., 12; Falls, Hester Wise, 2123 E. 93rd St., 12; Fulton, Josephine E., 323 Euclid Ave., 12; Jedlick, Chas., 2069 E. 4th St., 5; Johnston, Thos. D., 1004 E. 105th St., 1; Krohmer, Jacob, 726 Pennant Bldg., 10, 11; Leihenseder, Emil O., Woodland Ave., 3, 4, 5; Loose, Jr., Herman A., 91 Hayden Ave., 5, 3, 4; Lenz, August, 5909 Hough Ave., 10; Morris, Margaret A., 2104 E. 105th St., 1; McCrea, Clifford T., 1272 Euclid Ave., 1; Oehlstrom, Wm., 323 Euclid Ave., 10; Prentice, Homer H., 8311 Euclid Ave., 1, 2; Stone, Chas. R., 225 Columbia Bldg., 3, 4, 5, 10; Scott, Graham W., 8922 Meridian St., 12; Walsh, Wm. C., 10 Colonial Arcade, 5; Walsh, Chas. S., 10 Colonial Arcade, 5; Fehr, Edwin P., 5803 Superior Ave., N. E., 3, 4, 5; Gaines, Beatrice, 2152 E. 40th St., 12; Gardner, Chas. A., E. 22nd St., 5; Hofmann, Wm., 4227 Hyde Ave., 10; Hogue, Joseph A., 214 Schofield Bldg., 4, 10; Keck, Min-

nie Bell, 9110 Wade Park, 1, 2; Lewis, Cora M., 7909 Euclid Ave., 1; McAlindon, Jas. H., 2813 Woodland Ave., 5; Miller, Agnes M., 10808 Columbia Ave., 1, 2; Monroe, Eldora C., 1555 E. 86th St., 1, 2; Monroe, Daisy, 1555 E. 86th St., 1, 2; Peterson, Robt. H., 7600 Hough Ave., 1, 2; Raine, Wm. H., 6509 Detroit St., 1, 2; Raine, Lulu M., 2248 W. 95th St., 1, 2; Rampanelli, Anne J., 3733 Prospect Ave., 3, 10; Squire, Alice D., 10531 Lee Ave., 10; Stiel, Sigmund, 2355 E. 59th St., 12.

East Liverpool—Hodson, John I., 5.

Lakewood—Verbsky, Chas., 1442 Orchard Grove Ave., 5.

Lancaster—Caster, Susie, 413 E. Mulberry St., 12.

Marietta—Hutchinson, Arthur W., 514 Fifth St., 1, 10.

Mt. Healthy—Jones, Clifford E., 12.

Newark—Scott, John V., 502 W. Main St., 1.

New Lexington—Adams, Chas. C., 1, 4, 5.

Salem—Maguire, Edw. J., 354 Lincoln St., 1.

Uhrichsville—Johnson, Frank S., 1, 2; Johnson, Floy J., 1, 2.

Xenia—Zell, Emma E., Detroit St., 7; Jobe, Lulu E., N. Detroit St., 9; Brown, Arthur A., S. Detroit St., 12.

Youngstown—Reiser, David H., 5; Snyder, Ernest D., 417 Martin St., 12.

Zanesville—Dietz, Wilbur T., 1331 Myrtle Ave., 12.

New County Defense Committeemen Elected

The following additional Medical Defense Committeemen have been elected by their respective county societies to co-operate with the State Committee in administering the State Society's defense plan which is to be inaugurated following the state meeting at Cleveland in May:

Allen, Oliver S. Steiner, Lima; Ashland, A. L. Sherick, Ashland; Ashtabula, S. H. Burroughs, Ashtabula; Athens, A. L. Pritchard, Nelsonville; Auglaize, C. L. Dine, Minster; Brown, A. W. Francis, Ripley; Crawford, E. D. Helfrich, Galion; Darke, J. E. Monger, Greenville; Delaware, C. W. Chidester, Delaware; Erie, William Graefe, Sandusky; Fairfield, H. M. Hazelton, Lancaster; Fulton, P. S. Bishop, Delta; Hancock, J. P. Baker, Findlay; Hocking, M. H. Cherrington, Logan; Huron, John A. Sipher, Norwalk; Knox, F. C. Larimore, Mt. Vernon; Logan, W. W. Hamer, Bellefontaine; Lorain, S. V. Burley, Lorain; Licking, Clark B. Hatch, Newark; Lucas, W. J. Stone, Toledo.

Madison, C. T. Gallagher, Mt. Sterling; Miami, Gainor Jennings, W. Milton; Morgan, Lee Humphrey, Malta; Morrow, W. B. Robinson, Mt. Gilead; Muskingum, C. U. Hanna, Zanesville; Pickaway, Geo. H. Colville, Circleville; Pike, I. P. Seiler, Picketon; Putnam, C. O. Beardsley, Ottawa; Scioto, James W. Fitch, Portsmouth; Shelby, A. B. Gudenkauf, Sidney; Summit, H. S. Davidson, Akron; Trumbull, D. G. Simpson, Warren; Van Wert, S. S. Tuttle, Van Wert; Warren, N. A. Hamilton, Franklin.

In those counties where a committeeman has not been appointed, the matter should be attended to immediately.

NEW INCORPORATIONS IN OHIO

The Adams County Anti-Tuberculosis Company, Peebles, \$10,000 James G. Whittenmyer, Pearl J. Whittenmyer, Leslie D. Whittenmyer John E. Whittenmyer, Albion Z. Blair.

The E. W. Rose Medicine Company, Cleveland; capital, \$100,000. E. W. Rose, C. F. Buescher, C. R. Cross, D. V. Fisher and E. C. Daoust.

OHIO CONTRIBUTORS TO MEDICAL LITERATURE

Alter, F. W., Toledo: "Palpebral Syphilis; Report of Case;" *Ophthalmology*, January, XII, No. 2.

Bowman, D. O., Cleveland: "Value of Diastolic Blood Measurement in Diagnosis of Circulatory Disturbances;" *Cleve. Med. Jour.*, December, XIV, No. 12.

Blankenhorn, M. A., Harmon, G. E., Hanzlik, P. J., Cleveland: "Some Clinical, Physiologic and Chemical Observations on Ptomain Poisoning from 'Creamed' Codfish;" *Arch. of Inter. Med.*, January, XVII, No. 1. (Abs. Jour. A. M. A., February 5.)

Cox, T. E., and Perkins, R. G., Cleveland: "Typhoid in Cleveland in 1914;" *Cleve. Med. Jour.*, Dec., XIV, No. 12.

Corlett, W. T., Cleveland: "Present Status of Dermatology in South America;" *Journal Cutaneous Diseases*, January, XXXIV, No. 1.

Cummer, C. L., Cleveland: "Diagnosis of Cerebrospinal Syphilis by Laboratory Means;" *Cleve. Med. Jour. Dec.*, XIV, No. 12. (Abs. Jour. A. M. A., Feb. 19.)

Dexter, R., and Cummer, C. L., Cleveland: "Intraspinal Treatment of Syphilis of Central Nervous System, According to Methods of Swift and Ellis;" *Arch. of Inter. Med.*, Jan. XVII, No. 1. (Abs. Jour. A. M. A. Feb. 5.)

Gill, W. C., Cleveland: "City Hospital Care of Contagious Syphilis; Some Social Aspects;" *Cleve. Med. Jour.*, Dec., XIV, No. 12.

Karsner, H. T., Cleveland: "Pathologic Effects of Atmospheres Rich in Oxygen;" *Jour. Exper. Med.*, Feb., XXIII, No. 2. (Abs. Jour. A. M. A., Feb. 12.)

Krecker, F. H., Cincinnati: "Filaria Cingula Parasitic in Skin of *Cryptobranchus Allegheniensis*;" *Jour. Parasitology*, Dec., II, No. 2.

Keyser, T. S., Cleveland: "Case of Urinary Retention Without Other Symptoms Due to Syphilis;" *Cleve. Med. Jour.*, Dec., XIV, No. 12. (Abs. Jour. A. M. A., Feb. 19.) "Neurologic Reviews; Case Reported;" *Cleve. Med. Jour.*, Dec., XIV, No. 12.

Kelly, T. H., Cincinnati: "Hydrogen-Ion Acidity;" *Jour. of Lab. and Clin. Med.*, Dec., I, No. 3.

McKesson, E. I., Toledo: "Nitrous Oxid Analgesia in Obstetrics;" *Modern Hosp.*, Jan., VI, No. 1.

Morris, R. S., Cincinnati: "Methods for Determination of Glucose in Blood;" *Jour. of Lab. and Clin. Med.*, Jan., I, No. 4.

Marine, D., and Feiss, H. O., Cleveland: "Absorption of Potassium Iodid by Perfused Thyroid Glands and Some of Factors Modifying It;" *Jour.*

of Pharm. and Exper. Therapeutics, Dec., VII, No. 5. (Abs. Jour. A. M. A., Feb. 12)

Spelman, J. D., Cincinnati, Ohio N. G.: "Military Notes from Belgian War Zone;" *Military Surg.*, Jan. XXXVIII, No. 1.

Sloan, H. G., Cleveland: "Diagnosis of Intracranial Bleeding in New-Born;" *Cleve. Med. Jour.*, Dec., XIV, No. 12. (Abs. Jour. A. M. A., Feb. 19.)

Warner, A. R., Cleveland: "Possibilities of Future Development in Service Rendered by Hospital to Community;" *Modern Hosp.*, Jan., VI, No. 1.

Woolley, P. G. Cincinnati: "Gumma of Pituitary Associated with Lesions in Spinal Cord Which May Represent Early Lesions of Syringomyelia;" *Jour. of Lab. and Clin. Med.*, Dec., I, No. 3. (Abs. Jour. A. M. A., Feb. 5.)

Knox County Prepares Provisional Program

Knox County Medical Society has prepared a provisional program for 1916, that insures its members a first-class year. F. W. Blake, of Gambier, the president, and E. V. Ackerman, of Fredrickstown, the secretary, are working to make this the best year in the history of this society. The provisional program follows:

KNOX

February 9th—1. Treatment of Pneumonia, I. S. Workman, M. D.; 2. Haemoptysis, E. V. Ackerman, M. D.; 3. Pleurisy: Diagnosis and Treatment, G. D. Arndt, M. D.

March 8th—1. Dietetics and Therapeutics in Rheumatism and Gout, H. W. Blair, M. D.; 2. Etiology and Complications of Acute Articular Rheumatism, J. R. Claypool, M. D.

April 12th—1. Value and Limitations of Blood Examinations, C. D. Conard, M. D.; 2. The Therapeutic Action of Iron, R. W. Colville, M. D.; 3. Treatment of Anaemia, F. F. Dowds, M. D.

May 10th—1. Cholera Infantum, W. H. Eastman, M. D.; 2. Acute Enterocolitis: Pathology and Treatment, V. L. Fisher, M. D.; 3. Artificial Feeding of Infants, C. L. Harmer, M. D.

September 13th—1. Diagnosis of Pregnancy, C. D. Conard, M. D.; 2. Influence of Gestation on the Tubercular Patient, S. A. Douglass, M. D.; 3. Management of Pregnancy, N. R. Eastman, M. D.

October 11th—1. Differential Diagnosis of Coma, F. C. Larimore, M. D.; 2. Early Diagnosis and Treatment of Nephritis, T. A. Huggins, M. D.; 3. Necessity of Routine Examination of Urine; Practical Points to be Observed and Inferences Therefrom, J. F. Lee, M. D.

Small Advertisements of Interest

Wanted—A good live man to locate in our town as a practicing physician. A good locality, as other doctors have done well here. Address M. F. Geyer, New Concord, R. F. D., Muskingum County,

For Sale—Western Ohio—Want physician to take my \$3,000 practice, home and office of thirteen rooms, drugs, trial case fixtures, electric lights, gas, bath; railroad town, 400; pikes; competition easy; practice established 12 years; \$1,500 required, \$2,500 mortgage, long time; reason. have diabetes. Address W., care this Journal.

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 *
 DEATHS IN OHIO
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William M. Johnson, M. D., Physio-Medical Institute, Cincinnati, 1885; formerly of Chillicothe, Ohio; died at his home in Redlands, Calif., recently.

Edwin Behymer, M. D., Eclectic Medical College, Cincinnati, 1875; aged 68; died suddenly at his home in Cincinnati. He is survived by his widow and one son, Dr. Carroll Behymer.

Joseph Watson, M. D., Medical College of Ohio, Cincinnati, 1876; aged 62; a Fellow of the American Medical Association; died at his home in Cincinnati, January 16, from cerebral hemorrhage.

John F. DeBra, M. D., Medical College of Ohio, Cincinnati, 1870; aged 78; died February 14 at his home in Dayton after an illness of fifteen months. Dr. DeBra was born at Pleasant Hill, Ohio, and has practiced in Dayton for 25 years. He leaves a widow and one son.

Carl Ultes, M. D., University of Michigan, Ann Arbor, 1875; Bellevue Hospital Medical College, 1878; aged 67; a member of the Ohio State Medical Association; died in Eustis, Florida, where he had gone because of ill health. Dr. Ultes was born in Germany and studied medicine in the University of Heidelberg. He had practiced in Springfield 25 years.

Edward J. Stone, M. D., Bellevue Hospital Medical College, N. Y., 1880; aged 58; died suddenly February 19 of heart failure, at his office in Cleveland. Dr. Stone was born in New York. He had been associated with the North Western Mutual Life Insurance Company for about thirty-four years. He is survived by his widow, three daughters and two sons.

Arthur E. Evans, M. D., aged 60; Miami Medical College, 1882; died at his home in Columbus, February 6. Dr. Evans had resided in Columbus 35 years. He served ten years as a member of the city council, was a former member of the board of health, and was also police surgeon for a number of years. He was a member of the Columbus Academy of Medicine.

C. Ash Levering, M. D., Starling Medical College, 1888; aged 49 years; died of appendicitis at the Samaritan Hospital, Ashland, February 13; survived by his wife and two children. Dr. Levering practiced medicine in Mohican eleven years; in 1899 he was elected treasurer of Ashland Coun-

ty and served two terms. A short time ago he retired as cashier of the Ashland Bank and Savings Company.

J. C. Modrack, M. D., aged 65 years, Starling Medical College, 1882; died February 13, 1916, in Marion Township, Marion County. He was secretary of the Marion County Medical Society during the year 1889. He practiced in Marion and adjacent towns for several years, then finally in Michigan. He was preparing to remove to Caledonia, this county to resume practice, when he suddenly was taken away by apoplexy.

John C. Krieger, M. D., Medical College of Ohio, Cincinnati, 1888; aged 57; died of Bright's disease, February 10, at the German Deaconess Hospital in Cincinnati, where he had gone to attend a patient several days before. Dr. Krieger was one of the Probate Court alienists of Cincinnati, was also director of the Pythian Children's Home of Springfield and a member of the staff of the German Deaconess Hospital. He was a charter member of the Cincinnati Lodge of Moose and prominent in Masonic and Knights of Pythias lodges. He is survived by his widow.

J. H. Fahnestock, M. D., aged 74, licensed 1896, died in Fostoria, February 11, after a short illness. Dr. Fahnestock was born in Miami County. He served in the Civil War and was elected commander of the G. A. R. several years ago. He was proprietor of the Perry Street Hotel in Fostoria, where he had lived for twenty-five years.

D. B. Bell, M. D., licensed 1896, aged 57, died suddenly at his home in Fostoria, February 7, after a three-year's illness. He was a graduate of the Hahnemann Medical College of Chicago and of the New York Post Graduate Medical College. He had practiced medicine for twenty-nine years, coming to Fostoria in 1896. He is survived by his wife.

Albert W. Fisher, M. D., Jefferson Medical College, Phila., 1860; aged 81; member of the Ohio State Medical Association; died at his home in Toledo February 4, after a three weeks' illness. Dr. Fisher was born in Sunbury, Pennsylvania. He enlisted as a surgeon in the Civil War and served through General McClellan's campaign in West Virginia. He was appointed health officer of Toledo in 1873, serving for several years, and was dean of the Toledo Medical College in its early history. He was physician for St. Anthony's Orphanage, the Ursuline Convent, the United State Marine Hospital, and surgeon of the Port at Toledo. He has been an active surgeon of the staff of St. Vincent's hospital for 30 years. Dr. Frank R., Dr. Charles E., and Dr. William Fisher are sons.

ACTIVITIES OF OHIO CITIES
 IN PUBLIC HEALTH WORK
 HOW ABOUT YOUR CITY?

Dr. D. A. Campbell, Wapakoneta, has been appointed to the city board of health for a term of five years.

Niles Board of Trade has added a special committee to help promote an anti-tuberculosis campaign in Trumbull county.

Hamilton board of health has adopted a code requiring adequate ventilation and thorough daily cleaning of moving picture shows.

Dr. G. W. McCormick was elected health officer of Zanesville, February 15. Dr. T. Herbert Infield was appointed city bacteriologist for three months.

Federal Judge Killits, Toledo, is quoted in the newspapers as stating that Toledo is one of the worst cities in the country from the standpoint of narcotic law violations.

Death rate due to tuberculosis in Cincinnati decreased 8 per cent in 1915, according to the annual report of C. D. Dinwiddie, superintendent of the Anti-tuberculosis League.

Cincinnati health department officials have sworn out warrants against three moving picture show proprietors who were charged with failure to keep their theaters in a sanitary condition.

Physicians of Cambridge are contributing public health articles on popular subjects to the local newspapers. The articles are approved by the local health department, and are designed to improve sanitary conditions.

In East Liverpool the city board of education will join with the local board of health and the women's federated clubs in maintaining a public health nurse. The nurse now in the field recently examined 300 children in the schools, and found that 140 needed medical or surgical attention.

A new public health nursing organization has been formed at Hamilton. The following doctors are included in the board of directors: A. C. Carney, Malcolm Bronson, H. Lee Good, C. I. Keeley, Hugh Schell, George Skinner, M. F. Vereken, G. A. Hermann, W. E. Griffith, J. B. Cowen, A. L. Smedley.

The employment of a physician as a full-time commissioner of health in Sandusky was urged by Dr. E. F. McCampbell, of the State Board of Health, at a mass meeting held in that city February 11. Dr. McCampbell held that the city should spend at least 40 cents per capita for public health protection.

Large industrial concerns are coming to realize the value of consistent public health work among employees. This is clearly demonstrated by the situation in Akron. There the B. F. Goodrich Rubber Company, it is said, spends \$25,000 annually on its health department. The city of Akron, by way of rather harsh contrast, spends about \$15,000 for the same purpose.

In a recent interview in the Cleveland News, Dr. James C. Wood declares that the closing of the vice district in Cleveland has increased the spread of venereal disease by 20 per cent. He is quoted as advocating the installation of the Berlin police system, under which every woman is kept under surveillance by the police, and cases of venereal diseases are carefully quarantined.

The February number of the Toledo Sanitary Bulletin, issued by the health department, reports that during the month of January, 715 cases of measles with nine fatalities were reported to the department, and that the epidemic bids fair to be one of the most disastrous in the history of the city. During January the city's death rate jumped from 1.30 (January, 1915) to 1.79. Lobar pneumonia caused 37, pulmonary tuberculosis 27, and influenza 13.

Public health work among the foreign element in our larger cities is not without its special difficulties. Recently Dr. C. A. LaMont, health officer of Canton, was compelled to take a police officer to the home of a foreigner before he could administer prophylactic treatment in the case of a baby born with severe inflammation of the eyes. The father flatly refused to permit any medical attention until the officer appeared. Administration of a prophylactic in cases of inflammation in the eyes of the new born is compulsory under the new law designed to lessen preventive blindness.

 * NEWS OF CINCINNATI *
 * ACADEMY OF MEDICINE *

(Report by W. R. Abbott, M. D., Correspondent)

Meeting of January 31.—Harry Freudenberger in his paper "Relation of the Teeth to Tuberculosis" spoke of researches and gave statistics of the work done at the Tuberculosis Hospital. The mouth, particularly the teeth, is an excellent medium for the growth of bacteria. Although tubercular lesions themselves are not often present, the secondary foci so reduce the resistance of the body that the invasion of tuberculosis is made easy. The prophylactic campaign for the better care of teeth in these hospital patients was spoken of.

Hugh McMillan spoke of the infections of the mouth which must be considered in the rational treatment of tuberculosis. In order to prevent or treat tuberculosis, care must be taken of those infections which weaken the defensive forces of the body. In this connection he discussed infections of the mouth and their secondary foci in other parts of the body, such as joint complications and heart lesions. Particular attention was paid to pyorrhea alveolaris.

Dr. Fischer, in opening the discussion, said that, properly speaking, dentists should be considered surgeons limited to the 32 bones of the mouth, articulating with the upper and lower jaw, and he believes that in time dentistry will be considered a highly specialized branch of the medical profession. The teeth may be considered as so many bones working in their respective joints, and proper mastication affords the necessary exercise, thus preventing many ills. Dr. Rauh corroborated the statistics of Dr. Freudenberger. Drs. Germann, Lang, Lytle, Dunham, Broerman, Ricketts, Haines, discussed this paper.

Meeting of February 7.—Dr. Heidingsfeld presented a preliminary report of a pigmented naevus of the face, which had been treated by Dr. Lange with the use of the X-ray. The case was referred back to Dr. Heidingsfeld who is now treating the patient with radium. Condition is rapidly clearing up. Dr. Heidingsfeld's objection to the use of carbon dioxide as suggested by Dr. Pirrung is that the hair remaining requires removal by electrolysis. The cosmetic effect is better after the use of radium.

Dr. Heidingsfeld also brought before the Academy a patient with a very extensive scleroderma covering face, hands, arms and chest. The patient attributes her attack to gas fumes, to which she was exposed a few months before the disease manifested itself. This etiology is to be questioned. The etiology in these cases is always obscure.

Dr. Pirrung presented a specimen of placenta from a patient delivered twenty-four hours previously. Attention was called to areas of fibrous over-growth in the specimen. Dr. Pirrung's attention has been called to this condition several times, and he believes that this over-growth by obliterating the sinuses in the placenta may have something to do with the etiology of eclampsia. In the case presented, the patient was delivered by podalic version for relief of eclampsia. Dr. Ricketts has noticed this condition in a great many cases, but has found it most frequently in patients suffering from eclampsia.

Dr. Heidingsfeld in his paper "Factitious Dermatitis or Dermatitis Malingering," asserted that this disease is by no means infrequent, and should be easily recognized by the trained eye. The distribution is invariably accessible, irregular in outline, "dabbed," possessing a distinct artificial or mechanical appearance. They spring up suddenly in contradistinction to natural causes which appear more slowly. The agents used for producing the lesions were described and the motives for the malingering explained. The usual motives are escape from work, excitation of sympathy, acquisition of charity and pecuniary gain. Several very interesting cases were cited. Dr. James Miller called attention to the fact that since the day of organized charity the malingering street beggar has practically disappeared. Dr. Ralph Reed believes that in the majority of cases the true cause is a mental derangement. Dr. Nelson reported a very interesting case of malingering.

In his paper "The Technique of the Removal of Foreign Bodies from the Bronchi and Esophagus," Dr. J. W. Murphy described the methods and the various instruments used with their advantages and disadvantages. The operation is not without its dangers, as patients frequently die from shock. If the object can not be readily removed, repeated attempts of but a short duration should be made, rather than prolonged manipulation. Several cases and specimens removed were presented. X-ray examination is of the greatest value in locating the object. Dr. Iglauer opened the discussion. The suspension laryngostomy he believes will prove of great value in the treatment of tuberculosis of the larynx. Tracheotomy should be done early, particularly in upper bronchoscopy in children, where difficulty is experienced in introducing the instruments.

Dr. Mithoefer spoke of the use of the bronchoscope in introducing adrenalin and novocaine locally in asthma.

Meeting of February 14.—W. D. Haines presented a case of sarcoma of the kidney, pointing out a number of interesting features in the history. Although of five years' duration, there was practically no cachexia, and the patient had been passing quantities of clear blood. Pain in lumbar region was not severe. The diagnosis was made

from the absence of symptoms of calculus and tuberculosis, rather than the presence of symptoms of malignancy. Before operation, care must be exercised in the examination of the opposite kidney. Death often results from septic pleurisy following resection of the twelfth rib to render the kidney more accessible in operation.

A case of hemophilia in a three-days-old boy, in whom a tear in the prepuce was sustained upon dilatation, was reported by J. Hadley Caldwell. The hemorrhage was from the femoral artery. After ligatures, pressure and normal horse serum failed, Dr. Caldwell conceived the idea of inserting a catheter into the urethra and then wrapping adhesive about the organ.

Dr. J. Rowe explained how, by the use of the catheter, in this keeping the urinary tract clear, pressure could be made. Dr. Haines spoke of the use of calcium chloride in hemophilia.

Three unusual cases of cysts were reported by Dr. H. H. Hines. The first was a multilocular retention cyst in the parotid gland, the second, a cyst of the round ligament appearing as a mass at the external inguinal ring. This tumor was removed through an opening, made as for inguinal hernia, using the Bassini method in closing. The third case was a double dermoid cyst, an extremely rare occurrence, only ninety being recorded in a review of the literature. In this case the left cyst, the larger of the two, extended from the pelvis to the costal border. Dr. Chas. Goosmann presented a series of lantern slides, illustrating the process of inflammation and repairing the various tissues and organs of the body. The formation of blood vessels in new tissue, as shown by the micro-photographs was wonderfully portrayed and the minute detail work of the essayist is much to be commended.

In discussion, Dr. Kelly referred to recent experimental work, showing that bone develops from periosteum, while Dr. Pirrung held the view that in the transplantation of periosteum in other tissues, bone will not develop unless there is present at least a few spicules of bone.

 * NEWS OF THE COLUMBUS *
 * ACADEMY OF MEDICINE *

 (Report By L. L. Bigelow, M. D., Correspondent)

Meeting of January 31.—The following physicians were proposed for active membership: M. A. W. Bland, N. A. Albanese, J. A. Vorhes, Hermon Street, A. C. Roll, T. R. Williams. Rules were suspended and the secretary was instructed to cast a unanimous ballot for the following applicants: S. D. Edelman, J. S. Jones, H. S. Wingert, A. H. Sealey, Austin Hutt, E. B. Jones, D. R. Kinsell.

Frank Warner presented a paper entitled "A

Study of Some of the Etiological Factors of Cancer with Lantern Slides." Some two hundred and six specimens were studied. Many photographs were thrown on the screen to support the author's conclusion that arterial obliteration and other anatomical changes of old age are not constantly observed in the histo-pathology of malignant diseases, and may not therefore be properly considered as etiological factors. Dr. Ernest Scott opening the discussion said that this study bid fair to rebut the theory of Tielhaber and Wolbach that tissue changes affecting nutrition are the cause of cancer. The modern views seem to be settling on metabolic changes in the cells themselves as the cause of the unrestrained growth. Continuing the discussion Dr. Forman referred to some experimental evidence supporting the theory of the protective influence of the lymphocytic infiltration observed in 41% of Dr. Warner's cases.

Dr. Geo. H. Matson delivered an address on "Drugless Healers and Others," being an analysis of the law governing limited practitioners of medicine and its effect on these practitioners and the public.

Attendance, 100.

Meeting of February 14.—The following physicians were recommended for active membership: D. H. White, R. A. Johnson and J. H. Carroll. Drs. T. R. Williams and Edith C. Kline were unanimously elected to active membership.

James M. Rector reported three cases of ulcerative stomatitis with thickening and induration of the margin and bases of the ulcers suggestive of malignancy that were due to the use of Copenhagen Snuff. These ulcers occurred at the point in the mouth where the user carried his snuff. All three patients had pronounced gastro-intestinal and nervous symptoms.

G. T. Harding read a paper entitled "Some Graver Forms of Sydenham's Chorea with Case Reports. Discussion by S. J. Goodman, E. J. Gordon, Dr. Harding closing. T. W. Rankin read a paper on "The Columbus Academy of Medicine, Its Early History, Ideals and Progress."

On Friday evening, February 18.—Mr. Frank B. Gilbreth of Providence, R. I. an engineer who has achieved an international reputation as an expert in scientific management, gave an illustrated lecture on "Scientific Management Applied to Hospitals." Mr. Gilbreth regards a hospital as a factory whose output may be denominated "minutes of happiness." Judging modern hospitals which he has inspected in most parts of the world by the same standards of efficiency that he applies to other industries, he has yet to find one where the quality and quantity of output may not be demonstrably increased by applying to it the regulations of the new science of managerial efficiency. Attendance, 150.

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COUNTY SOCIETIES

FIRST DISTRICT

Clinton County Medical Society held its monthly meeting at the Commercial Club, Wilmington, on Thursday, January 27, at 7 P. M. The following program was presented: "Differential Diagnosis of Variola," Robert Conard; discussion, C. A. Tribbett; "Variola From the Standpoint of the Health Officer," G. W. Wire. F. G. Boudreau, chief epidemiologist of the State Board of Health, was present and read a most excellent paper on Variola. Upon invitation, we had with us several public school superintendents and members of boards of education throughout the county. Dr. Conard reported several interesting cases of variola. Dr. Wire said the chief points in combating an epidemic of variola were vaccination, disinfection and isolation. He emphasized the importance of co-operation among the physicians during an epidemic of this kind.

Dr. Tribbett was unable to be present, but he sent a report of three cases of variola which was read by the secretary. Dr. Boudreau said that prior to 1898 we had no epidemic of the mild form of variola; that it was imported from Cuba by soldiers serving in the Spanish-American War. Hence, the laity had given it such names as "Cuban Itch," "Nigger Itch" and Elephant Itch." He said the medical profession should not stoop to such names. Since 1898 it has been very troublesome in Ohio. It is often so mild that some physicians are misled and the public have no fear of it. It may, however, become virulent and all possible means should be employed to control an epidemic. We have had, in Ohio, two virulent epidemics since 1898, but these were supposed to have been imported from Russia. The infection is transmitted by direct contact. The virus is present in secretion of mouth and nose, and may be present in the feces. It is most contagious during the pustular stage. About five per cent become infected during the pre-eruption stage, and 95 per cent during the pustular stage. The virus is not air-bourne.

The chief points in differential diagnosis from varicella are difference in the character of the onset. In variola, the pre-eruptive stage lasts from three to five days. Then there is fever, chills, headache, backache and pain in the limbs. In varicella the pre-eruptive symptoms are not so severe and may be absent altogether. The lesions are more superficial. He emphasized the point that in obscure cases to observe the case as a whole, not any individual symptom.

In discussion, Dr. Biggs said vaccination should be compulsory among school children. Dr. Hale said that cooperation among physicians was necessary to combat an epidemic of smallpox. He thinks that all the physicians in a locality

should abide by the state authorities' diagnosis.

Dr. E. E. Haines, president of the county board of education, spoke of the need of medical inspection for school children, and the necessity of compulsory vaccination of children of school age.

The meeting scheduled for February 24 was postponed on account of bad roads and prevailing epidemics.—Henry M. Brown, Correspondent.

SECOND DISTRICT

Champaign County Medical Society met in regular session on the night of February 10, at the office of Mark Houston, with nine members present. The paper of the evening on "The Uses of the Sphygmomanometer," was read by D. C. Houser. The paper proved both interesting and instructive and was discussed by a number of those present. After the discussion a practical demonstration as to its use was made before the society.

As John E. Hunter, councilor from this district, and W. B. Patton, of Springfield, have signified their intention of being present at the March meeting, it was decided to ask them to present the program at this time.

On motion it was unanimously agreed that this society form a protective association against the professional "Dead Beat," who will obtain credit with one physician as long as he can and then go elsewhere as often as he is asked to pay his account. It was decided that the members of the society hold a meeting in April, at which time each member will be in position to give a credit rating on each of his patients which will be classified and a rating sheet published for the use of each member. This will in no way effect the man, who for any good reason, is unable to pay, but will give the physician a means of protecting himself against the one who will not pay.

It was agreed to hold the March meeting in the Council Chamber on the Second Thursday of that month.—David H. Moore, Correspondent.

Miami County Medical Society met at the Troy Club, Troy, Thursday, February 3, at 2 P. M. After a business session, R. R. Kahle, of Columbus, addressed the society. His subjects (a double-header) were "Perineal Repair" and "An Improved Method of Reduction in Over-riding Fractures of the Clavicle." After an interesting discussion, a rising vote of thanks was given Dr. Kahle. Dr. Augustus, of Casstown, was elected a member of the society.—R. D. Spencer, Correspondent.

Darke County Medical Society held its regular meeting at Greenville, Thursday afternoon, February 10, and was one of the best meetings the society has ever had. There was a splendid attendance of local physicians, and considering the bad condition of the roads, the attendance of

medical men from other parts of the county was good. Joseph A. Hall, of Cincinnati, was present, and spoke on the subject, "Infection of the Biliary Tract," being a plea for early diagnosis and drainage for infected gall bladder. John D. Dunham, of Columbus, had the subject of "Intestinal Stasis; Cause and Treatment." Dr. Dunham showed stereoscopic plates to illustrate various phases of intestinal stasis, one illustrated the influence of pregnancy in replacing the colon to normal position. The use of the colon tube in the treatment of these cases was condemned. Another plate showed that the colon tube curls up and never passes the sigmoid.

B. F. Metcalfe, of Greenville, read a paper on "Myelogenous Leukemia," with report of a case. The discussions showed splendid preparation and a thorough knowledge of the subjects.

By vote of the society the president appointed J. E. Monger to represent the Medical Defense Committee in Darke County.—J. E. Hunter, Correspondent.

Greene County Medical Society met in regular monthly session February 3, at 11 A. M. in the rooms of the Xenia Business Men's Association, with President Ritenour presiding.

Paul Espey was elected to membership in the society.

Mr. Jacob Kany addressed the society upon the subject of the day, "Medical Inspection in the Public Schools," and as President of the Board of Education, asked the co-operation of the physicians of Greene County in the institution of such a movement.

Miss Dodds, city nurse, spoke in a very convincing manner, quoting statistics and giving examples of the emphatic need of strict medical inspection of all school children. Mrs. Robertson, assistant city nurse, referred to her experiences as a teacher, and pointed out the benefits to be derived from medical inspection.

The members present all heartily entered into the discussion and declared themselves in favor of the movement.

The meeting adjourned to luncheon.—Harold C. Messenger, Correspondent.

Montgomery County Academy of Medicine met at Dayton State Hospital, January 28, as guests of E. A. Baber and his staff. Dr. Baber read a paper on "Education of the Public Concerning State Hospital Conditions." He compared present known methods of treatment with the old restraints formerly used. He told of the efforts made to interest the public in the work of the hospital, and gave a lantern slide insight into the results attained.

E. L. Braunlein talked on "What Constitutes the Ideal Condition for the Admission of a Mental Patient." He discussed the law relating to the admission of patients, and suggested changes that would provide an ideal system of commitment.

R. W. Adkins presented an excellent paper on "Routine Neurological Examination," dealing with the different methods and tests now used to determine the particular type of mental disease with which the patient is suffering.

Program for the meeting of February 11 consisted of the following papers on the general subject of Cancer: "Causes and Prophylaxis of Cancer," E. E. Bohlender; "Public Education in regard to Cancer," A. L. Light; "Pathology of Cancer," W. B. Floyd; "Surgical Aspect of Cancer," R. A. Bunn. Discussion of the subject will be illustrated by lantern slides.

Montgomery County Medical Society held its regular meeting Friday evening, February 18, at the Court House. C. L. Paterson, president, delivered an illustrated lecture on "Complications Sequela." W. E. Allaman read a paper on "Broncho-Pneumonia in Children." At the meeting of the society on March 3, papers were presented by F. C. Gray and W. A. T. Ryan.

Miami County Medical Society met at the Troy Club in Troy, Thursday afternoon, February 3. R. R. Kahle, Columbus gave an address on "Some Practical Clinical Observations," and "Perineal Repair." C. E. Hetherington, Piqua, also addressed the society. W. R. Thompson, Troy, opened the discussion.

THIRD DISTRICT.

Marion County Medical Society met in regular monthly session at the Carnegie library, February 1.

The topic "Blood Pressure; what can be learned by it," was elaborately and concisely dilated upon in its different phases, and was freely discussed.

As the State Society appears unusually anxious that the members appointed on Medical Defense should not hold any other office in their county society, the choice for the position was reposed by the society in Robert C. M. Lewis. So that we should rightly confirm to the call, Robert C. M. Lewis stepped down as secretary, to assume the role of Committeeman on Medical Defense from this county, and E. L. Brady was duly elected to fill the unexpired term.—D. O. Weeks, Correspondent.

Hancock County Medical Society met February 2. J. P. Baker was appointed to serve on the Medical Defense Committee for the society. A program for the March meeting was planned which, if carried out, will make a very interesting session. Dana O. Weeks, of Marion, our district councilor, made a flying visit on February 2. He said he "came to see that the society did not retire, after seeing its shadow, for the balance of the year." He did not remain for evening but visited a number of the members and urged them to show more activity in the society.—Nelia B. Kennedy, Correspondent.

Logan County Medical Society held its regular meeting Friday afternoon February 4. There were 14 members present. The essayists were Guy Swan on "Bacterial Vaccines" and Robert Butler on "Acute Otitis Media." The papers were discussed by all, and much benefit was derived from them. W. W. Hamer was selected as the Society's representative on the State Defense Committee. The question of raising the fees was discussed and definite settlement was deferred until next meeting. The society is out after every physician in the county for a big membership.—C. K. Startzman, Correspondent.

Seneca County Medical Society met at the Shawhan Hotel Thursday evening, February 17, 1916. President G. W. Williard entertained the members with a banquet. N. C. Miller, E. L. Overholt, R. A. Palmer, W. N. Leonard, of Fostoria, in addition to seventeen local members were present.

Following the banquet, B. R. Miller addressed the society on the subject of Medical Fellowship. He emphasized all of the faults that are detrimental to any organized body in such a frank and forceful manner that although our relations were never better than at present, thankfulness for our harmony was silently offered. Let us hope that none of the members may ever be found guilty. Such a paper would be of great benefit to any society.

Arrangements are being made for the second annual clinic to be held at the Mercy Hospital, March 16. The program is evenly divided between medical and surgical instruction and plenty of clinical material of benefit to the general practitioner will be presented. Dinner will be served at the hospital and Willard J. Stone of Toledo will address the Clinic. President Williard appointed the following committee on arrangements: C. F. Daniel, V. L. Magers, G. L. Lambright.—George L. Lambright, Correspondent.

Van Wert County Medical Society met at the City Hall, Van Wert, Monday evening, February 7. L. P. Jackson presented a paper on Fractures, which was discussed by all present. Councilor Weeks, of Marion, was present, and addressed the society.

Auglaize County Medical Society met Thursday evening, February 17, at St. Marys. Election of officers for the year resulted as follows: President, R. A. Ruhlman, Minster; vice president, H. S. Noble, St. Marys; secretary, C. L. Mueller, Wapakoneta; censor, R. C. Hunter, Wapakoneta; medical defense committeeman, C. L. Dine, Minster; delegate to state convention, F. A. Shuffleton, St. Marys; Dana Weeks, councilor for the Third District, gave a very interesting address on "Significance of High Blood Pressure."

Allen County Medical Society met in Lima,

Tuesday evening, February 15. The paper of the evening was presented by A. F. Basinger, who talked on "Surgical Conditions During Pregnancy." M. J. Longworth lead the discussion. Several out-of-town physicians were present.

Hardin County Medical Society held its January meeting in the assembly room of the Public Library, Kenton, January 27, with fourteen members present. J. J. Coons, Columbus, presented a paper on "Is it Necessary that the Laboratory Findings be Supplemented by the History and other Clinical Evidence in Making a Diagnosis." C. D. McCoy read a paper on "Infection of the Gall Bladder." The papers were discussed by all members present.

FOURTH DISTRICT.

Sandusky County Medical Society met at the home of F. L. Moore, Fremont, January 27. The annual election resulted in the re-election of the old officers, with the exception of the secretary. The officers are: President, M. Stamm; vice president, O. C. Vermilya; treasurer, M. O. Phillips; secretary, F. L. Moore; board of censors, C. R. Pontius, J. M. Hunter, J. M. Stewart. Following the business session, an interesting paper on "Goitre" was read by E. M. Ickes and a general discussion followed. A delicious lunch was served at the end of the session.

Ottawa County Medical Society met in Oak Harbor, February 9th instead of the 10th. The attendance was small, due to the fact, that the doctors are all very busy in this section. After the regular business was transacted, there followed an "Experience Meeting" which was very interesting. We expect to have a good program at our next meeting, March 10th.—S. T. Dromgold, Correspondent.

Putnam County Medical Society held no meeting during February, according to a note received from H. A. Neiswander, correspondent.

FIFTH DISTRICT.

Lake County Medical Society held its regular annual meeting at the hospital Thursday evening February 25, at 7:30. A. P. Brady presided and George F. Barnett recorded the minutes. The following physicians were present. C. M. Hawley, L. H. Tilotson, E. S. Jones, M. W. Carpenter, (Willoughby), J. R. Davis, H. N. Amidon, J. J. Orton, V. N. Marsh, C. O. Hudson, M. H. Carmedy. The minutes, as read, showed sixteen members for 1915. Drs. Amidon, Davis and Orton were appointed a committee to select house physicians for the hospital and to name the lecturers to the nurses. The president appointed a nominating committee, consisting of Drs. Hawley, Jones and Orton, who made the following report: President, A. P. Brady; vice

president, J. R. Davis; secretary-treasurer, J. J. Orton; delegate to state medical society at Cleveland in May, H. N. Amidon; alternate, E. S. Jones; member of auxiliary committee, J. W. Lowe; censor for three years, M. H. Carmedy; medical defense committee, George F. Barnett. These officers were elected for 1916.

On motion, it was voted to meet the first Monday evening of each month, and that one of the members read a paper or give a clinic in addition to special lecturers from other places. The dues for 1916 were fixed at \$4.00 per member. A committee was appointed to revise the fee bill and make a systematic report of delinquents and report at the April meeting.

A resolution was adopted, appointing a committee to raise the fee bill of the society. It was also moved and carried that the same committee be instructed to prepare a list of persons who fail to pay their bills for medical services and each member of the society have the privilege of a list of such names.

It is understood that this list shall not contain names of worthy persons who would pay but can not, on account of misfortune.

It was voted to have the president, A. P. Brady, give his annual address at the next meeting. The meeting was very enthusiastic and very much enjoyed. Just at the time of adjournment, the nurses called a halt, and asked the doctors to be seated until a very pleasing repast was served under the supervision of Misses McLaughlin and Rupert, the nurses in training assisting. —E. S. Jones, Correspondent.

Lorain County Medical Society met in the Elk's Club rooms in Lorain Tuesday, February 8, at 5 o'clock lobster dinner. Regular session followed. Dr. W. H. Humiston, of Cleveland, clinical professor of Gynecology in Medical Department of Western Reserve University, addressed the society on "Practical Gynecology." This was one of the best sessions of our society. Five applications for membership were received for first reading. Eighteen members present.—C. O. Jaster, Correspondent.

Huron County Medical Society met Wednesday, February 9, at Norwalk with the best attendance in several years. C. E. Ford, of Cleveland, presented a paper on "Infant Feeding" prepared by J. J. Thomas. Discussion was general. It was decided that if Erie and Sandusky Counties would participate, a tri-county meeting would be held at Bellevue about April 1. F. M. Kent was appointed to arrange the details.—J. D. Coupland, Correspondent.

SIXTH DISTRICT.

Mahoning County Medical Society held their February meeting on the evening of the 21st. Dr. Udo J. Wile, Professor of Dermatology and Syphil-

ology at the University of Michigan, gave a clinic on skin diseases and talked at length upon the general problem of syphilis. Those in attendance felt highly repaid. Wide awake men of Trumbull County are availing themselves of the advantages offered by Mahoning County's policy of monthly clinics. Several were in attendance this month. We are very glad to have them with us.

Mahoning County is busy climbing back to its membership standard of last year. From latest reports, last year's figures will be overshadowed —H. E. Patrick, Correspondent.

Summit County—The attendance at the meeting of the Summit County Medical Society February 1 numbered 41, presided over by President J. N. Weller. New members admitted are W. R. Dabney, of Cuyahoga Falls, and D. B. Lowe, Akron. Three applications were presented.

PROGRAM

1. Specimens (a) "Ovarian cysts," (b) "Cystic ovary," (c) "Tubercular epididymis," exhibited by J. L. Jones, A. J. Keeley, J. G. Blower.

2. "Bone Fixation," paper by R. H. McKay.

Merrem was the first (in 1809) to attempt bone grafting by transplanting a bone into the skull. Bone surgery was neglected until 1858, when Ollier proved that bone is viable and can be transplanted; but in those days antiseptics was unknown and infection delayed further progress in that branch of surgery until recent years. The world's foremost exponent of bone surgery is Sir Arbuthnot Lane, of London. In the United States, F. H. Albee (New York) and McWilliams are leaders. The three types of grafting are "autogenous," "homoplastic," "heteroplastic." The first method is the best and is the transplanting of bone tissue from one part to another of the same individual. Authorities quoted are Carr, Kausch, Lane, Lexer, Grohe, Morfurg. Bone removed can be preserved for 100 hours without losing its vitality and can then be transplanted. Discussion by J. G. Blower, C. R. Steinke, J. D. Smith, S. St. J. Wright.

"General Anesthesia and Anesthetics," by A. S. McCormick. Under "Anesthesia," the author discussed general consideration, preparation of patient, operator and anesthetist laws—legal and moral, fees, pneumonia. Pneumonia following operation (it rarely occurs) is due not to the anesthetic but to other causes almost invariably.

Under "Anesthetics," he described (a) Ethyl Chloride its chief use being induction of anesthesia; (b) Chloroform, discovered 1821 and first used by Sir James Young Simpson, 1847. Its chief field is obstetrics; (c) Anesthol, a modified chloroform; (d) A-C-E, which is a combination of alcohol, chloroform and ether; (e) Nitrous Oxide, first used by H. H. Heckman, of London, 1838. First to use it in North America was H. G. Wells, of Hartford, Conn., in 1844. (f) Ether discovered 1540, first used as an anesthetic 1842

by C. W. Long (U. S. A.). It can be administered in various ways; the open drop method, ether and oxygen vapor, etc. It is the most extensively used anesthetic and unquestionably the safest. The various types of anesthetics, with their advantages and disadvantages. Anesthesia is a science as important as any other branch of medicine and surgery. In educational centers it receives full recognition and surgeons demand the specialist. While other types of anesthetics have their special indications, ether is the best and safest for routine work. Authorities quoted are A. D. Bevan, A. J. Ochsner, J. B. Murphy, Chicago; J. A. Bodine, C. S. Hunt, K. Connell, New York; J. F. Baldwin, Columbus; G. W. Crile, Cleveland; W. W. Keen, C. E. Sajous, Philadelphia; W. H. Mytinger, Cincinnati; Rovsing, Denmark; James Syme (1799-1870) and Lord Lister (1817-1912), the great Scotch surgeons and others, including seven Akron physicians. Discussion by S. St. J. Wright, L. B. Humphrey, R. R. Hilborn, D. W. Stevenson, D. H. Morgan, J. N. Weller, T. D. Hollingsworth, C. R. Steinke, S. J. Metzger, E. W. Barton, C. E. Townsend.—A. S. McCormick, Correspondent.

Richland County Medical Society met in the Court House, Mansfield, February 16. Nine new members were elected. A very interesting paper on club foot was presented by Dr. Peppard. The discussion, opened by Dr. Smith, was entered into generally by the members.—F. A. McCullough, Correspondent.

Stark County—Canton Medical Society met in the Chamber of Commerce rooms, Canton, January 28. C. E. Schilling was elected president for the ensuing year, succeeding C. A. Crane. Other officers elected for the year are: Vice president, Fred G. King; secretary, G. C. Goudy; corresponding secretary, I. B. Smock; board of censors, C. A. LaMont, T. H. Shorb and L. E. Flickinger. W. R. Butt read Dr. Crane's paper on "Purulent Ophthalmia."

Ashland County Medical Society met at Samaritan Hospital, Tuesday evening, February 1, with six members present. The clinical features of the meeting were the report of cases. Dr. Sherick was appointed a member of the committee on Medical Defense. In response to a communication from the American Medical Association, a committee of five was appointed to act in conjunction with the Federation of Women's Clubs of Ashland to hold a Baby Week, the date to be decided later. Members of the committee are: Drs. Kohn, Meuser, Roasberry, Emery and Powell.

SEVENTH DISTRICT.

Jefferson County Medical Society held its regular meeting Tuesday, February 8, in the I. O. O.

F. Building, Steubenville. The meeting was devoted to the presentation and reports of clinical cases.—J. R. Mossgrove, Correspondent.

Columbiana County Medical Society held its monthly meeting at the City Hospital, East Liverpool, Tuesday afternoon, February 8. The election of officers resulted as follows: President, Frank Harrison, East Liverpool; secretary-treasurer, William E. Morris, Lisbon; censor, Dr. Conrad, Leetonia; H. K. Yaggi, Salem, was elected delegate to state convention, with Dr. Gilmore, East Liverpool, as alternate. William M. Beech, of Pittsburg, delivered an address on "Anesthesia in Abdominal Operations." His remarks were interesting and well received.

Tuscarawas County Medical Society met Tuesday, February 1, in the City Hall at Uhrichsville, with a good attendance. J. E. Groves, Uhrichsville, reported a case in which autopsy findings were necessary to determine nature of illness, which elicited good discussion. Mr. G. V. Sheridan, Columbus, executive secretary of the State Association, spoke on proposed legislation, and outlined the work of the State Society. One application for membership was received.

EIGHTH DISTRICT.

Muskingum County Academy of Medicine held the 24th regular meeting of the Academy in the Chamber of Commerce rooms, Zanesville, Wednesday evening, February 9. In the absence of the president, R. B. Bainter called the meeting to order.

C. U. Hanna read a very interesting and instructive paper on "Pituitrin in Obstetrics." Dr. O. M. Wisemen read a paper on "Some Sidelights on the Fee Bill" which was well received. Both papers brought forth considerable discussion by Drs. Warburton, Allen, Higgins, Sealover, Bateman, Gorrell, Bainter and Rambo. Drs. Hanna and Wiseman closed the discussion.

Article VI of the by-laws was changed to read "The annual dues for active members in the Academy shall be \$4.00." E. R. Brush was elected delegate and F. S. Baron, alternate to the Ohio State Medical Association, for two years. The president appointed Drs. Hanna, Warburton and Higgins a committee to arrange for a banquet at the next regular meeting.—Edmund Brush, Correspondent.

Athens County Medical Society held its regular monthly meeting in Dr. Welch's office, Nelsonville, February 1. Dr. Welch read a well prepared paper on "Gastric Ulcer," going at some length into the causes and symptomatology—illustrating the main and most important points with case histories. He also discussed the treatment

which was, of course, both medical and surgical, and in doing so gave not only his own experience but went into the general nature of the subject. The paper was freely discussed by the physicians present.

Dr. McKibben, who was on the program, was not present, and Dr. S. E. Butt, the bard of the society, was called upon. He read one of his most classical selections, and was not excused until he had responded to two encores.—C. S. McDougall, Correspondent.

Licking County Medical Society held its regular monthly meeting at the Warden Hotel, January 28, with a goodly number of members present. Andrews Rogers, Columbus, delivered an exceptionally interesting address. A buffet luncheon was served.

NINTH DISTRICT.

Pike County Medical Society met in regular session at L. E. Wills' office, Waverly, February 7 at 1 p. m., and proceeded to elect officers for 1916: President, E. W. Tidd, Stockdale; vice president, T. H. McCann, Waverly; secretary-treasurer, I. P. Seiler, Piketon. The regular program was then taken up. O. C. Andre gave a very interesting lecture on "Some Obstetrical Troubles," followed by J. S. Caldwell on "Some Phases of Hysteria." L. E. Wills reported some conditions of the present form of grippe; George W. Deem on the different forms of grippe that he had encountered this year; and I. P. Seiler reported a case of scarlet fever, recurring in the same child in less than two years. Each member present paid his dues for 1916, declaring that we are going to have some society this year. The society took action in regard to the decease of two of its members, Leonard McPherson, Jasper, and J. B. Ray, Omega. Resolutions of regret and condolence were sent to the families and spread upon the minutes of the society. I. P. Seiler was appointed medical defense committeeman.

T. H. McCann will read a paper on "Lights and Shadows of a Doctor's Life," E. W. Tidd will deliver a lecture on "Therapy" at J. S. Caldwell's office at the March meeting.—I. P. Seiler, Correspondent.

Gallia County Medical Society held its regular meeting at the O. H. E. February 2, 1916. The following officers elected at the January meeting were installed: President C. G. Parker; vice president, Mary Austin; secretary-treasurer, C. E. Holzer; censors, G. C. Kineon, C. W. Ely and W. H. Pritchard; medical defense committeeman, J. S. Biddle.

The scientific program was devoted to the Diagnosis and Treatment of Pneumonia. Excellent papers were read by Milo Wilson and J. S. Biddle. Free discussions followed the reading of

the papers. The following principles of treatment seemed to be generally agreed upon: 1. The main energies should be devoted in treating the pneumonia rather than the pneumonia. 2. Selection of a well lighted and well ventilated room. Temperature not above 68 degrees F. 3. Calomel and Salines at the earliest stage. 4. Strychnine given at regular intervals, throughout the course of illness, not so much for heart stimulation as for its general tonic properties. 5. When the heart shows signs of flagging, some alcoholic should be given at regular intervals. 6. Temperature to be controlled by Ice Caps and sponging. 7. Diet should be liquid. Better withhold all food for awhile if it shows any signs of disagreement. Cold water Ad. Lib. 8. Serum and Bacterin treatment seemed to be without effect in modifying the course of the disease.

The next meeting will be held on the first Wednesday in March. In the future all meetings will be called at 1 o'clock sharp, no matter how few members are present. Meetings will be adjourned promptly at 2:30 p. m.—Charles E. Holzer, Correspondent.

Lawrence County Medical Society held their annual banquet at Ironton, Thursday evening, January 27, and was one of the most largely attended meetings in the history of the society. After an informal discussion, a committee was appointed to revise the fee bill. J. S. Rardin, Portsmouth, counselor of the Ninth District, addressed the society. The election of officers resulted as follows: President, O. U. O'Neill; vice president, Dr. Eakman; secretary, O. H. Snyder. Eight were elected to membership. Dr. Frantz, of Russell, Ky., was a visitor.

TENTH DISTRICT.

Madison County Medical Society met on the evening of February 3, at the rooms of the local Health and Welfare League and enjoyed one of the most interesting and profitable meetings that has been held for some time. C. T. Gallagher was elected legislative committeeman for the county. He was also appointed by the president of the society to the position of medical defense committeeman.

The scientific program was supplied by the local dentists and consisted of a very practical paper by F. E. Noland, of London, on "Pyorrhea Alveolaris." Basing his arguments on the laboratory findings of the National Dental Research Institute, the doctor impressed the general practitioner with the necessity of always bearing in mind the possibility of serious systemic infections arising from any case of alveolar disease. Many cuts and punts were exhibited to explain the disease processes in all stages of development. The discussion was led by Drs. Chaney and Hoffhines, both of whom are giving a good amount of attention to the treatment of pyorrhea.

The society has begun the year under very favorable conditions, and there appears to be a determination among the members to make Madison County—though small in numbers—one of the live local societies of the state.—W. F. Smeltzer, Correspondent.

Ross County Academy of Medicine met Tuesday evening in the Chamber of Commerce rooms with a splendid attendance.

Dr. Brehmer read a most interesting paper on the relation of Ocular Diseases to Systemic Diseases. The paper was discussed by the doctors present and all pronounced it one of the most enjoyable evenings of the winter.

G. E. Robbins was named by President Bower as member of the Medical Defense Committee. Meeting adjourned.—G. E. Robbins, Correspondent.

Pickaway County Medical Society met in regular session, February 4. J. O. Stout of Ashville was elected to membership. G. H. Colvill was chosen to be Pickaway County's representative on the Medical Defense committee.

H. D. Blakey of Columbus, read a paper upon "The Fallacies of Blood Pressure." The paper was freighted with common sense and instruction, and was very much appreciated by those who heard it.

Dr. Courtright exhibited an original appliance for the easy application of plaster dressings to the pelvis and lower extremities. Adjourned to next meeting.—D. V. Courtright, Correspondent.

Delaware County Medical Society met in regular session at the court house, Friday evening, February 4, with O. W. Bonner presiding. A general discussion of some cases from the Massachusetts General Hospital was held. Dr. Chidester was chosen as delegate to the state convention.

Knox County Medical Society held a regular meeting at the Mt. Vernon Hospital, February 9. Francis W. Blake, president of the society, appointed a committee consisting of N. R. Eastman, F. C. Larimore and F. D. Dowds, to arrange for local observances of Baby Week. The program consisted of the following: "The Treatment of Pneumonia," I. S. Workman; "The Significance of High Blood Pressure," D. G. Arndt.

Crawford County Medical Society held an interesting meeting Tuesday night, February 15, at the Commercial club rooms, Galion, following a banquet. Eighteen physicians were present from Crestline, Bucyrus, New Washington and Galion. S. J. Goodman and A. G. Helmick, Columbus, were the essayists.



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THE REGISTRAR,

1353 East 9th St.,

Cleveland

 ** NEWS OF INTEREST **
 ** FROM OHIO HOSPITALS **

The new City Hospital at Lancaster will be ready for occupancy early in the Spring.

A volunteer committee raised approximately \$25,000 for the maintenance of a new hospital at Amherst.

The Holzer Hospital, Gallipolis, has recently completed the installation of a modern X-Ray, for diagnostic and therapeutic work.

Addition to Bethesda Hospital, Zanesville, is nearing completion, and the remodeled institution will be ready for occupancy in June.

Youngstown Chamber of Commerce has started a campaign to have the city build a \$25,000 hospital for the care of contagious disease cases.

During 1915 Newark hospital admitted 780 patients—550 surgical, 208 medical, and 22 obstetrical. A new pathological laboratory is nearing completion.

Capacity of Gill Hospital, Steubenville, has been materially increased by the addition of a nurse's home, which makes the third floor available for patients.

Staff of St. Elizabeth's Hospital, Youngstown, has organized with the selection of Dr. Raymond E. Whelan as president, and Dr. Nathan Meyer as secretary.

Erection of a \$60,000 administration wing to St. Joseph's Hospital, Lorain, will be started immediately. The hospital has \$30,000 to apply on the construction.

A campaign will be launched soon to provide an addition for Martins Ferry's 40-bed hospital, which has been unable to meet the demands for space during the winter.

Commissioners of Muskingum, Coshocton, and Perry counties are considering a site near Black Hand, Licking county, for the erection of a joint tuberculosis hospital.

Without additional legislation, the city of Columbus cannot build its new municipal hospital for contagious diseases on the campus of Ohio State University, as planned.

Ten new shacks for tuberculosis patients are to be added to the equipment of the district tuber-

culosis hospital operated at Lima, by Mercer, Auglaize, Shelby, Van Wert and Allen counties.

Drs. John W. Murphy and Martin H. Urner have leased the entire twenty-seventh floor of the Union Central Building, Cincinnati, and will occupy this space as offices and as a hospital for eye, ear, nose and throat patients.

Cost of hospital construction is soaring. Two years ago builders' estimates for the proposed Lakewood Hospital, Cleveland, totaled \$82,000. Estimates based on the same plans this year reached nearly \$100,000.

Trustees of Children's Hospital, Columbus, inaugurated a whirlwind campaign early in March to raise \$300,000 to build and equip a new hospital, and provide an endowment of \$150,000. Last year the institution cared for 580 children, while 383 were treated at its dispensary.

Mr. S. N. Heller, Napoleon, has given the city his fine residence property for use as a general hospital, to be available upon his death. It is a fine old dwelling located in the central portion of the city, surrounded by beautiful grounds and very desirable for hospital purposes.

Holstein Cows' Milk Most Like Mothers' Milk

"I think it is quite generally conceded that the *Holstein milk more nearly represents mothers' milk*, so far as butterfat content and milk solids are concerned, than perhaps any other milk,"



says the head of the Board of Health in a large city. "Not a single infant in my practice but is taking Holstein milk successfully, many of them after experi-

menting with various substitutes. I certainly wish you Godspeed in the propaganda to help the mothers of our land to learn the secret of infant feeding when nature's means fail to sustain the rising generation."

Physicians will find much valuable data and information regarding the superior food value of Holstein cows' milk in our booklets which will be sent free upon application.

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F. L. HOUGHTON, Sec'y

16-a American Building

BRATTLEBORO, VT.

The Value of Public Health Laboratories: Particularly to Physicians As an Aid in Their Daily Practice

The Journal feels that many physicians in Ohio do not use the extensive laboratories of the State Department of Health, and the several excellent laboratories maintained by city Health Departments, as frequently as they might—with profit to their patients. This is due in a measure, we feel, to unfamiliarity with the laboratory facilities. We have asked Mr. L. H. Van Buskirk, director of the State Laboratories at Columbus, to prepare a series of articles outlining the possibility of better co-operation on the part of physicians in this field. This is the first article.

The public health laboratory is one of the most recent additions to the armamentarium of preventive medicine. While one of the most recently added weapons, it is also one of the most useful in the fight against disease. The sciences of bacteriology and chemistry fathered the laboratory, but the former is almost alone responsible for its public health features. By this I do not mean that chemistry has no place in such a laboratory, but rather that bacteriology in revealing the final causes of disease, revealed also the part to be played by the laboratory in preventing the spread of contagion. The object of preventive medicine is to locate every focus of disease before transmission has occurred. From the clinical standpoint this result can never be obtained unless every sick person is isolated until time reveals the true character of the infection. The most skilled diagnostician fails—not once, but nearly always—to recognize smallpox during the pre-eruptive period. Diphtheria, clinically is recognized by the reaction set up some time after the specific bacterium attacks the patient. Typhoid fever is frequently not detected until the patient has been suffering for two or more weeks. Meningitis, whooping cough, cholera, plague and many other infections are not to be recognized until some time after the onset. A majority of these diseases are transmissible from the outset, so that clinical observation alone must not be depended upon to detect the foci of disease in time to check the spread.

The public health laboratory is the stepping stone between the need of early diagnosis and its fulfillment. More and more is the laboratory aiding in the early detection of disease.

AIDS EARLY DIAGNOSIS.

By means of the laboratory cases of diphtheria have been recognized before they were cases at all; during the incubation period when no symptoms existed. By means of blood culture, cases of typhoid fever may be detected during the first few days of illness. Whooping cough may be recognized before the appearance of the spasmodic cough by means of a laboratory test depending upon deviation of the complement.

Instances could be multiplied, of the value of the laboratory in the early detection of disease, but another phase of this subject must not be

neglected. Before the day of the laboratory it was impossible to recognize bacteria carriers. Now, thanks to the laboratory, we are able to detect diphtheria carriers, typhoid carriers, and many other healthy hosts of pathogens. Every carrier is a focus of disease. So the laboratory has not only enabled us to recognize disease foci immediately, but has placed in our hands a means to detect those which would otherwise never be discovered. In addition to the benefits accruing from the early detection of disease foci in preventing transmission, the fact must not be forgotten that early recognition of disease in the individual means greater promise of cure and greater ease and certainty in treatment.

TWO MAIN DEPARTMENTS.

Nearly every public health laboratory may be divided roughly into two departments, a bacteriologist and a chemical. The former is occupied chiefly with the early diagnosis of communicable diseases, in addition to the examination of water and foods, including milk, for disease-producing bacteria. In the chemical department, water is examined for evidences of pollution; milk is analyzed for its various ingredients including artificial additions, and foods and drugs are tested for all qualities which might render them undesirable for human use. To the practicing physician the bacteriological department is of greatest interest. The greatest benefits of nearly every other department of public health work accrue directly to the public. The benefits of public health laboratory work are given most directly by physicians, while the public is benefitted only indirectly. In other words, the physician, whose chief object is to recognize and cure disease, is aided in the fulfillment of this purpose and is therefore benefitted by securing better results, and the enhanced reputation he obtains. Nearly all the diagnostic work performed in any public health laboratory is derived from men in actual practice, and the results of such work are reported solely to them. Therefore, the physician stands in a peculiar relation to the public health laboratory, in that although the latter is supported by the public and for the public, the most immediate benefits accrue to physicians. It is therefore quite obvious that no diagnostic laboratory can be successful with-

out possessing the confidence and cooperation of practicing physicians, and for this confidence and cooperation full value is always returned.

HAVE WIDER EXPERIENCE.

I have been impressed with the fact that the results of the average public laboratory are more satisfactory than those secured from private sources. This is but natural, for the field of the public laboratory is more limited than the clinical laboratory, and the number of specimens examined in the former usually greatly exceeds the number in the latter. For this reason laboratory diagnosis of diphtheria, typhoid fever, tuberculosis, malaria and other preventable diseases are usually most reliable when made in a public health laboratory by men who examine thousands of specimens.

The field of the public health laboratory is gradually widening. I believe the time will come when nearly all laboratory diagnoses will be performed in a state or municipal laboratory. The increasing number of diseases classed as preventable and the broadening conception of preventive medicine are responsible for the greater scope of the present day laboratory. Venereal diseases are being added to the laboratory list in some cities and states. The diagnosis of malignant tumors is practiced in some

laboratories. I can see no reason why further additions will not be made.

The manufacture of curative and prophylactic products is now being carried on in some cities and states. The physician receives these products without charge. Antitoxin and other serums, antityphoid and other vaccines, the Pasteur treatment for rabies—these are only a few of the valuable agents that are placed at the disposal of the practicing physician without cost and usually without delay.

There are many other ways in which the public health laboratory is of value to the general public to health officials and to physicians. It is, however, needless to go into greater detail. One last thought must be mentioned. The state or municipality places at the disposal of the physician convenient means of arriving at an early diagnosis. To refuse to avail oneself of such a convenience is akin to refusing to use a bridge thrown across a stream. The physician owes it to the state, the municipality, his patient and himself to avail himself of every means of arriving at an early and accurate diagnosis, which will help the public by preventing transmission, the patient by greater probability of cure, and the physician by the attainment of success in treatment without which no healer can long endure.

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— TROMMER —

LIEBIG was the first physiological chemist to call attention to Malt Extract and advocate its use as a food medicine. That his views were correctly based is evidenced by the wide use of Malt Extract in America and Europe and the popularity of many infant foods in which maltose is the principal constituent.

Leibig's process for making Malt Extract destroyed the diastase and it remained for Prof. Trommer to develop the fact that while maltose as prepared by Liebig was an excellent nourishment for the sick, that diastase as preserved in a properly prepared Malt Extract such as **TROMMER'S** is the element which effects transformation of the carbohydrates into an assimilable form of food.

"Diastase normally exists in constant proportion all the tissues, organs and fluids of the human body where its action has been demonstrated to be intracellular, as for example, converting the glycogen of the liver that its product may be utilized for structural growth and repair of wastes."

Bechamp and Moro discovered that human milk contains diastase and that cow's milk does not contain it. In infant feeding many physicians have achieved brilliant results by the addition of diastatic Malt Extract to pure cow's milk, thereby supplying the vitalizing and energizing element (diastase) of which an artificially fed infant is otherwise deprived. Sixty-six per cent of the solids of human milk are carbohydrates, which the diastase of human milk seems to dispose of to the advantage of the growing child. Cow's milk solids consist of 36 per cent of carbohydrates, to which often more carbohydrates are added to make the quantity equal to human milk. Few realize the importance of adding normal diastase to assist the process of metabolism in the new born.

MALT SOUPS (Malzsuppen) have been largely used by Keller, Czerny, Gregor and Koplik. The latter says: "The Keller method of feeding with dextrinized gruels is one of the most useful methods of feeding marantic infants, and one in which, in a great number of cases of atrophy, has given me brilliant results. I have used this method of feeding in cases in which all other known methods have failed."

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Manufacturers of Malt Extract

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Three Counties Qualify for 100 Per Cent Club

By February 15, three county societies had qualified for the 1916 One Hundred Per Cent Club, as follows:

	1915	1916
1. Huron	13	13
2. Preble	12	16
3. Richland	31	34

The following is a list of the counties placing members in good standing with the Secretary-Treasurer of the State Association prior to February 15.

	1915	1916
Belmont	55	26
Clinton	24	15
Champaign	29	1
Crawford	28	1
Erie	25	23
Fairfield	44	17
Franklin	315	215
Fulton	26	8
Gallia	31	9
Geauga	9	7
Hamilton	474	98
Henry	19	7
Highland	24	1
Jefferson	40	25
Licking	35	16
Lorain	50	1
Muskingum	38	13
Ottawa	15	13
Portage	28	1
Putnam	32	2
Seneca	37	23
Stark	119	27
Trumbull	28	17
Tuscarawas	43	2
Vinton	9	7
Warren	34	24
Williams	34	16
Wood	30	2

Treasurers are urgently requested to collect dues as rapidly as possible, and forward same to Dr. Selby at Toledo.

Tuberculosis Measure Pending in Congress

Congress has under consideration a bill providing federal aid for hospitals which offer shelter to non-resident indigent victims of tuberculosis, where such hospitals meet the standard required by the Public Health Service. The care of this class of tuberculosics is a serious problem in many states, particularly in the West and Southwest. State aid is necessarily limited to residents in the state in which the patient lives, and a serious hardship is often imposed upon the non-residents who falls victim to the disease.

Although the problem it not of particular importance in Ohio, the Legislative Committee of the State Society has lent its aid to the propaganda which is seeking favorable action from Congress. On February 1 the Executive Secretary sent letters calling attention to the measures (H. R. 8352 and Sen. 3203) to Senators Pomerene and Harding, and the members of the Ohio congressional delegation. To date, letters in reply have been received, promising favorable support or careful attention to the bill, from both senators, and from Congressmen Ashbrook, Allen, Cooper, Hollingsworth, Crosser, Overmeyer, Guard, Ricketts and Brumbaugh. These men deserve commendation for their active interest in worthy public health legislation.

Do you believe that the fitting of trusses is a part of the Practice of Medicine? If so, send your patients needing trusses to

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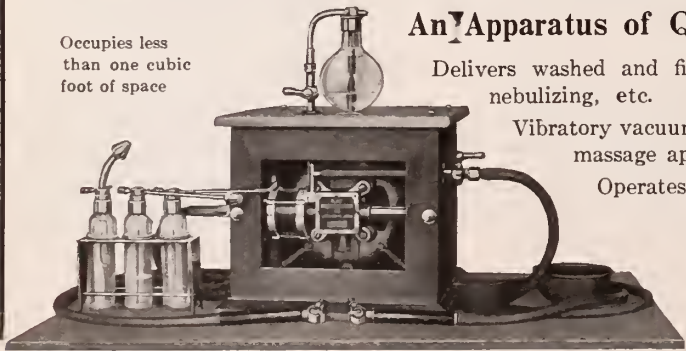
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COLUMBUS OHIO



State Hospital Association to Meet in May

Physicians and surgeons, nurses and executives connected with the hospitals of Ohio, are looking forward with great interest to the first annual convention of the Ohio Hospital Association, which will be held in Cincinnati, May 24, 25 and 26. This Association was formed some months ago in order to more intelligently deal with new problems of hospital management which are becoming important in Ohio. The program of the Cincinnati meeting is now being prepared by the executive committee of the Association, and is designed to give the fullest possible discussion to problems which are of immediate and vital interest.

A letter from Mr. Howell Wright, of Cleveland, the secretary of the Association, urges the attendance at the meeting of physicians and surgeons who are connected with hospital staffs, and who are consequently interested in hospital problems. Attendance is urged regardless of membership in the Association. All physicians and surgeons will be welcomed, and an effort will be made to include in the program a number of papers of special interest to medical men.

Hospital management in Ohio will probably undergo radical changes within the next two or three years. This will be brought about largely by the new system of state nurse registration. The operation of the law gives the State Medical Board power to supervise the nurse training in those hospitals which seek recognition by the board.

Another important matter that will require consideration by the hospitals of the state within a very few years, is the probability that the Ohio board will require a year of internship as a preliminary to medical license. This will necessitate supervision by the state, of the hospitals' teaching facilities. In other states where this internship year has been required, it has had an important influence in raising the standards of hospitals.

The number of hospitals in Ohio is very rapidly increasing, and the problems of hospital management are consequently becoming more important. Undoubtedly there is need of a state hospital association, and from its start it should receive hearty support.

Alpha Omega Alpha, honorary medical fraternity, has installed a chapter at Ohio-Miami Medical School, University of Cincinnati, with the following charter members: E. W. Mitchell, President; P. G. Woolley, Counselor; F. H. Kelly, Vice President; C. E. Kiely, Secretary-Treasurer, and Martin Fischer, William Wherry, Albert Freiberg, Samuel Fetter, Geo. S. Mytinger, (Portsmouth,) William Shannon, C. E. Kennedy, Lawrence Pet-
tey, Thomas Kelly, Frank M. Coppock, Wade Oliver, William Bruns, William Freyhoff, John Stark, Helen Cockran and D. Cockran.

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Arsenical Poisoning from Insecticides

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The unrestricted sale of arsenical fly poisons is pernicious and dangerous, and should be abolished by law.

Such products are all the more a menace in that the poisonous solutions are sweetened, making the dangerous potion enticing to children.

In the past physicians have denounced the poisonous phosphorous match, and this public danger has been eliminated. The baneful arsenical fly draughts merit like condemnation.

Michigan has passed a law specifically to regulate the sale of poisonous fly eradicators, and other states will undoubtedly follow. Because of its interest in public welfare, the medical profession supports this movement and favors the stringent restriction of the manufacture and sale of these noxious products.

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(57)

* NEWS OF INTEREST *
* FROM OHIO HOSPITALS *
* *****

A committee of Toledo physicians visited Cincinnati on Friday, February 11, for the purpose of inspecting the new General Hospital preliminary to launching a campaign for a new city hospital. The committee consisted of Drs. J. G. Keller, chairman; D. W. Iford and L. F. Smead.

Magnificent new \$300,000 annex to Christ Hospital, Cincinnati, was formally dedicated January 29 by officials of the Methodist Episcopal church. Dr. J. C. Oliver presented a medical history of the institution since its establishment 27 years ago. He brought out the interesting fact that ten of the physicians on the original staff are still living.

Construction details of the new Mt. Sinai Hospital, Cleveland, are outlined in the February number of the Modern Hospital, by W. S. Post, New York, the architect, and Dr. Goldwater, the consultant. Mt. Sinai opens with accommodations for 154 patients, with provision to increase accommodations from 75 to 100 patients. The hospital cost \$410,000.

Trustees of the Mansfield General Hospital have assigned the control and management of the staff of the new hospital to the Richland County Medical Society. A committee of the society have been working on by-laws to govern the different services, their term of office, order of service and also the teaching staff for the instruction of nurses. These by-laws will be passed on by the society.

Youngstown citizens indicated their public spirit early in February by contributing a total of \$236,000 to the fund raised for additions to Youngstown Hospital. The campaign to raise \$200,000 was inaugurated February 7 and extended one week. The hospital was opened in 1883, and has had substantial additions through public subscriptions and private gifts. The new revenue will be used to pay off \$65,000 indebtedness, install a pathological department, and provide additional space, as its present capacity of 200 beds has proved inefficient. During the hospital's history, 38,805 patients have been treated, with 23,310 operations and 688 maternity cases.

Dr. W. J. Means, who has served 14 years as chairman of the executive council of the Association of American Medical Colleges, was re-elected to that position at a recent meeting in Chicago. His associates on the council are F. C. Waite, Cleveland, Dr. Samuel W. Lambert, New York, Dr. Isador Dyer, New Orleans, Dr. Charles R. Bardeen, Madison, Wisconsin, and Dr. Fred C. Zapffe, Chicago.

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Contains 2% of mercuric iodide: large
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Large cakes, one in a carton; small
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SUGGESTIONS FOR USE

To prepare antiseptic solutions.

To sterilize hands, instruments and
sites of operation.

To cleanse wounds (bruises, cuts,
abrasions), ulcers, etc.

To lubricate sounds and specula.

To destroy infecting organisms in
skin diseases (ringworm, acne, bar-
ber's itch, etc.).

To disinfect surface lesions asso-
ciated with fetid discharge.

To control the itching of skin in-
fections.

To disinfect the hands after attend-
ance upon cases of communicable
disease.

To make solutions for the vaginal
douche.

To destroy the odors of offensive
hyperidrosis.

To cleanse the hair and scalp.

To remove and prevent dandruff.

To disinfect vessels, utensils, etc.

To wash and sterilize bed-linen,
handkerchiefs, etc., used in the sick-
room.

♦ ♦ ♦

**Germicidal Soap, in short, is useful
whenever and wherever a powerful
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Richland County Plans Interesting Year

Richland County Medical Society, following its annual custom, has issued an attractive pamphlet setting forth its program of monthly meetings for 1916. The society announces that it will continue the study of the Cabot Case Reports, which will be presented by Harro Woltmann. J. W. Salzman will report on current medical literature.

The program was compiled by a committee consisting of the president, W. S. Mecklem; vice president, C. G. Smith; secretary-treasurer, F. A. McCullough, and S. E. Findlay, H. Woltmann, C. G. Brown, and Edward Remy, Jr., and is as follows:

March 15—"Hernias." J. L. Stevens; discussion, E. C. Brown. Review of literature. Query:—"Should a ventro-fixed uterus become pregnant? What are the probable dangers?" B. F. Harding.

April 19—"Goitre," J. H. Nichols; discussion, M. J. Davis. Cabot's case records.

May 17—"Physiological Changes in Old Age," A. H. McCullough; discussion, W. S. Bushnell. Review of literature. Query:—"How should we care for breasts before and after parturition and how make depressed nipples serviceable?" J. H. Craig.

June 21—"Bradycardia and Heart Bloc," Edw. Remy; discussion, Wayne Mechlem. Cabot's case records.

July 19—"Infant Feeding," C. G. Brown; discussion, G. T. Goodman. Review of literature. Query:—"What factors predispose to prolapse of the cord, and how manage a prolapsed cord?" S. Findley.

August 16—"The Business and Ethics of Medicine," W. E. Loughridge; discussion, Albert Shunk. Cabot's case records.

September 20—"Gall Bladder," J. M. Burns; discussion, J. E. Gray. Review of literature. Query:—"Ought we to examine our patients after delivery? Why? When?" G. W. Baughman.

October 18—"Empyema of Maxillary Sinus; Report of Cases," J. M. Garber; discussion, R. C. Wise. Cabot's case records.

November 15—"Emergency Work in Obstetrics," John Maglott; discussion, G. W. Miller. Review of literature. Query:—"Should sterilization be advocated, and if so under what conditions?" I. H. LeBarre.

December 20—"Syphilis—Intravenous and Deep Muscular Injections," R. V. Myers; discussion, K. G. Parker. Election of Officers.

Dr. C. D. Selby, of Toledo, Secretary-treasurer of the State Society, and managing editor of *The Journal*, has been appointed commissioner of health of Toledo. He will devote only part of his time to the service. He succeeds Dr. D. W. Iford.



In the gigantic struggle now engaging the nations of Europe it's only the hits that count. Every Government and Commander knows that. And therefore they don't depend on judgment to find the range. They find it with all the exactness and certainty of mathematics, before they fire a shot! Modern range-finders, scientifically correct, are their guides. No guesswork, there!

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State Liquor Board Tightens on Druggists

The Ohio Liquor Licensing Board has notified the druggists of the state that it will in the future rigidly enforce the state law prohibiting the sale of proprietary preparations which contain alcohol, and are purchased for use as a beverage. Such proprietary preparations may not be sold except on prescription—and, of course, for medical purposes only.

The state board holds that the burden of determining whether the preparation is sold as a medicine or a beverage rests entirely with the druggist, and that the amount of alcohol which the preparation contains has nothing whatever to do with the determination. In a communication to the State Pharmaceutical Association, the board says: "Druggists can easily determine whether a party is buying in such quantities as to indicate its use as a beverage rather than a medicine, and it is up to him (the druggist) to know for what purpose the preparation is sold."

The Liquor Licensing Board in answering a list of questions submitted by the Midland Druggist, holds that druggists cannot honor a prescription for intoxicating liquor from a veterinary surgeon; cannot sell liquor to a physician for medicinal or any other purpose without a prescription, and cannot honor a physician's telephone prescription for the same.

In answer to an inquiry as to how the druggist is to determine the good faith, reputability, and active practice of a physician—for the law says that the prescribing physician must possess these attributes—the commissioner answers:

"This again puts the burden upon the dealer, and he must determine whether a physician is a man of such standing and reputation in his community as to answer the requirements of the law. On this subject, Section 6104 G. C. is as follows:

"When intoxicating liquor is sold for medicinal purposes it shall be done only in good faith upon a written prescription issued, signed and dated in good faith by a reputable physician in active practice, and in conformity with the provisions of this chapter. Such prescription shall be used be used but once, and must contain the name and quantity of liquor prescribed, the name of the person for whom prescribed and the date upon which the prescription is written and direction for the use of the liquor therein so prescribed."

"Should a physician write a prescription for a quart of whiskey, this Department would not regard it given for medicinal purposes," the letter added.

Dr. I. E. Seward, former Director of Health of Springfield, has located in Cleveland, after having spent the past year in the New York Post Graduate Medical School and Howard Medical College. Dr. Seward is specializing in genito urinary rectal diseases.

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1. All claims or suits for alleged civil malpractice, error or mistake, for which our contract holder,
2. Or his estate is sued, whether the act or omission was his own
3. Or that of any other person (not necessarily an assistant or agent),
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Baby Welfare Week Observed in Ohio

County medical societies throughout the state took an active interest in the "Baby Week" campaign movement fostered nationally by the Children's Bureau, and in Ohio by the Federation of Women's Clubs and the State Department of Health. In many Ohio communities the medical society took the lead in this work. Governor Willis by proclamation designated the week beginning March 4 as "Baby Week," with Friday, March 10, as special School Day. In Cleveland, Mayor Harry L. Davis called special attention to the observance by issuing a formal proclamation. In Columbus, the Chamber of Commerce headed the movement. In Erie, Ashtabula, Knox, and several other counties, the medical society took a very active part.

Dr. Frances Hollingshead, chief of the division of child hygiene, State Department of Health, was largely responsible for securing the co-operation of many communities in the national movement. Much literature was sent out by the State Health Department. National "Baby Week," something of an experiment this year, will probably be a regular event in the future. The week is designated to give parents information with regard to the care of their babies, and to emphasize in every community the importance of its babies, and the need of permanent work for their welfare.

General Practitioners Society of Columbus

Meeting of February 10, 1916. By invitation A. M. Steinfeld read an interesting paper on "The Commoner Foot Disturbances and their Causes." Discussion by Cassius Shepard, Van Fossen and Keil. G. F. Frosch spoke on the familiar subject "Influenza." Discussion by B. H. Wells, J. S. Carlton, J. A. Van Fossen and Keil.

Meeting of February 21. J. W. Clemmer read a paper on "The Diagnostic Value of Abdominal Pain." Discussion by J. M. Dunham, R. R. Kahle, Wells Nessler, J. F. Baldwin, Keil, and closed by Clemmer.

Hugh Means read a short paper on the "X-Ray and Its Relation to the General Practitioner," and illustrated same with lantern slides. Discussion by H. L. Harris, H. Whitehead, J. F. Baldwin and Wells.—G. W. Keil, Secretary.

Large department stores in Columbus, observed Baby Week by advertising series of public health lectures in connection with their baby wear departments.

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Any physician in the United States is eligible to this contest. **It costs you nothing whatsoever.** Simply send for our Progressive Equipment Catalog, if you do not already have one. Make out your suggestion for the office equipment, including everything that a doctor should use in his office.

The contest closes March 30th, after which date a committee of physicians will go over the suggestions and select the best. The prize winner will be announced during the meeting of the American Medical Association in June.

All correspondence relative to this offer must be addressed to the

\$100 Prize Department, Frank S. Betz Co., Hammond, Indiana.

Sixth District Society Meeting at Akron

The 168th. session of the Union Medical Association of The Sixth Councilor District was held at the People's Hospital, Akron, on Tuesday, February 8, 1916.

The session begun at 8:30 o'clock with three clinics, conducted by staff members, and continued till 10 o'clock. The regular meeting then was opened by President, H. E. Welch. After a little preliminary business, two papers were read: L. L. Toland, Rittman, on "Tetanus;" E. O. Morrow, Canton, on "Blood Pressure." Both papers caused much discussion, and elicited some very pertinent inquiries.

At 11:30 F. F. Lawrence, Columbus, gave a stirring address on "A Surgical Retrospect." The Doctor is a clear thinker, a good reasoner, and a forceful speaker. He leaves no one in doubt as to his position on matters surgical or otherwise. He hasn't forgotten the men who blazed the way for modern surgery, and proudly gives them credit for their great work under such adverse conditions.

At noon all members were taken to the Howe Hotel, where they were entertained at luncheon by the Summit County Medical Society.

Re-assembled at 1:30. N. Stone Scott, Cleveland, read a paper on "The Atypical Appendix." The Doctor stuck close to his text, and gave a resume of a number of very unusual conditions pertaining to the symptoms of appendicitis, and the location of the appendix. The secretary read his annual report, also the report of the Treasurer which showed that the society had on hand a year ago, \$205, and received during the year \$140. Expenditures were \$125, and it has in its treasury now about \$218. The financial end of the society's work is guarded very carefully.

William G. Smith of Ravenna was elected president, and J. H. Seiler, Akron, was re-elected secretary-treasurer. On invitation of Dr. Smith, on behalf of the Portage County Medical Society, the association will meet at Lake Brady on Tuesday, August 8. The following were elected to membership: Drs. Carl R. Steinke, C. J. Case, J. G. Blower, C. W. Hodges, U D. Seidel, and David H. Morgan, all members of the Summit County Medical Society.

At this time, Ernest E. Irons, Chicago, Assistant to the Chair of Practice in Rush Medical College, gave an address on "Practical Therapeutic Applications Based on Recent Knowledge of Infectious Diseases." The address was replete with evidence of careful research. Through it all it could be plainly seen that the Doctor is a seeker after truth, rather than a reputation for priority. Space here will not permit to give an abstract that would do justice to his subject. His address was greatly appreciated.

In the evening at 6:30 the Summit County Medical Society gave its annual banquet in the Ohio Building. The invitation included the doc-

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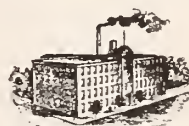
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tors, their wives, and sweethearts. The menu was good and the associations pleasant. There were not as many present as usual, probably due to the busy times. Dr. Lawrence again put every one in a happy frame of mind while they listened to his address on "Idealism in the Medical Profession." It is hard to determine whether the Doctor is of Scotch, French, German, or Irish extraction. Be that as it may, he certainly knows how to put the "punch" into an address, wake up the sleepers, and send everybody away with a new grip on life, and a higher ideal in service. We hope he will live long enough so we can hear him again at some future time.

J. H. SEILER,
Secretary.

Railway Surgeons Discuss Pertinent Topics

Railway surgeons of the T. & O. C., K. & M., and Z. & W. met February 22 in Columbus, and organized an association with Dr. S. B. Taylor, Columbus, president; Drs. W. A. McMillen, Charleston, W. Va., and C. U. Hanna, Zanesville, vice presidents; and Mr. W. A. Shaffer, Bellefontaine, secretary-treasurer. The program included the following medical addresses: "Some Points in the Management of Fractures," George M. Todd, Toledo; "Special Features of Railroad Surgery," Harry S. Noble, St. Marys; "Some Injuries to the Eye," R. Blee Smith, Columbus; C. D. Mills, Marysville, read Dr. Reynard's paper on "The Way Surgeons' Troubles"; "Decomposition and its Advantages in the Treatment of Head Injuries," W. A. McMillan, of Charleston, W. Va.; "Troublesome Cases from a Non-Surgical Standpoint," Charles A. Ulmer, Bucyrus; "Concussion of the Spine with Special Reference to Railway Accidents and Injuries," G. A. Mack, Gallipolis; "Some Injuries in the Region of the Shoulder," Austin S. McKittrick, Kenton; "First Aid," Hugh A. Baldwin, Columbus; "The Claim Agent as a Help to the Doctor," S. R. Henning, Bellefontaine.

Dr. K. L. Stoll, Cincinnati oculist, is detained at Edinburgh, Scotland, by the British authorities. Dr. Stoll sailed January 3 from New York, with passports secured by the German Red Cross Society of New York, planning to do Red Cross field service in Germany. Dr. Stoll came to America fifteen years ago and had never taken out naturalization papers. Inasmuch as he had a short term of unexpired service in the German army, he is at the present time a line officer in the medical corps. Cincinnati friends are urging the state department to secure his release.

In addition to his regular duties of city physician of Portsmouth, Dr. W. D. Schafer has been made milk inspector and city bacteriologist. Dr. W. W. Smith, health officer, has been given the additional duty of inspecting the dairies.

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The 1916 session of the Ohio State Medical Association which will be held at the Hotel Statler in Cleveland on Wednesday, Thursday and Friday, May 17, 18, and 19, will be without doubt one of the most important if not the most important that has been held since the Ohio Association was originally formed 71 years ago.

Not only will the scientific program be up to its usual standard, but there will be under discussion at this meeting important matters affecting both the development of the Association and the future of medical practice in Ohio.

Under the former head comes the final disposition of a matter which has long been agitated in the Association—the provision for co-operative defense against civil malpractice suits. The House of Delegates will take a final vote on this proposition and if it is approved, as undoubtedly it will be, this insurance will be placed in effect immediately thereafter—without additional cost to the members of the Association.

The most important question affecting the future of medical practice in this state which will be discussed, is the proposal to institute state sickness insurance. Realizing that this is a very definite possibility in Ohio, the Program Committee has invited Prof. M. B. Hammond, of the Department of Economics and Sociology, Ohio State University, to present a paper dealing with this subject. It is hoped that by this means the members of the Association will become thoroughly familiar with this proposal so that we can act intelligently when it is presented to our legislature—probably at the session next January. Already there has been developed a wide difference

of opinion as to its merit, but there is a unanimous feeling that such a system is coming to Ohio, sooner or later, and that it is vital for the medical profession to be ready to meet the situation. In England when sickness insurance was instituted the medical profession was "asleep at the switch," and medical practice was nearly disorganized for years. Prof. Hammond is unusually well qualified to deal with this problem from a practical standpoint, as he served for years on the Ohio Industrial Commission, and had charge of the administration of our system of workmen's compensation.

Other important business faces the Association this year. It is proposed in one constitutional amendment to receive members of allied professions into associate state membership. Five of the ten vacancies in council must be filled by election. Membership on the important standing committees of the Association must be determined.

+ + +

The detailed scientific program for the meeting is now receiving the finishing touches, and will be published in the May issue of The Journal, about May 5. Members who have been in touch with the scientific work for years say that there never has been offered a better program from the standpoint of the general practitioner. Dr. John H. Gibbon, of Philadelphia, has been invited to deliver the Oration in Surgery, while Dr. F. T. Lord, of Boston, will deliver the Oration in Medicine. Dr. Arnold Knapp, New York, will deliver the oration before the eye, ear, nose and throat section.

Spurred by the splendid meetings held in the last two years at Cincinnati and Columbus, the special committee representing the Cleveland Academy of Medicine has made every arrangement to insure a delightful as well as a profitable convention visit.

The annual smoker will be held at the University Club, and will be preceded by the two orations—an innovation, inasmuch as the orations have hitherto been delivered on the morning of the third day's session. This year the third day will be devoted entirely to clinics in the various Cleveland hospitals. Another innovation this year will be in connection with the annual banquet which will be held at the Statler. Instead of the usual after-dinner speaking, there will be but one orator—a famous humorist who will come from New York to liven up the evening.

The Hotel Statler, which is convention headquarters, will house all of the activities of the meeting. It is recognized as one of the most luxurious hotels in the West, and its large, spacious, special rooms and foyers are well adapted to section meetings. All sessions of the sections will be held on two floors of the hotel.

Cleveland is well supplied with hotels, with rates to suit all tastes. Notation of these rates appear in another column. We suggest that you make your reservations early, as the attendance this year will be very large.

Make your plans for the state meeting now. Those who have attended the meetings in recent years have felt well repaid, and those who have stayed away have missed something distinctly valuable.

+ + +

Alcohol and Pneumonia.—In a recent bulletin the United States Public Health Service brands strong drink as the most efficient ally of pneumonia. It declares that alcohol is the handmaiden of the disease which produces ten per cent of the deaths in the United States. This is no exaggeration. We have known for a long time that indulgence in alcoholic liquors lowers the individual vitality, and that the man who drinks is peculiarly susceptible to pneumonia. The United States Public Health Service is a conservative body. It does not engage in alarmist propaganda. In following out the line of its official duties it has brought forcefully to the general public a fact which will bear endless repetition. The liberal and continuous user of alcoholic drinks will do well to heed this warning, particularly at this season of the year when the gruesome death toll from pneumonia is being doubled.

Dr. Clarence W. Wille, surgeon, U. S. P. H. S., in command of the United States Marine Hospital, Cleveland, has resigned after fifteen years in the service to enter private practice in Cleveland. He is succeeded by Dr. A. B. Foster, Washington, D. C.

Gradually the better newspapers of the state are recognizing that medical advertising, and particularly the advertising of medical practice, is based upon fraud and is harmful to the community. More than a year ago the Youngstown Vindicator, one of the two large dailies in Mahoning county, adopted a policy of excluding from its columns the advertising of all so-called medical specialists, "because such advertising is conducive to exploitation of the ignorant and constitutes a peril rather than a need." Recently the Mahoning County Medical Society adopted formal resolutions commending this action by The Vindicator, and extending its management a vote of thanks. In commenting upon this action The Vindicator said, editorially:

"In blazing the way to a more lofty form of advertising in Youngstown and vicinity The Vindicator was governed in the move of excluding the men's specialists from the columns by the realization that in a majority of instances these physicians are not stable or contributing members of society, but are more to be classed with the fly-by-night book agent of other days.

"It is recognized by the paper that the advertising quack is seldom an integral part of a city public, and that despite his claims he possesses no more knowledge of human ailments than his less forward brother, the accredited physician.

"There is nothing mystic or occult about the practice of medicine, and most reputable physicians who devote several years to the mastery of disease are quite competent to treat it. In fact it is an established truth that when certain practitioners fail in an established practice they turn to "specializing" in the ad columns, which are the greatest medium for both profiting and humbugging the public. This being true, it is the belief of The Vindicator that the physicians of standing in Youngstown are quite competent to tend the ailments of the people, and outsiders who flutter in for rich pickings and then flutter out again should not be encouraged.

"But a fair deal to the local practitioner is but one of the grounds which impelled The Vindicator to take its latest stand. The weak, the confiding and the innocent members of the community are the victims of the quack, and protection for them has been an impelling motive.

"The members of the foreign-speaking population have been exploited perhaps as no others by the advertising specialists in certain diseases. These and innumerable others have been exploited. Groundless fear has been played upon. Needless operations have been performed. And scientific measures which should have been taken have been neglected until too late while symptoms have been smothered under fake nostrums.

"In view of these truths The Vindicator more than one year ago resolved upon the exclusion of the advertising specialists' copy for good and all, knowing that the large part of the public would applaud the courageous move and realiz-

ing that the other part of the public would profit by the innovation no matter how much they resembled the people whom P. T. Barnum said 'liked to be humbugged.'

The above, the editorial expression of a great daily newspaper, sounds more nearly like a statement from a high-grade medical journal.

And, incidentally, it should be pointed out that the newspaper's stand is having its effect. Youngstown, with its large foreign population, was formerly a favorite stamping ground for quacks. Their business, denied advertising, is diminishing steadily and they are coming to avoid this particular field—a thing which the citizens of Youngstown will gradually come to appreciate.

+ + +

Do you have on your desk a copy of *New and Non-Official Remedies*? If you are accustomed to make use of this valuable book you will be interested to know that the 1916 edition has just been issued by the Council of Pharmacy and Chemistry of the American Medical Association. If you are not, take our advice and send one dollar at once to the office of the council—535 North Dearborn street, Chicago.

The profession as a whole does not as yet fully appreciate the character, the scope, and above all the practical value of this book to the practicing physician. Perhaps it is because its size is so unpretentious, the price asked for it so small and the contents so conservative and unsensational in character that a hasty and superficial examination does not reveal its true character.

New and Non-Official Remedies, in the first place, contains descriptions of the newer remedies that are worth the physician's consideration. Being issued by the Council on Pharmacy and Chemistry, which is composed of chemists, pharmacists, pharmacologists and clinicians of the highest standing, it is authoritative; in fact, it is recognized as the standard authority on the newer remedies. When besieged by too persistent detail men, many up-to-date physicians fortify themselves behind *N. N. R.*, taking the stand that they cannot afford to waste time on any preparation which has not gained admittance to its pages.

In the second place, *N. N. R.* furnishes the physician who has learned how to use it with the answers to a great many perplexing questions that arise in the course of daily practice—and in many instances it is the only book which does furnish this information. What is the distinction between the action of acetylsalicylic acid (aspirin) and that of the other salicylates? What is the comparative toxicity of the various cocaine substitutes? What manufacturers furnish Bulgarian bacillus preparations—medicinal foods—organ extracts? What is the iodine strength of the non-official organic compounds of iodine compared with the official iodids? What is the standing of pneumococcus vaccine—of the Schick test—of radium therapy? Look in *N. N. R.*; it is all there.

In owning and consulting *N. N. R.* you are not merely forwarding the worthy cause of therapeutic reform; you are but doing justice to yourselves and your patients. In fact, you cannot afford to do without it.

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The responses to the recent article on a medical reserve corps were most gratifying, but we must not forget that in a democracy "what is every one's business is no one's business," and if the medical profession desire a properly equipped and planned organization they will have to do as the little girl did who desired a song—to sing it herself.

The New York press says that the American Society of Engineers has taken up the matter of an engineering reserve very seriously and has planned a reserve corps of all arms, which would include the medical profession. It is an unpleasant task to criticize the War Department or the Medical Department, because the fault is probably of Congress rather than with them, but nevertheless it seems perfectly certain that nothing will be done unless the profession does it. We propose therefore that the president of each state society appoint a delegate to a general meeting, called by the president of the American Medical Association, and the details of these units be planned.

Colonel Kean, Medical Corps U. S. Army and Director General of Military Relief, in a letter to Dr. Snyder, says they are organizing similar units in the Red Cross, and suggests the addition of more internists, as the base hospitals will receive sick of every description as well as wounded. This is a valuable suggestion and should be acted upon. Colonel Kean is now organizing Red Cross units, but so far as we can learn no one is organizing units to co-operate with the army. This is a strikingly good samaritan thing to do, but it seems to us that we ought to plan units for our citizens before we plan for the world. Probably Dr. Kean has similar thoughts but is obeying orders and doing it well.

If it is the business of the Society of Engineers to organize its members, it is the duty of the American Medical Association to organize similarly, and that at once. Let the call be sent out and an organization formed. Then committees will be appointed and the various questions discussed and a general organization planned. In Ohio, Cleveland and Cincinnati ought to have two units each; Toledo, Columbus and Dayton, one each. Let every detail be discussed—how many pairs of gloves as the initial minimum for the use of each surgeon, what equipment should an internist take, and so on for each man's equipment. They should determine what would be the cost of keeping on hand a minimum of instruments, gloves, sutures, needles, masks, scissors, bandages, etc., for the first emergency call, and how the cost for this was to be met.

It will take a year to settle these questions. Then our legislative committees must formulate a bill and have it passed. Then the parent medical organizations must organize a Reserve Medical Corps and offer it to the government, all complete,—members, plans, rules, amounts of supplies, and equipment for the first ten days' service,—the government to finance, inspect and function these units by inspection, mobilization, tests, lectures, etc.

Let Ohio be the first state to take a step in this direction!

+ + +

Physicians should exercise greater care in endorsing reciprocity applications for those who are planning to leave Ohio and practice in other states. As a matter of interstate precaution, nearly all licensing boards require the incoming physician to have the endorsement of the registration board of the state he leaves. The state board, in many instances, is compelled to base its endorsement upon the written statements of fellow-physicians in the applicant's home community.

We regret to state that in some cases those seeking reciprocity have received local endorsements that were entirely unwarranted. A few years ago one of the most active medical fakirs in Ohio sought reciprocity with Michigan in order to locate in Detroit. Two doctors in his home city—members of the county medical society—endorsed his application to the state board, which in turn through an oversight endorsed it for the Michigan board. Suspicious action on the part of the applicant when he appeared before the Michigan board caused an investigation which disclosed the real facts, much to the chagrin of the Ohio board members.

Do not endorse an application of an unworthy practitioner merely to rid your community of his presence.

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Dr. Van S. Deaton of Troy may be a Republican candidate for senator in the Twelfth District, comprising Darke, Miami and Shelby counties. Dr. Deaton has long served in the Ohio legislature and was a powerful factor in the last session. His uncompromising stand for advanced public health legislation should win for him the active support of every physician in his district. Probably he will have no opposition for the Republican nomination. The district is Democratic nominally, but the active support of every physician—regardless of political considerations—would probably overcome this.

Last winter the Ohio Dental Society secured the passage of a law prohibiting the advertising of dental practice under a firm name. The section was aimed at concerns such as "Red Cross Dentists," "Sanitary Dentists," etc. Common Pleas Judge Nippert, Cincinnati, has declared the section unconstitutional.

Medical Extension.—The great movement of educational extension has reached all parts of the country and is affecting men in every walk of life. Many organizations are extending educational work among their own members, and nearly every state is doing something along this line for its citizens. Who has not heard of the Wisconsin plan, whereby the State University has projected its courses into thousands of farm houses throughout the state, by means of its demonstration farms, its county institutes and its short winter courses for practical farmers. Is it any wonder, then, with so many of its farmers post-graduates in the science of agriculture, that Wisconsin should rank high in the output and wealth of her farm lands?

But, if there is one class of people more than another which must keep abreast of the times, it is that class which is dealing with the human body. It is more important for the doctor to be up-to-the-minute than it is for the farmer or for the tradesman. Whatever the State Society has of worth is for the benefit of all. In order that all the doctors in the state who are interested—and all who ought to be interested—may have an opportunity to hear and discuss things always vital to the profession, the Committee on Medical Education has planned for them a postgraduate course, to consist of lectures and demonstrations by the ablest men in the state. It is hoped this course will serve the same purpose for the general practitioner that a short postgraduate course at some medical college or clinic might—it will give him the very latest and best information concerning those methods of treatment and operation which will be of special help to him in his everyday work.

Such a course cannot fail to be a valuable means of professional betterment, either in the spread of information or in the inspiration it may bring. In fact, it will be fatal to him to be behind the times, especially since lack of information can be considered an excuse no longer; for the doctor who is too busy to get to even the state convention now is to have the very latest things in medical science brought to his own door.

For the first number in the course, the committee has secured the services of Dr. Charles E. Briggs, Associate Professor of Surgery at Western Reserve Medical School, and first associate visiting surgeon to Lakeside Hospital, who is one of the most prominent teachers and surgeons in the state. Dr. Briggs will speak on "Fractures and Dislocations," a subject in which he has had considerable experience and to which he has given special thought.

The first of this series was given at Marion on Thursday, March 30. Other meetings are being arranged as rapidly as possible. It is hoped that the entire state may be covered before summer.

This subject is a peculiarly appropriate one for the first number in the course, since it is one in which every doctor is interested—the general

practitioner in the outlying country district as well as the skilled surgeon in the city clinic. The treatment of fractures and dislocations is of first importance, and it figures most frequently in mal-practice suits. No doctor can afford not to avail himself of the opportunity to hear this splendid lecture and the illustrations which will be shown in connection with it. Later in the course it is planned to have lectures which will educate the public as well as the profession on such subjects as cancer, syphilis, etc., giving the best that science has taught in its application to both the individual and the community. The increase in dues will enable the committee to greatly extend this work.

In addition to the benefits which will come to those attending, the State Society believes that the results of this course of lectures and demonstrations will be far-reaching. In the local societies it cannot but help the attendance, vitalize and enliven the organization, and advertise it among non-members; to the medical profession it will give the greater confidence of the laity, and add to their standing in the state; and it will mark the Ohio State Society as a pioneer in medical extension work, and its members as progressive medical men.

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Checking Medical Practitioners in Cities.—Health Commissioner Bishop of Cleveland has instituted in his city a system for keeping a constant check upon men and women engaged in the practice of medicine, and other forms of the healing art, which we believe should be copied by every city. Dr. Bishop has instructed the seventy visiting nurses employed in his department to carefully canvass their respective districts, and to report to the health office the location of every doctor, osteopath, and "limited practitioner." This information is carefully checked at the central office with the certificates registered in the county probate court, and in this manner the health department will be able to discover the operation of illegal practitioners.

Further, under Dr. Bishop's plan it will be the duty of the nurse to keep in constant touch with medical practice in her district, and to immediately report every change of office, location of new office, etc. If this practice could be adopted in every city it would materially aid the State Medical Board in the location of illegal practitioners of medicine. Had this plan been instituted throughout Ohio five years ago it would have been possible for the Medical Board to deny exemption certificates to a number of chiropractors and similar practitioners who were admitted to practice upon their sworn statement that they had been in business in this state more than five years. Lacking this official record, the state had no means in many instances of disproving claims which they strongly suspected were false.

What do you get for the \$3.00 which you pay annually as your dues in the Ohio State Medical Association? The editor of the Weekly Bulletin of the Cleveland Academy of Medicine recently answered the question for us, in the following full-page statement:

"An active state organization, looking out for your interests.

"One of the best state journals published anywhere, containing:

"Live editorials upon current topics.

"Papers read before the Ohio State Medical Association, and other articles of present interest.

"News notes of the month indexed upon title page.

"The medical news of the State of Ohio.

"News from Ohio hospitals.

"Proceedings of the State Medical Board.

"Proceedings of the State Board of Health.

"News of interest from all organizations interested in health matters.

"The doings of the Legislature.

"Reports from county societies telling what your neighbors are doing.

"General news notes of Ohio, etc.

"Advertisements that conform to the standards set by the American Medical Association.

"A permanent headquarters, employing the full time service of a wide-awake man. He is the watch-dog of every happening, legislative and otherwise, which may effect your interests. He is the news editor and business manager of the journal. He is the executive secretary of all committees of the state association, making the organization coordinate and effective. He likes to hear from you. His place of business is 25 Rugery Building, Columbus, Ohio. His name is George V. Sheridan."

¶ Will your county be a one hundred per cent county this year?

¶ For details of the contest, see Page 265 in this issue.

State Society Made Large Membership Gains in 22 Counties in 1915 and Broke All Previous State Records

The Ohio State Medical Association is growing more rapidly than any similar organization in the country.

If Ohio goes forward at its present rate it will soon be the strongest State Medical Association in America.

More than 150 new members have been received thus far this year!

It is only necessary for every old member to renew his fealty, promptly, and to do his share toward improving his local society, to attain a state membership of 4500 in 1916.

This will mean an organization of sufficient importance to insure adequate recognition in state affairs—a recognition that is necessary if the rights of medical practitioners are to be conserved.

The following table shows that there was a net increase in membership of 348 in 1916. The increase in the various districts averaged eight per cent:

Districts	1915	1914	Gain	Per Cent
Third	350	298	52	.18
Fourth	419	360	59	.16
Seventh	226	200	26	.16
Sixth	498	449	49	.11
Second	426	394	32	.08
First	687	635	52	.08
Fifth	712	662	50	.08
Eighth	284	268	16	.06
Tenth	480	471	6	.02
Ninth	161	158	3	.02
Totals	4,243	3,895	348	.08

The above general summary by districts and the following detailed tables showing membership statistics for 1915, just completed by Dr. Selby, secretary-treasurer, bring out these interesting facts:

Twenty-two of the 88 counties broke all existing membership records.

Every district in the state showed a gain over the previous year, ranging from two to eighteen per cent.

In only fifteen counties was there a falling off in membership from the 1914 record, and in nine of these fifteen this defection did not exceed two members.

The total membership for the year 1915 broke all previous records.

A critical survey of the tables gives an accurate view of the numeric strength of our organization. The Third district, of course, leads, with a total gain of eighteen per cent of its membership, with the Fourth and Seventh following closely

In the record of gains, Summit and Paulding counties stand out above the others. Paulding exceeded its best previous record by a gain of nine, while Summit exceeded her best prior mark by a gain of 30. Darke, Hardin, Putnam, Stark, Belmont and Fairfield all made creditable gains dur-

ing the year. Hamilton, Cuyahoga, Franklin, Lucas and Montgomery not only equalled previous records, but made appreciable gains during the year.

Taking the other viewpoint, the greatest losses came in Defiance, Athens, Perry and Madison counties, the losses in these districts arranging from three to seven members. In practically every one of these, unusually brisk organization work has been inaugurated this year and it is believed that all will be "brought into the fold."

The tables call attention to the fact that these additional counties showed a falling off in members of from one to three: Ashtabula, Medina, Wayne, Washington, Hocking, Jackson, Lawrence, Union, Ross and Crawford.

FIRST DISTRICT

Counties	1915	1914	Best Previous Year
Adams	23	23	30
Brown	18	15	28
Butler	57	51	64
Clermont	15	12	30
Clinton	24	24	27
Fayette	18	18	24
Hamilton	474	451	451
Highland	23	18	28
Warren	35	30	33
	687	635	

SECOND DISTRICT

Counties	1915	1914	Best Previous Year
Champaign	29	29	33
Clarke	64	59	67
Darke	57	50	50
Greene	32	32	34
Miami	46	45	48
Montgomery	168	158	158
Preble	12	5	27
Shelby	18	16	21
	426	394	

THIRD DISTRICT

Counties	1915	1914	Best Previous Year
Allen	83	75	75
Auglaize	26	22	38
Hancock	37	37	43
Hardin	29	23	23
Logan	37	23	40
Marion	29	27	32
Mercer	29	27	27
Seneca	37	30	34
Van Wert	27	24	28
Wyandot	16	10	24
	350	298	

FOURTH DISTRICT

Counties	1915	1914	Best Previous Year
Defiance	6	11	19
Fulton	25	25	25
Henry	19	2	22
Lucas	214	213	213
Ottawa	15	13	17
Paulding	23	14	14
Putnam	32	18	27
Sandusky	21	21	27
Williams	34	31	38
Wood	30	12	39
	419	360	

FIFTH DISTRICT

Counties	1915	1914	Best Previous Year
Ashtabula	27	28	32
Cuyahoga	523	484	518
Erie	24	27	27
Geauga	9	8	18
Huron	13	9	28
Lake	16	10	22
Lorain	51	46	62
Medina	21	23	23
Trumbull	28	28	34
	712	662	

SIXTH DISTRICT

Counties	1915	1914	Best Previous Year
Ashland	20	18	22
Holmes	8	7	11
Mahoning	100	93	93
Portage	28	28	28
Richland	31	29	32
Stark	126	119	119
Summit	160	130	130
Wayne	25	26	34
	498	449	

SEVENTH DISTRICT

Counties	1915	1914	Best Previous Year
Belmont	55	44	51
Carroll	—	—	20
Columbiana	39	37	62
Coshocton	21	17	28
Harrison	14	6	20
Jefferson	40	36	43
Monroe	14	12	21
Tuscarawas	43	41	48
	226	200	

EIGHTH DISTRICT

Counties	1915	1914	Best Previous Year
Athens	51	57	57
Fairfield	44	39	39
Guernsey	29	27	27
Licking	35	41	59
Morgan	16	12	19
Muskingum	38	22	58
Noble	12	9	15
Perry	19	23	28
Washington	40	41	46
	284	268	

NINTH DISTRICT

Counties	1915	1914	Best Previous Year
Gallia	31	25	29
Hocking	11	14	14
Jackson	21	22	31
Lawrence	17	18	31
Meigs	11	11	14
Pike	13	13	17
Scioto	48	48	48
Vinton	9	9	10
	161	158	

TENTH DISTRICT

Counties	1915	1914	Best Previous Year
Crawford	28	31	32
Delaware	26	26	36
Franklin	313	305	305
Knox	33	31	31
Madison	9	16	28
Morrow	15	13	19
Pickaway	22	21	26
Ross	21	19	39
Union	13	15	24
	480	471	

The necessity of increased fees for medical service is receiving editorial attention in a number of Ohio newspapers. A paper by Dr. Thomas F. Reilly, of New York City, in a recent number of the Medical Record, in which he points out that the doctor's living expenses have increased while his income has remained stationary, was widely commented upon by our editors. The following from the Coshocton Times-Age is typical of the attitude of the editors:

"The public, which is eager and prompt enough to summon the doctor at any hour of the day or night, for any illness, real or imagined, shows a most lamentable disinclination to pay him for his services.

"Why, asks Dr. Reilly, should not a man whose life has been saved be willing to pay the doctor who saved it as large a proportion of his earthly possessions as the owner of a disabled ship pays to the rescuer who saves the ship? In a way, that looks reasonable; but, when you reflect that nearly all of us might be classed as physical derelicts more than once before our last illness, it becomes evident that if we paid regular ship-salvage fees for restored health the doctors would soon get rich.

"There is more to the said, however, for the writer's suggestion that for a capital operation a physician ought to get at least a tenth of the patient's annual income. Doctors get little enough for their services, at best, considering their promptness, faithfulness and self-sacrifice in relieving human suffering, and the calm indifference with which so many patients treat the reasonable bills they render is ungrateful and disgraceful."

NEWS NOTES OF OHIO

Announcement of changes in the faculty of the College of Medicine, Ohio State University, will be made on May 2, following the meeting of the board of trustees. All present faculty appointments terminate June 1, and it is probable that several changes will be made. Dr. E. F. McCampbell, the new dean, has been working on reorganization plans since his appointment in February. His recommendations will be made to President Thompson, who will submit them to the trustees.

Miami County Medical Society, through a committee, has taken up with the county commissioners the matter of fees for county work. In Miami, as in many other counties, this medical service is being performed at a pitifully low rate. The committee made the commissioners a proposition whereby in the future physicians will care for the indigents at a rate approximating 50 per cent of the minimum fees charged in the regular fee bill.

A Clinico-Pathological Study of Poisoning by Bichloride of Mercury*

By S. A. Hatfield, M. D., Columbus

Resident Pathologist to St. Francis Hospital.

THE great increase in the number of suicides by bichloride poisoning in the past few years can possibly be accounted for by the ease with which this chemical can be procured and by the publicity given it in the newspapers as a suicidal agent.

Death, however, from bichloride poisoning is anything but easy. The victim may suffer from a few days to many weeks before death occurs.

The number of deaths from this poison in Ohio cannot be given as the poison causing death is not noted in the tables compiled by the Bureau of Vital Statistics. Lambert and Patterson in reviewing the suicidal deaths in New York City from bi-chloride found that only four were reported from 1890 to 1894 and 104 cases from 1910 to 1914, showing a very decided increase. They also found phenol and paris green on the decline, opium about stationary, and illuminating gas on the increase as suicidal agents.

The lethal dose of bichloride of mercury according to Sollman¹ is 0.18 gms. (grs). Recovery has occurred after the ingestion of eight and one-half grains and death has been reported from one to two grains. The wide variance in the amount necessary to produce death is influenced by the preparation taken, the condition of the gastro-intestinal tract at the time, the general physical condition of the patient, and the promptness with which treatment is instituted. A preparation that is not readily soluble, a full stomach, or a patient who is in good physical condition would tend to reduce the chance of death.

Barber² has shown by his special technic that bichloride is one of the most toxic of substances for the cell, and acts as a protoplasmic poison probably by combining with the protoplasm of the cell. The albuminates thus formed are soluble under the conditions which obtain in the body, i. e. the presence of a certain amount of sodium chloride and of a certain degree of alkalinity. As a result, it is readily absorbed and carried to distant organs.

Mercury is excreted to some extent by the urine but for the most part by the intestine altho a slight amount passes out in the saliva, sweat and milk. According to Sollman (loc. cit.) excretion from the kidney begins in about two hours and continues for a long time. It may be demonstrated at the end of eight days from the ingestion of a single dose.

Large doses of mercury may produce a paralyzing action directly upon the heart and blood vessels. No matter how it is taken mercury has but little effect upon the nervous system and con-

sciousness usually prevails to the end. The striking action, however, is its local effect which consists of a corrosion due to combination with the nitrogenous portion of the cell. Two deaths have occurred at the St. Francis Hospital from its local action on the alimentary tract, one from sloughing and perforation of the esophagus and the other from perforation of the stomach. If absorbed, the systemic action is most marked in the tissues of the organs by which it is excreted, notably the mucous membrane of the lower bowel, the renal epithelium, and the mucosa of the mouth.

The mode of excretion together with the manner of administration accounts for the burning sensation in the mouth, throat, and stomach seen early in these cases. The mercury readily enters into combination with the epithelium of the renal tubules, and in this way brings about the typical picture of tubular toxic nephritis (Mallory). This results in a decrease of the amount of urine excreted or even in complete suppression. Ptyalism results as it often does in patients under mercurial treatment. Since the lower bowel excretes the greater part of this poison, a colitis with ulceration is often produced and a pronounced diarrhea with watery, blood-stained stools follows. The local action of bichloride in combining with the cell protoplasm and thus causing a decreased oxygen content would in turn explain the increased pulse rate as an attempt to furnish more oxygen to the cell. For the first few days after the ingestion of the poison, the urine shows a low specific gravity, the presence of albumin, casts, leukocytes, and red blood cells. If the histological picture of one of these kidneys is recalled, the low specific gravity can easily be accounted for by the extensive destruction of the tubular epithelium. This results in a decrease in the amount of solids excreted as well as in a decreased urinary out-put. Adler³ has shown that bi-chloride of mercury is a very positive chemotactic agent. He found that a solution of this salt in a dilution of 1-3000 was much more actively chemotactic than pure cultures of pyogenic organisms. This serves to explain the presence of so many leukocytes in the urine.

Treatment: At the present date, there has been no specific treatment worked out. The idea of reducing the mercuric chloride to the mercurous chloride by the administration of calcium sulphid, sodium phosphite and so forth has been the one most used. While this may be possible in the test tube, it has not proved of great value practically. When coming in contact with the tissue, the bichloride is changed to an albuminate of mercury and is absorbed as such. While the change does not alter the toxic action of the poison to

*From the Department of Pathology and Bacteriology of the Ohio State University and the Clinic of St. Francis Hospital.

any extent, the local destruction of tissue is very materially decreased by this change. Egg albumen or milk are best given for this purpose. The stomach should then be thoroughly lavaged with water. If enough mercury has been absorbed to produce parenchymal changes in the kidney and cause a decreased urinary output, the next problem is to re-establish this function.

Lambert and Patterson⁴ outline the treatment now employed at the St. Luke's Hospital in New York City.

First; the patient is given every hour eight ounces of the following mixture:

Potassium bitartrate	1 drachm
Sugar	1 drachm
Lactose	½ ounce
Lemon Juice	1 ounce
Boiled water	16 ounces

Eight ounces of milk are administered every other hour.

Second; the drop method of proctoclysis with a solution of potassium acetate, one drachm to the pint, is given continuously.

Third; the stomach is washed out twice daily.

Fourth; the colon is irrigated twice daily in order to wash out whatever poison is eliminated in that way.

Fifth; the patient is given a daily sweat in hot packs. They report uniformly good results if the patient is received before there is a complete blocking of the urinary output. They advise that the colonic irrigation and stomach lavage be continued as long as the mercury can be detected in the washings. The test used by them for this purpose is the one described by Vogel and Lee⁵.

Briefly described this test is as follows: The material to be tested is acidulated with concentrated hydrochloric acid and boiled to break down the organic compounds. The organic material is oxidized with potassium chlorate and the chlorine is driven off by boiling. A piece of clean copper wire is then dropt into the solution and allowed to remain one hour or more. The copper wire is then removed and placed in a glass tube with a piece of gold foil. The tube is sealed and heated. The mercury, if present, will be deposited on the foil as an amalgam which can be readily detected microscopically.

The sugars in the treatment employed at St. Luke's probably act by inhibiting the absorption of water by those cells which have been attacked by the mercuric chloride. This is of especial importance in the case of the renal epithelium. Potassium bitartrate acts by dehydrating the cell of the intestinal mucosa and the renal epithelium. The potassium acetate acts, as do other neutral salts, by dehydrating the edematous cells of the kidney and thereby producing diuresis.

According to Fischer⁶ the benefit derived from the hot packs and sweating in these cases is not due entirely, as was once supposed, to the elimination through the skin, but to the dehydration of

the body cells thus permitting a better circulation to take place. While it is true that sweat does contain many of the same compounds chemically as urine, yet the total amount of solids thus excreted is small. The dehydration of the renal epithelium thus produced permits an increased blood supply thereby bringing about the conditions necessary for diuresis. The principles which are the basis of Fischer's treatment for nephritis are



Fig. 1. Low power micro-photograph from an acute case of tubular toxic nephritis following Hg Cl poisoning. Many of the tubules are blocked with degenerated tubular epithelium.

founded upon the fact that there is general swelling of the body colloid in the presence of acid. He says "An avoidance and removal as far as possible of every condition that favors the abnormal production or accumulation of acids in the kidney or of such other substances which in their effects on the colloids behave like acids should be the general rule for the prophylaxis and treatment of nephritis."

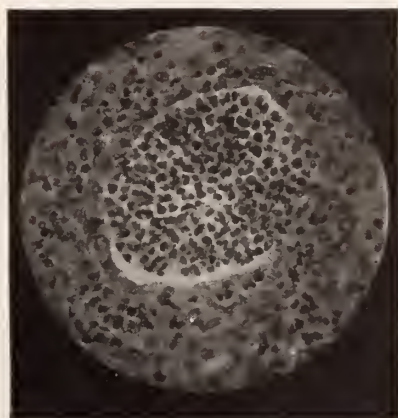


Fig. 2. High power micro-photograph from a sub-acute case showing tubule blocked with a pus cast.

The treatment, therefore, recommended by Fischer consists of rest in bed, the administration of an alkali, a neutral salt, waters, and in some instances sugar. The alkali is given to neutralize the abnormal amount of acid present in the kidney. Sodium chloride tends to counteract the changes induced in the cells by the acid and the

water is needed to create an excess over and above the amount necessary to saturate all the body colloids. Dextrose would also be indicated from carbohydrate starvation. Sugars are also powerful in reducing certain types of increased hydration in proteins not produced by acids.

The following is a brief analysis of the cases of bichloride poisoning seen at St. Francis Hospital in the past three years. In 1913, seven

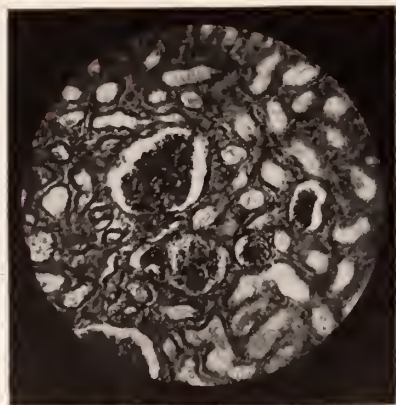


Fig. 3. Low power from same kidney showing retraction of the glomerular tuft from the capsule and lobulation of the tuft due to fibrotic change.

cases were admitted; five were females and two were males; six of these were between 20 and 22 years of age and one was 48. One death occurred on the third day after taking the poison. In 1914 eight cases were admitted; five were females and three males; seven of these were between 20 and 28 and one was 48 years of age. Five deaths occurred from one to nine days after admittance. In 1915, two cases were received, both females; the one 19 and the other 35 years of age.

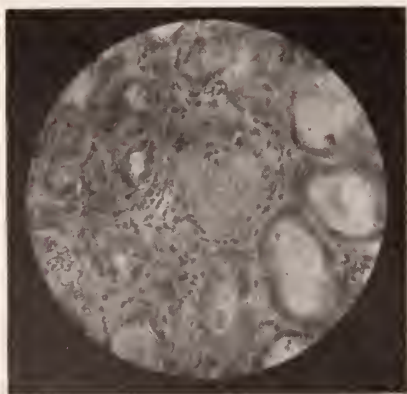


Fig. 4. Low power from same kidney showing a complete fibrosis of glomerulus. (Sections 2, 3, and 4 were taken from a sub-acute case of toxic nephritis following Hg Ch poisoning.)

A few of the cases left the hospital against advice on the second or third day. The others were kept under treatment as long as any evidence of the mercurial poisoning was present. The last case cited is the one I wish to report in detail.

Female, age 35. Married. One sister an inmate of the State Hospital, another a prostitute.

Past history; unimportant with the exception that she tried to commit suicide twice before with phenol.

Present history; admitted Nov. 25, 1915. Was said to have taken six $7\frac{1}{2}$ grain tablets of bichloride of mercury. Patient had vomited a number of times and was complaining of a severe burning in the throat and stomach. Egg albumin was given immediately and the stomach washed with a large volume of water. At the end of twelve hours patient had not voided any urine and only three ounces could be obtained by catheter. This was of high specific gravity and showed a large amount of albumin with many granular casts, pus and red blood cells. Fischer's solution was given per rectum by the drop method for the next 24 hours. A persistent diarrhoea then developed and the bowel movements were so frequent that proctoclysis had to be discontinued. Hot packs were given to produce sweating. A complete anuria was present for 72 hours. A few ounces of urine were then obtained by catheter which showed a low specific gravity, a large amount of albumin, granular and pus casts. The diarrhoea persisted for a number of days and then partially subsided. Fischer's solution was again given and the amount of urine gradually increased with an average daily output of from 800 to 1000 c.c. On the fifth day a mercurial stomatitis developed and patient complained of severe burning pain in the throat and stomach. Vomitus was dark in color and showed occult blood. In the third week, the vomiting became so severe that it was impossible for the patient to retain food. Opiates seemed to increase the nausea and vomiting. The temperature remained normal. Pulse rate was increased during the last week. Dyspnea was present the last few days. Death occurred on the 25th day. During the last week the urinary output was about normal in amount but still showed albumin, casts and red blood cells.

Autopsy No. 26.—Abstracted.

The body is that of a female 175 cm. in length. Fairly well nourished. Musculature fair. Mucous membrane of mouth shows an ulcerating stomatitis. The right lung shows a hypostatic congestion in the lower lobe and a small consolidated area in the upper lobe. Left pleural cavity is partially obliterated by dense adhesions, especially marked between the upper and lower lobes. Pericardium is normal. Myocardium of right ventricle is pale and flabby and measures 4mm. The left ventricular wall is firm and measures 15 mm. Valves are normal. Aorta and other vessels negative. Heart weighs 250 gms. Liver weight 1450 gms., surface smooth, color pale, and shows no marked change upon cut section. Mucosa of esophagus and stomach is hyperemic. The small

intestines are negative but the lower colon, sigmoid and rectum show an ulcerative inflammation. Feces are black in color, evidently from decomposed blood. The right kidney is greatly enlarged and of doughy consistency with a smooth surface. Capsule strips easily and on cut section the markings are found to be fairly well retained. Cortex measures 5 mm. Pelvis and ureter normal. The same findings obtain for the left kidney with the exception that the cortex measures 7 mm. and a calculus 1.5 cm. in diameter is found in the pelvis. The ureter is normal.

Anatomical diagnosis:

- (1) Ulcerative stomatitis.
- (2) Hypostatic congestion of right lung.
- (3) Dry pleurisy adhesions.
- (4) Chronic myocarditis
- (5) Ulcerative inflammation of lower bowel.
- (6) Parenchymatous nephritis.

St. Francis Hospital.

1. Text book of Pharmacology.
2. Barber, Jour Inf. Dis. 1911, p. 117.
3. Adler, Festschr. for A. Jacobi, New York, 1900.
4. Lambert and Patterson, Arch Int. Med. Nov., 1915.
5. Vogel and Lee, Jour. A.M.A. Col IXII No. 7, 1914.
6. M. Fischer, Edema and Nephritis, New York, 1915.

Observations on the Pathology, Diagnosis and Treatment of Tuberculosis of the Kidney

By C. Augustus Coleman, M. D.

Genito-Urinary Surgeon to National Military Home—Central Branch, Dayton, Ohio.

REGARDLESS of the fact, that this subject is literature burdened and time worn, I feel that in no department of Urology are mistakes in diagnosis and treatment more frequently made than in tuberculosis of the kidney. Nowhere are the results of inaccurate diagnosis and ill advised treatment more deplorable. The truth of this has so frequently been impressed upon me, that I am sure the medical profession cannot be too often reminded of the sources of error and of its duty in this field. Even with the marked progress which has been made in Urology during the past thirty years, with the introduction of new and reliable methods of investigation, many valuable lives are still lost as a result of disregard or neglect to give due consideration to a vast array of remote and minor symptoms, introducing as it were, the beginning of a tuberculous involvement of the kidney. Unrecognized or misinterpreted, the process moves slowly until the entire kidney is destroyed, the other one secondarily infected, the bladder thoroughly diseased and the patient worn out in agony as a result of the marked vesical irritability. It is therefore apparent that one must have a thorough comprehension of the bacteriology, pathology, and symptomatology of the disease.

ETIOLOGY.

The essential etiologic factor is, of course, the lodgement of the tubercle bacillus; but this primary factor is intimately related with two secondary considerations which are of great importance. These are: (1) Why the bacillus which causes the disease is retained and becomes active, and—(2) The route by which the organism reaches the site of its development.

1. Causes for activity of bacillus: Certain peculiarities are universally recognized. One is that the tubercle bacillus may be present in the urine of an individual without any symptoms referable to the urinary tract. A case has been reported by Rist and Kindberg¹ in which the patient died of an intercurrent erysipelas. Repeated

microscopical examinations of the sputum, failed to reveal tubercle bacilli, but on two separate occasions the injection of urine had caused tuberculosis in the animals. A necropsy revealed an apical tuberculous scar in one lung, but in no other part of the body could tuberculosis be found. Small fragments from the kidneys were introduced into guinea pigs but the results were negative. This led the authors to believe that the tubercle bacilli were received by the kidneys and allowed to pass without producing lesions. Foulerton and Hillier² also report that in nine of eighteen cases of severe pulmonary tuberculosis, tubercle bacilli were found in the urine by guinea pig inoculation. Six of these nine died later and the kidneys showed no sign of tuberculosis. These case reports constitute a convincing argument that the mere presence of tubercle bacilli in the kidney is not always sufficient to produce an infection unless there is a pre-existing localized lowered resistance of the area invaded.

Another interesting observation is, that fully eighty per cent of the cases of tuberculosis of the kidney are unilateral at the outset, and that the right side is three times more frequently involved than the left. If sufficient time is given for development, each one of these cases will eventually become bilateral, no doubt due to the increased functional activity required by the healthy kidney, as well as the excretion of toxic products from the diseased organ, causing a low grade of nephritis in the healthy kidney, which is a fertile field for the growth of the tubercle bacillus. In order for the tubercle bacillus to become active within the kidney, a localized congestion or hyperemia must already exist. It seems strange therefore, that a unilateral tuberculous infection should be of such frequent occurrence that one kidney, especially the right, should suddenly develop a resistance lower than its mate, thereby making an infection possible. The virulency of the germ counts for little as it passes through the kidney unless it

comes in contact with a receptive field. Thomas³ explains this on the basis of a "locus minoris resistentiae," due to traumatism—an ideal explanation, providing a reason is forthcoming for the traumatism.

The writer is convinced that the predominating cause of infection is anomalies of the blood vessels supplying the kidney structures, interfering with the circulation to such a degree that over-exertion, toxic products in the blood stream, etc., bring about localized congestion, hypermia or stasis of the minute terminal blood vessels.

Post-mortem examinations were made of the kidneys in twenty-six subjects. Sixteen showed circulatory abnormalities in the right kidney, while the course of the blood vessels in the left kidneys was normal except in three. In the study of seven tuberculous kidneys in which the tuberculosis process had produced alterations of but slight extent, I found in three cases that the blood vessels supplying the area involved were anomalies.

2. Routes of Infection: The next question to be considered, is the route or routes by which the organisms reach the sites in which they develop.

The kidneys are rarely if ever the site of primary development of tuberculosis; when they are attacked, the tubercle bacillus is carried either through the arterial blood stream or lymph channels from some more distant infection. The primary lesion is often hard to locate, but its existence may be safely assumed when we consider that at least 70 per cent of children have had tuberculosis in mild degree, and recall the frequency of an apparently healed small focus of tuberculosis in the lungs. Due consideration must be given to the possibility of tuberculosis of the lymph glands being of primary origin especially in the cervical, peribronchial and mesenteric. In long standing cases the glands become shrunken, more or less fibrosed and the bacilli are walled in until the gland is either secondarily infected, traumatized or intensely inflamed by toxic substances, producing sufficient cellular disintegration to permit the escape of a few imprisoned germs into the blood stream.

Much controversy has arisen over the question of infection of the kidney by extension of the process from the lower urinary tract. In order to travel against the urinary current the motility of the tubercle bacillus must be more highly developed. Young⁴ failed to get reflux in dogs' ureters by injecting and distending the bladder with colored solution. Albert Cayle⁵ injected a culture of tubercle bacilli directly into the bladder of rabbits which enabled him to produce tuberculosis of the bladder, but in no case an ascending infection of the kidney. Albarran⁶ was able to produce an ascending tuberculosis of the kidney by tying off the ureter and injecting tubercle bacilli into it above the ligature. One case has

been observed by the writer in which the patient on examination was suffering from tuberculosis of the bladder, secondary to an ascending infection of the epididymis. Cystoscopic examination also showed multiple papillomata springing from the bladder wall surrounding the right ureteric orifice, completely obstructing it from view. This patient gave a history of blood in his urine at intervals for five years, but suffered no urinary symptoms until two years ago when he noticed pain, and tenderness in the right epididymis. A year later he began to notice pain in the bladder and frequent urination. At this time the cystoscope revealed the above mentioned condition. Tubercle bacilli were found in the urine. The patient would not submit to any surgical interference and went west. In about eighteen months he began to have a dull aching pain in the upper right quadrant region. He returned home, but would not submit to an operation and died nine months later from pneumonia. Autopsy showed the right ureter to be tremendously dilated with a diffuse tuberculosis involving its entire length. The kidney was also tuberculous, there being a slight involvement of the pelvis and calices. The left kidney, as well as the other organs of the body were free from tuberculosis. A section was made from the bladder tumor, which showed it to be a benign papilloma, instead of an inflammatory infiltration.

I cannot say whether this case was one of an ascending infection due to an obstruction at the uterine orifice, but from the clinical history it appears plausible.

PATHOLOGY.

The first question in pathology is the exact location at which the infection begins within the kidney. If the entrance is through the arterial blood stream, as it is with rare exception, the organisms are carried to the terminal vessels. The small capillaries of the glomerulus seem to be the common site of selection. If a lowered local resistance is present, due to abnormal circulation, injury, previous infection or obstruction to the free exit of urine, the first change is a hyperplasia of the endothelial cells lining the blood vessels. The bacilli pass out of the blood vessels between these cells into the connective tissue, where are formed small masses of lymphoid cells which soon become epithelioid cells. A tubercle is started in the tissues around the blood vessels. As this small tuberculous follicle enlarges, others appear around it, and amalgamating may form a mass of appreciable size,—so large as to be apparent to the naked eye as a tiny white spot. The process may be general or localized at one point, and the size of the individual tumor masses is determined by the number of tubercles present. Coincident with the development of the follicles, changes appear in the center of the follicle and at its periphery. The central change is one of caseation; the peripheral change is an attempt at fibrosis and localization of the follicle. If the central change is

marked and the peripheral one inconsequent, the caseating disease extends rapidly throughout the kidney, forming large cavities. If, on the other hand, the peripheral change is more evident, the disease remains localized as an "encysted tuberculosis." However long this infected area may remain walled in, the post mortem table has never shown a spontaneous cure.

In addition to the above described course, whereby the tubercles fuse and form nodules which undergo caseation, become confluent, form cavities and infiltrate in the direction of the pelvis or capsule, or both, the tubercles may be disseminated throughout the parenchyma, with little tendency to caseation, but on the contrary, a formation of other new connective tissue resulting in fibrous degeneration.

With the foregoing general description, we may summarize the pathology of tuberculosis of the kidney by classifying the different types according to certain distinct morphological features, as well as certain characteristic differences in symptomatology and prognosis. They are, (1) miliary tuberculosis, which is simply a part of general miliary tuberculosis, involving both kidneys along with the other organs of the body. It is of no interest from a surgical standpoint. (2) Nodular tuberculosis,—(3) The cavernous, cheesy form, the most common, the so called surgical variety. (4) Ulcerative tuberculosis of the papilla, frequently called the bleeding type.

SYMPTOMATOLOGY.

If renal tuberculosis could not be recognized until a diagnosis was made by general symptoms, the death rate would be seventy per cent as compared with fifteen per cent, when the disease is recognized during the early stages, and efficient and intelligent treatment can be instituted. It is indeed surprising, how often, with a severe renal tuberculosis the general condition of the patient may for a long time be uneffected. Only recently, this was demonstrated in a case where the patient had suffered from kidney and bladder trouble for five years, and on operation, it was found that the renal substance of the right kidney had been completely destroyed. His general health was good, and in fact he gained in weight during the past year.

Unfortunately, symptoms at the onset of this disease are usually lacking, or very remote. In some cases there is a slight pain in the lumbar and sacral regions, occasionally colicky abdominal pain, intercostal and lumbago abdominal neuralgia, and rarely the kidney itself is tender. Therefore with no local symptoms referable to the kidney, the practitioner is misled and treats the patient for "lumbago," "liver trouble," or "indigestion."

Perhaps the most common and first characteristic symptom of renal tuberculosis is vesical disturbance, first manifested by the frequent passage of urine at night; after several weeks, pain develops and is usually most severe at the time

of voiding or at the end of micturition. In at least eighty-five per cent of the cases which have come under my observation, the initial symptom was vesical irritability, and in each instance where the case had been under the care of a practitioner, it led him astray and involved the patient in a long course of painful bladder treatments, yielding no results. Every patient complaining of painful urination and vesical distress over a period of several weeks, for no obvious reason, should be questioned carefully, with the possibility of renal tuberculosis in mind.

As the disease progresses, the symptoms become more pronounced. The vesical irritation increases, often becomes so acute that the patient is compelled to pass urine almost constantly. Pain and tenesmus are intense. The urine may be clear or contain a dirty grayish sediment, due to pus. Hematuria may be present, coming on suddenly and disappearing the same way. The patient may have attacks of renal colic due to temporary occlusion of the ureter. Occasional fever, night sweats and loss of weight may appear as initial symptoms, but only in rare cases unless the disease be of the miliary type.

DIAGNOSIS.

It is strange, but true, that in 90 per cent of the cases which present symptoms suspicious of kidney or bladder trouble, renal tuberculosis is the last disease to be considered. If the patient is a male, and complains of vesical irritability and perineal pain, his prostate is massaged. The female is informed that she has a misplaced uterus or ovarian trouble and the bladder symptoms are reflex or due to extra vesical pressure. An operation is advised. If pus is found in the urine, the case is diagnosed as cystitis, and the patient given a long course of bladder treatment; if the urine is tinged with blood, renal or vesical calculus is the cause. Dull aching pain in the back is "lumbago"; if the pain is acute and colicky in character, the patient is passing renal stone. Thus the patient grows from bad to worse until characteristic general symptoms develop, signifying tuberculosis. Convinced therefore, of the prevalence of this disease, and the urgent necessity of an early diagnosis—why should we not reverse the system of examination and let tuberculosis be foremost in our minds and the first disease to be eliminated in checking up the case?

Valuable as the clinical symptoms may be, the only sign which is absolutely diagnostic, is the finding of the tubercle bacillus in the urine. The localization and degree of involvement are to be determined by cystoscopy, ureteral catheterization, radiography, pyelography, kidney functional tests and lumbar incisions. A chemical and microscopical examination of the urine often gives no indication of the disease, especially during the stage of invasion. There may be a trace of albumin, white and red blood cells, and a few renal and pelvic epithelia, suggestive of renal congestion. In the de-

structive stage, the urine may resemble that of nephritis, plus pus, and if sent to the laboratory, the report comes back as cystitis or pyonephritis. Therefore the presence or absence of the tubercle bacillus must be ascertained.

Various staining methods have been introduced to demonstrate the tubercle bacillus, but so much difficulty is experienced in finding the germ in the urine of reno-vesical tuberculosis, that the test is unreliable. Often it is impossible to differentiate the tubercle bacillus from other acid-fast bacilli, especially the smegma bacillus. Careful work has shown that no staining methods differentiate tubercle and smegma bacilli,—therefore a more reliable test must be used, and that test is "animal inoculation."

I make it a routine practice in all cases that present symptoms suspicious of renal tuberculosis where it is impossible to find tubercle bacilli in the urine, to collect a fresh specimen and inject the washed sediment into a guinea pig, using the Block method, which is vastly superior to any other method as there is no danger of killing the bacilli by heat, also the time is reduced from six weeks to eight days, at which time the pig can be killed and examined for tuberculosis.

The antigen reaction of Dabre and Peref which seemed to be full of hope, has not given me a single precise result, and it seems impossible to get a good antigen, although I have been working at it for the past year. Neither is tuberculin of any diagnostic value in renal tuberculosis. The bladder symptoms may be aggravated following an injection with nothing to signify that the kidney is affected.

In addition to the presence of tubercle bacilli in the urine, there are many other findings which render the probability of tuberculosis very great, and which in some cases form a basis of complete diagnosis: e. g. a chronic acid cystitis which has started insidiously and resists all ordinary medical treatment, is highly suggestive of kidney tuberculosis and still more so when there is evidence of tuberculosis elsewhere in the body.

To the expert in cystoscopy, the diagnosis may be surmised with absolute certainty. It frequently happens that the cystoscope reveals an intra vesical picture pathognomonic not only of tuberculosis of the bladder but also of the kidney above, primarily affected. In the early stages of renal tuberculosis before the bladder becomes secondarily involved, the vesical lesions may appear inconspicuous. There may be a slight hyperemia at the base of the bladder, due to irritating toxic substances in the urine, originating in the diseased kidney, but if the bladder is infected, the mucus membrane becomes edematous and ulcerations may form in the region of the trigone. The appearance of the ureteral orifices often indicates which kidney is affected. Marked tuberculosis existing around one ureteral opening, while the rest of the bladder is normal, strongly suggests a

diseased kidney above it. Frequently the ureteral meatus is concealed in a mass of granulation tissue or becomes stenosed making it impossible to catheterize the ureters. If the condition is bilateral and it is impossible to determine the operability of the respective kidneys by cystoscopy or chromoureteroscopy an exploratory examination of each kidney should be made; e. g. each kidney should be delivered and its entire surface and more particularly its pelvis, and its ureter viewed and palpated for pathologic changes. By the adoption of such measure, and the extirpation of the kidney most involved, the patient may be greatly benefited.

To determine the involvement of one or both kidneys, the ureters must be catheterized; although discretion should be used in this procedure. The question has been discussed pro and con, concerning the danger of implanting tubercle bacilli in a healthy kidney by transmitting the organism from a tuberculous bladder by the ureteral catheter. Personally, I feel there is little if any danger in infecting a kidney by this method; although sufficient care should be exercised to avoid passing the ureteral catheter into the pelvis of the kidney, as it is unnecessary in order to collect a specimen of urine for microscopical study. Another question is, what importance should be attached in finding tubercle bacilli in a catheterized specimen with the possibility that the bacillus may have been carried into the normal ureter from an infected bladder by the catheter itself. In the primary stage of renal tuberculosis, before there are any symptoms referable to the diseased kidney the only diagnostic method which we have at our command is to catheterize each kidney and collect separate specimens of urine and examine for tubercle bacilli. Before ureteral catheterization the bladder should be thoroughly irrigated with a weak solution of phenol which minimizes the danger of carrying the infection. In a well advanced case of renal tuberculosis there are invariably symptoms referable to the diseased kidney; therefore the finding of one or two bacilli in the urine from the opposite kidney as I have sometimes observed, has never made me conclude careous deposits have occurred in the tuberculous and has never allowed me to reject an operation.

Another important aid, especially in the differential diagnosis between calculus and tuberculosis is radiography; it may deceive, however, if calculus deposits have occurred in the tuberculous area, nevertheless, I consider it criminally negligible to submit a patient to nephrectomy without having first made an X-Ray picture of both kidneys. Only recently I was consulted in a case, in which the surgeon had neglected to do this, and seven weeks following the nephrectomy, the patient had an attack of renal suppression lasting thirty-six hours when she passed a small calculus. During the following two weeks she had several attacks of sudden anuria and had passed seven-

teen stones. When I saw the patient she had had a complete suppression of urine for twenty-six hours, and at the end of forty-nine hours she passed a small stone about two-thirds the size of a pea.

Pyelography should never be used in the diagnosis of suspicious tuberculosis. Although if a tuberculous kidney is to be removed, it may be of some assistance in the interpretation of the living pathology.

The tests employed in estimating the functional capacity of the kidneys are phenolsulphonethalein, indigo carmin, cryoscopy and urea determination. Thomas⁷, prefers indigo carmin by the method of chromo-ureteroscopy. He reports a series of 200 observations by this technic, where the interpretations with respect to diagnosis and prognosis have been almost infallible. The author suggests that different tests be employed in case there is doubt, relative to the functional capacity of a kidney.

TREATMENT.

The only satisfactory treatment of renal tuberculosis is nephrectomy, and should be carried out just as soon as a positive and complete diagnosis is made; as it has been the writer's experience, that cases operated on while the disease is limited to one kidney invariably get well, whereas, if operation is delayed until bilateral tuberculosis exists, sixty-five per cent of the patients die within the first year.

According to Israel, tuberculosis of the second kidney is produced in 29.2 per cent out of 100 non-operated patients, whereas in 1002 observations on nephrectomy the same author saw tuberculosis attack the second kidney in only 13 patients, a proportion of 1.6 for 100. Therefore, with statistics so clear and convincing, the writer feels that there are no contraindications for nephrectomy in renal tuberculosis, except, when the patient is suffering from a generalized tuberculosis, or when both kidneys are badly diseased. Even in cases of bilateral tuberculosis, nephrectomy should play an important role, since the removal of the kidney most affected has a favorable and incontestable influence on the remaining kidney. Therefore, since operation is the only treatment at our command, it behooves every surgeon if he wishes to decrease his mortality, to determine first the functional capability of the kidney which is to sustain the life of the patient. Second, he should make a skiagraph of the healthy kidney, and if a stone is revealed remove it, thus restoring the kidney to good function before the diseased kidney is removed. Third, when possible, a uretero-pyelo-graph should be made of the diseased kidney, as it is invaluable in deciding the management of the ureter after nephrectomy. Fourth, special care should be given to the ligation of the pedicle, as the most common avoidable cause of death following nephrectomy is secondary hemorrhage, due to a bleeding vessel which has been overlooked at the time of the operation, or vessels improperly ligated which commence to bleed after

the patient has been placed in bed and the normal vascular tone has been restored. Fifth, give proper attention to the ureter after nephrectomy, to avoid wound infection with tuberculosis and sepsis. Sixth, avoid injury to surrounding important structures, which is apt to occur in the attempt to secure the pedicle for the purpose of ligation, especially when the vascular pedicle slips from the retaining forceps.

The general practitioner is under great responsibilities in renal tuberculosis, as this disease so often masquerades under misleading symptoms finding expression remote from the kidney, and making the diagnosis, so essential to protect the patient against disastrous complications, exceedingly difficult. Therefore, it is his duty, first, to recognize the disease in its incipiency and, secondly, not to waste time by treating the case by tuberculin, climatotherapy, heliotherapy, etc., when a cure might have been effected by nephrectomy. After operation, the patient should be placed on tuberculin if morbid foci still remain in the urinary tract or in other organs, the dosage to be regulated as I have described elsewhere.

BIBLIOGRAPHY.

1. Rist and Kindberg: Presse m'ed., 1914. P. 177.
2. Foulerton and Hillier: Brit. Med. Jour., 1901, ii, 774.
3. Pem. Med. Jour., June, 1914.
4. Young, H. H.: Hydraulic Pressure in Genito Urinary Practice, Especially in Contracture of the Bladder, Bull., Johns Hopkins Hosp., May, 1898. P. 100.
5. These de aris, 1887.
6. Physiologic pathologique des rétention rénales, Tr. Assn. Franc. d'urolog., 1897-1901, ii, II; Anatomie et physiologie pathologiques de la rétention d'urine, Arch. de m'ed. expér. et d'anat. path. 1890.
7. Journal American Med. Assn., Jan. 18, 1913. P. 185.
8. Ohio State Medical Journal, May, 1913.

972 Reibold Building.

Seeks Members for Amer. Pub. H. Ass'n.

Drs. J. H. Landis and W. H. Peters, of Cincinnati Health Department, are conducting an active campaign to enlist new members in the American Public Health Association, which holds its annual meeting in Cincinnati next October. An invitation has been issued to a number of city and village health officers to become affiliated with this organization. Its membership includes the health officers of the leading cities in the United States and Canada, the executive officers of most of the state and provincial health departments and the leading officials of the United States and Canadian government health services, and in addition to these many bacteriologists, chemists, sanitary engineers, and sociologists. Within the association are six sections composed of members who are peculiarly interested in the special phases of public health. The various interests thus represented are indicated by titles of the sections: Public Health Administration, Laboratory, Sanitary Engineering, Vital Statistics, Sociology, and Industrial Hygiene.

Medicine and the Public*

By J. W. Clemmer, M. D. Columbus, Ohio

MEDICINE presents two elements. One relates to the development and dissemination of scientific knowledge, the other to the work of the profession as an organized body. In other words, organization work, or medical economics, includes all duties and activities of the profession not related to the scientific side of medicine.

The more important subjects of organization may be mentioned:

Medical service in courts of justice, in public institutions and public offices.

Co-operation with local and state health authorities.

Support of the State Medical Board.

Active support of medical societies.

Elevation of the standards of medical education.

Public health education and legislation.

Medical practice legislation.

Vital Statistics.

Hospital and dispensaries.

Lodge and contract practice.

Legal defense of practitioners.

Co-operating collection agencies.

Qualification, hereafter of candidates for special practice, by special degree or examination before the State Board.

Workmen's compensation insurance against accident and, as now proposed, against sickness.

Medical Sociology.

Hospital facilities providing a co-operative system among specialists for services to pay-patients of moderate means.

Defense of the medical and sanitary interests of the public.

Instruction of the laity in medical affairs.

Discipline of members of the organized profession for violation of medical ethics and medical laws.

This list is not complete, yet these subjects with their subdivisions display a wide scope of professional interests. It remains to be seen how this group of subjects is related to the medico-public interests. Please note that by the term, "medico-public interests" is meant that the medical and sanitary interests of the public are mutual and identical with the interests of the profession as an organization.

There is a wide difference between trade organizations and professional organizations. Trades exist to make money; professions exist to benefit mankind. A profession should not and could not exist as such unless its activities were directed primarily to the general welfare. The professions

are called noble because they give to the world the fruits of their labors without price.

Every profession bequeaths to the public the results of its labors. This means progress and human betterment. Right relations between the professions and the public promote common interests. This is true of medicine, dentistry, journalism, law, music, education, fine arts, architecture and all the rest. The organization side of each, like the technical, looks primarily to the public good. In these stirring times the benefits of scientific research are placed in command of every community and every citizen. All interests, civic, social and industrial, from garbage disposal to religion are benefitted by professional organization. Progress comes of scientific research handed on to the people, free as air, through the efforts of professional organizations. Science has been put to work for the public welfare. The press, university, government and philanthropy have joined professional organizations in promoting general welfare from scientific knowledge.

In this easy flow of multiple benefits to the people from professional organizations there is no serious check by selfish designs excepting in the instance of medical practice. The flow of therapeutic aid to the sick from sources of highest technique and knowledge is frequently misrepresented and diverted into commercial channels. The sick public is not receiving at the hands of the profession what it should.

This comes from the fact that the general and medical public do not protect their mutual interests. No other public interest is so besieged by enemies, well organized and financed. The agencies to traffic in disease, nostrums and all sorts of medical evil, exist in national, state, and local organizations. The large manufacturers of nostrums are collected under the name, "The Proprietary Association of America." The American Druggists Syndicate, the A. D. S., is capitalized for one and a half million of dollars to manufacture and advertise proprietary medicines. The A. D. S. goods are found in every town. There are forty A. D. S. drug stores in Columbus. "The String Drug Stores" likewise exploit diseases and their cure and educate the people in self-diagnosis and self-medication.

The anti-vaccinationists, the anti-vivisectionists and the American League for Medical Freedom go to multiply the agencies opposing medico-public interests.

Other organizations to divert the flow of therapeutic measures and surgical skill from the sick are the medical cults. As the result of pseudo-medical teaching, popular sentiment has gathered these cults into the fold of legalized, state honored practitioners of medicine. The consequence

*Read before the Columbus Academy of Medicine, Columbus, Ohio.

is that the regulation of medical practice in Ohio has been reduced to a farce.

When the public understands its medical interests there will be but one standard of qualification for all practitioners under a licensing board made up of educational men. Medical practice qualification is but a feature of state educational work. A sectarian medical board is out of joint with the trend of scientific medicine. Harmony and progress can exist only under a single standard and under an educational board instead of a sectarian board. This has been demonstrated. The big sectarians represented on the State Board were compelled to let down the bars to admit the sectarian lambs.

Organized medicine instead of extending to the general public the benefits of scientific research, on a parity with other professional organizations, must witness, under state provisions, a sacrifice of medico-public interests to spurious therapy from "finger surgery" to "absent treatment."

It should be stated in passing that it is not intended to dismiss all the so-called "drugless healing" without reservation. Manipulative methods and psycho-therapy have remedial values as taught in standard medical works. They merit more attention and application. When these two therapeutic agents are more generally practiced in selected cases and correctly taught by medical men, their kaleidoscopic daze in cult practice, under many absurd theories, systems, and doctrines will cease to confuse the lay-mind.

A further misguidance of the people in their medical interests is found in the fact that the fraud and evil of charlatanry and nostrums handed on to credulous invalids through publications go unchallenged and unpunished in a way unequaled in other forms of imposture.

Some of the outside agencies, wittingly or unwittingly, working the destruction of the public welfare have been cited. There remain for citation inside agencies working to the same end. Fee-splitting is well known to exist, even by open declaration, between members of the profession and between physicians and trades people.

The effect of such action on organization work is learned from an interview with the editor of the Cleveland Plain Dealer by the news editor of the State Medical Journal and published in the December issue. This interview presents the attitude of the press toward medical advertising and the medical profession. In effect it says to the profession: "It is useless and absurd for you to ask the press to cease medical advertising in the interests of the public so long as reputable physicians violate medical ethics and statutory law in the matter of fee-splitting, and go untried and unpunished by your organization." Reading between the lines of this interview the inference is plain; the medical profession, by action of unethical members, and the publishers are living in glass houses. Medicine is handicapped in its ef-

forts to correct abuses outside of the profession for the reason that some physicians are practicing equivalent abuses which it is requested shall be discarded by the advertising quack and the publisher.

It is absurd to ask the newspapers to eliminate medical advertising while members of the profession commit like offense against the sick public. So far as the organization work is concerned, offenders against the medico-public interest, whether in or out of the profession, belong to the same class. Physicians of this type, in other respects regarded as representative of the profession place the onus of their unethical conduct upon the entire profession, in any community, until the county organization takes official recognition of their offenses. Inaction is accepted by the public as quasi endorsement and not without reason.

In the citation of inside agencies this paper would be derelict if it did not make references to common reports that there exists between one class of oculists and opticians certain trade relations that are refused by other oculists as unethical. This fact faces the code of ethics which declares that to accept rebates on prescriptions is unprofessional.

The relation between organized medicine and the public, it is now evident, is disturbed by agencies working both within and without the profession.

Speaking now of the outside agencies; aside from the economic loss entailed, the loss through morbidity and mortality inflicted upon the public by pseudo-medicine and medical fakes, presents an important problem to medical sociology. Medical service to the individual, that is medical practice, should be as uniformly efficient and helpful for all classes, as the public health service proves to be. Medicine is father to both branches of practice, yet in medical practice the people are not receiving the benefits of scientific measures and methods as uniformly as they would were it not for organized opposition. Medical science and surgical art are not delivering the goods in full measure to cult-nostrum-charlatan-bound classes. Only thinking people get full benefit of medical science.

The problem of extending to the public information concerning their medical interests might be solved in a way similar to the methods used in extending scientific knowledge concerning other features of welfare work through university and foundation facilities. In this way the people are taught forestry, dairying, farming, animal industry, etc. The Carnegie Foundation for Teaching aided the A. M. A., to elevate the standard of medical education in this country. The next step would be to teach the people how to enjoy the benefits of such advanced education; to instruct them in their own medical interests; to teach them self protection against pseudo medicine and the unfriendly agencies.

Strength in medico-public affairs calls for the

co-operation of an enlightened public. The laity should realize that all medical laws, boards, colleges, institutions—all professional activities, exist primarily in their interests and merit their support.

Dr. Murphy in his presidential address said, "It is my belief that public instruction in medicine is one of the most important functions which the American Medical Association has to perform."

The A. M. A. is doing effective work in educating the public and if Dr. Murphy's words mean anything it is that the component societies should take up the work. Medico-public subjects are

more or less technical, requiring physicians to take the initiative. This can be done by public speaking, by semi-public meetings with medical societies, by a public-press bureau and by publications of local health authorities.

In the light of the potential values in therapeutics and surgical service withheld from many members of the sick public from neglect of organization work in this day of service to mankind the demand is made imperative that the medical profession get busy in medico-public affairs to keep step with progress and to maintain the traditions and ideals of a great profession.

Food Poisoning

H. D. Jackson, M. D., Circleville, Ohio

TO the difficulty of definitely fixing the responsibility, is due, I believe, the fact that we know so little of food poisoning.

Occasionally we read of or see one who erroneously thought he knew a poisonous mushroom when he saw it, or the patrons of a church social who partook too freely of ice-cream made from donated milk; or a whole family, except the disobedient boy sent to bed without his supper, who were poisoned by eating canned salmon. These cases are the exceptional ones and stand out prominently from the myriad of obscure cases of diarrhea, nausea and vomiting, cramps, etc., to whom we give calomel, prescribe salts and go on our way after staggering the family by our learned diagnosis (by deduction) that "you have eaten something that you 'hadn't orter'". Our patient or patients may have eaten in the preceding twenty-four hours several kinds of meat and a half dozen or more varieties of vegetables. How are we to say which thing caused the trouble? and you may add, how much better off would the patient be in nine cases out of ten, if we did know? Yet I believe that the one case in ten needs more knowledge of his ailment than we are usually prepared to give him.

Again, we may see one of these cases and with a different train of thought ruling our decision for the moment, we assure him that an acid and fat free diet for a few days together with "one of those tablets after each meal" will make him all right. And the fortunate thing is that, largely I believe, though the efforts of our most able colleague, Dr. Nature, the patient, whether given a purge or an antacid, does get well and this satisfies us that whichever our decision might have been, we were right.

I do not mean to say that every case of diarrhea or vomiting is one of food poisoning but I believe that many true cases are overlooked and we blame the stomach for something that should properly be referred to the patient's head, that has erred in the choice of food.

Blackader, of McGill University, in a recent monograph, says: "The healthy conduct of the digestive process depends in the main on the perfect correlation of three factors: proper food, the secretion of active digestive ferments and the proper evacuation of the waste products," to which we must all agree.

The character of the food determines to no small extent the motor activity of the digestive tract. Too much or too irritating food may cause diarrhea, too little or too concentrated food may tend to constipation.

The alimentary canal contains many bacteria, which under normal conditions are not only non-pathogenic but of which some are even materially concerned in the economy of digestion. These bacteria we believe to be largely under the control of the secretions, but, if by insipid and unappetizing or insufficient foods we lower the activity of these secretions, we allow the bacteria to run at large, as it were, permit their increase in number and in virulence until we find ourselves dealing with a truly pathogenic organism.

Many foods, in themselves not toxic, may by chemical or mechanical action so damage the lining membrane of the bowel as to permit untoward action of the contained bacteria. When irritating food has a toxic action of its own the damage is, of course, greatly increased.

In considering poisonous foods we must make allowance for the idiosyncracies shown by some individuals for such foods as milk, cheese, eggs, veal, shellfish, strawberries, etc. These peculiarly susceptible ones may show symptoms varying all the way from urticaria to collapse after partaking of a food entirely harmless to the ordinary person.

Poisonous foods are usually divided into two classes: those having an endogenous poison and those having an exogenous poison. The first group are quickly disposed of by some authorities with the statement that they are not true foods. While this is undoubtedly true, unfortunately it does not prevent people from eating them.

The mushroom is probably the most important member of this class. A number of different poisons have been found in different varieties of the mushroom—the most common being an alkaloid, Muscarin, and a fungus atropin, these being found alone or in combination. Symptoms of poisoning by the first, Muscarin, come on quickly, from ten minutes to an hour after the mushrooms have been eaten and are, in varying degrees and modifications, salivation, vomiting, severe abdominal pain, diarrhea; later, cerebral excitement, visual hallucinations muscular cramps and sometimes epileptiform convulsions, depression, drowsiness, feeble pulse, slow and strenuous breathing and threatened death from cardiac paralysis.

Atropine is the antidote for muscarin and should be given promptly in 1-100 gr. doses with this chain of symptoms showing.

The two poisons, sometimes occur together and when, with some of the symptoms named above, we find a checking of the secretions, we should, of course, carefully avoid the use of atropine. Since Muscarin is freely soluble in water, apomorphine, when the case is seen early, may be given in sufficient quantities to thoroughly empty the stomach. Saline cathartics are contraindicated but castor oil in full doses may be given. Tannin in solution in doses of from ten to fifteen grains may be repeated four or five times if necessary. Cardiac stimulants, rest in bed and heat to the extremities are, of course, indicated. Morphine may be given for the relief of severe pain.

Other types of mushroom poisoning may be cared for along similar lines, with a caution in the use of atropine.

Certain roots have toxic principles. Among these may be classed green potatoes that have been lying on top of the ground or at least, partially exposed to the air and the old potatoes with the purple sprouts. Well authenticated reports of cases of severe poisoning from this ordinarily excellent food are at hand. The symptoms come on from two to twelve hours after eating with chilly feeling, severe headache, mental depression, some gastro-intestinal irritation, moderate pyrexia and sometimes jaundice. The treatment is eliminative and symptomatic.

The second group—or foods containing an exogenous poison—embraces the most important as well as the most commonly met food poisons. This group is further divided into irritative and infectious food. Under the first head is included those foods which have undergone some chemical change through their contact with some poisonous metal, the adulterated foods and those that have been treated with a preservative. Under the second head or the infective foods we have those which contain animal parasites, bacteria and the higher fungi.

The symptoms of poisoning of the first group are obvious (provided we are able to determine the direct cause) and the treatment is that of poisoning by the metal, preservative or irritant used.

Under the second head are the everyday poisonings by meat, milk, and milk products.

The most frequently offending micro-organism in meat poisoning is the *Bacillus Botulinus*, isolated by von Ermengen of Belgium. Symptoms in this type of poisoning are referable principally to the central nervous system; diarrhea and vomiting are often entirely absent. Marked constipation, congested mucous membranes, unquenchable thirst, dilated pupils, diplopia, ptosis of eye lids, paralysis of throat, extreme weakness, a slow weak pulse are some of the symptoms of a severe infection. Treatment is largely symptomatic—empty and wash the stomach, unload the bowel with calomel and salts, inject salt solution either subcutaneously or intravenously and administer cardiac stimulants as indicated.

In sharp distinction to this type is that caused by the colon, proteus and typhoid group, of which the *Bacillus Enteritidis* of Gaertner, the *Bacillus Proteus* and the *Bacillus Paratyphosis* are respectively of the chief importance. This group is resistant to heat, for while the life of the micro-organism may be destroyed by cooking, the toxin remains. Their symptoms are similar and are those of a severe gastro-enteritis and appear more quickly after consumption of food than do those caused by the *Bacillus Botulinus*. They are dizziness, colic, diarrhea and vomiting and prostration, with sometimes fever. Their treatment is eliminative and symptomatic. In all of these cases a high rectal enema of normal salt solution is of value. Strychnine and caffeine should be freely given and heat should be applied, particularly to the extremities.

It is our rather rare experience to see a case exhibiting any of the marked symptoms of these food poisonings, but in their modified form, I have no doubt that we meet them much more often than we recognize them.

In the light of our present day knowledge of food properties and food values, we are often extremely negligent in prophylaxis against food poisoning. It is my belief that in our search for some organic trouble in an obscure case we often overlook the possibility that our patient's ailment may be due to a poisonous food. Really, since most of us are eating or are striving that we may eat three square meals a day, it is rather incongruous that, figurative speaking, we should go miles out of our way in making a diagnosis, when the real fault is in the patient's choice of food or else in his choice of butcher, grocer or dairyman.

The Negro Health Problem in Small Cities

J. R. McDowell, Springfield, Ohio

Director Department of Public Health and Sanitation.

THE negro problem in small cities, is much the same as in large ones and in small towns and varies only in its size. There are, however, many interesting phases of the subject and much that surprises one in looking up the statistics.

I shall confine myself, in the short time allotted me, to the problem as it presents itself in our own City of Springfield, feeling that our situation is probably a typical one for a northern city of its size with a negro population sufficiently large to be a problem.

We had, in Springfield, according to estimated population for July 1st, 1914, 44,782 whites and 5276 colored, the colored population being approximately ten per cent of our total.

Chart No. 1 gives the estimated population, white and colored; No. 2 the white and colored birth and death rates for 1910-1914. The growth is practically the same in both races according to estimate, but according to our mortality and birth records, such is not the case. The colored birth rate for 1910-1914 is somewhat surprising, the birth rate falling below the death rate and far below the white birth rate. This low rate shows that either we do not get our colored births properly reported or, as I very much doubt, the colored births are falling off. We are checking up our births much more closely this year and giving especial attention to this phase of it in order to ascertain the real cause of these low figures.

CITY OF SPRINGFIELD, OHIO

CHART 1.

ESTIMATED POPULATION—WHITE AND COLORED—WHITE AND COLORED BIRTH AND DEATH RATES.

1910 to 1914

	White population	Colored population	White births per 1000	Colored births per 1000	White deaths per 1000	Colored deaths per 1000
1910	46,921	4,945		14.7	12.7	14.9
1911	47,705	5,028		18		16.5
1912	48,489	5,111	20.9	13.1	11.5	18
1913	49,273	5,194	22	14	12.8	18
1914	50,058	5,276	20.8	16.1	12.2	22.3

CHART II.

CAUSES OF DEATH AMONG COLORED POPULATION—1914.

Broncho Pneumonia	11
Lobar Pneumonia	10
Pulmonary Tuberculosis	13
Apoplexy	15
Chronic Nephritis	4
Valvular Heart Lesions	12
Cancer	4
Typhoid Fever	3

Small Pox	1
Measles	1
Whooping Cough	1
Other Diseases	43

Total 118

Out of eighty-five births in 1914, fifty-six were born in so-called streets, one not given, and twenty-eight or one-half on alleys,—of which I shall have something to say later. Seven were illegitimate and there were six still births. The births by months show nothing of any value. The age of the mothers and the number of children born to each bring out nothing unusual, the figures being about the same as with the same number of white mothers.

In comparing the white and colored death rate we again find a surprising difference. In 1914 the following diseases caused the 118 colored deaths with the number from each. (Chart No. 3). The pneumonias lead with 21 (broncho-pneumonia with 11 and lobar 10); apoplexy next with 15, tuberculosis follows with 13, and valvular heart lesions 12; 61, or over one-half, were caused by four diseases, all respiratory or circulatory. Tuberculosis as we should expect takes a large toll and is one of the principal parts of the problem.

CHART III.

COMMUNICABLE DISEASES—1914.

	Total	Among Colored	Per cent.
Chicken Pox	88	5	5.9
Diphtheria	66	12	18
Measles	101	8	8
Scarlet Fever	14	1	7
Whooping Cough	22	6	28
Pulmonary Tuberculosis	53	16	30
Small Pox	23	6	26
Typhoid Fever	30	4	13

In those dying from apoplexy, out of 15, two were between the ages of 30-40, one between 40-50, and six between 50-60, or nine out of 15 below 60. In the valvular heart lesions, out of 12, two were between 30-40, three between 40-50, and three between 50-60, or eight below 60. One cannot help assigning to syphilis some part in these deaths, which in such large proportion, occur at ages too early for the question of senility to have any great bearing.

Of the deaths occurring during the first year of life, seven occurred from broncho-pneumonia, two from lobar-pneumonia three from congenital debility, two were premature, one each from tuberculosis, tuberculous meningitis, convulsions (no other cause given), and one ill defined. The total deaths for June were 7, July 13, August 3 and September 12. You see that the infant mortality rate is not a great problem during the summer months.

but is mainly one of the pneumonias, most of which occur during the winter and spring. Again the proposition of housing occurs, 69 living on streets, 26 in alleys and 23 not given.

CHART IV.

PULMONARY TUBERCULOSIS AMONG COLORED POPULATION—1911-1914.

	Total Colored Deaths	Deaths from Tubercu- losis	Per- cent.	Total Deaths from Tubercu- lous	Col- ored Per- cent.
1911	83	20	24		
1912	92	10	10.8	62	16.1
1913	98	10	10.2	55	18.1
1914	118	13	11	57	23

The morbidity records for 1914 only date from April 1st, as no record of the names, ages, color, etc., seems to have been kept, prior to this time, or at least none could be found. (Chart 4 shows the morbidity records.)

Out of 88 cases of chickenpox occurring after April 1st, 5 or 5% were colored; of 66 cases of diphtheria, 12 or 18%; of 101 measles, 8 or 8%; of 14 scarlet fever, 1 or 7%; of 23 smallpox, 6 or 26%; of 53 tuberculosis, 16 or 30%; of 22 whooping cough, 6 or 28%; of 30 typhoid fever, 4 or 13%. This shows that a large percentage of our smallpox occurs among the colored. This is true of tuberculosis to a greater extent, as is also shown by the deaths—Chart IV. Out of a total of 57 deaths from tuberculosis in 1914, 13 or 23% were colored. The tuberculosis situation is a startling one. Whooping cough which probably caused some of our broncho-pneumonia is also very prevalent among this race and undoubtedly but a small per cent of our whooping cough is reported, as most of the cases recorded were discovered through the school and reported by neighbors.

The report furnished by the Associated Charities for 1914, which is the first year in Springfield that any systematic attempt has been made toward co-operation between the various charitable organizations, shows that of a total of 847 families furnished aid, 492 were white and 355 colored. Twenty-four deserted families were cared for, 9 of which were white and 15 colored.

The annual report of the Police Department for 1914 shows that of a total of 3116 arrests, 640 were colored and 1476 white, or more than twice as many per thousand of their population as of the whites.

What conclusions then may we draw from this collection of statistics—for it is only from such statistics that we may gain any knowledge of value in a problem of this kind. The question resolves itself, in my estimation, into one of education and housing.

The education needed is not just of the textbook variety but good sound instruction as to how to live and how not to live. Just such a campaign of education was carried out in our city this spring, in response to a call from Booker T. Washington for a national clean-up week among the

colored people. The four colored physicians organized their health week and came to the Health Department for assistance. Health bulletins were issued by the Health Department for distribution. Meetings were held in all the colored churches on two Sundays with talks by the physicians. We also had a mass meeting at the colored Y. M. C. A. with talks by members of the Health Department and white physicians. What struck me most forcibly at these meetings, was that the colored physicians could talk to their people in a different way than we could. They were of them and talked right from the shoulder, whereas, we were, in a way, compelled to modify our statements. As a result of these meetings, which by the way were enthusiastic and well attended, the Colored Federation of Womens Clubs has undertaken a contest this year among colored people, in cleaning up and beautifying their premises.

This seems to me to be the keynote of the educational program,—that it must come largely from their own ranks. They naturally resent statements coming from the white race as to their condition.

But of what avail will all the education be as long as they are compelled to live as they do in our city and, as I believe in most other cities? The statistics do not show the true conditions. A large percentage of our colored population lives in alleys, with their front doors facing the rear of stables. Their houses are poorly built, poorly lighted and poorly ventilated. The people are overcrowded and underfed. A great many of the so-called streets are no better than alleys. The classes of disease to which the colored people succumb, as shown by the morbidity and mortality statistics, are just such as you would expect—tuberculosis, pneumonias, whooping cough, heart lesions, etc., all diseases which, due to lowered resistance, brought about by their manner of living, tend to rapid advancement and consequently a high death rate. I cannot feel that it is all a racial susceptibility.

The solution of this part of the problem then, I think, lies in a building code prohibiting alley residences and establishing definite regulations as to the amount of space, to be occupied by residences and tenements, the amount of light and of ventilation. Also ordinances giving the Health Department power to condemn untenable houses. Such a code is now in process of construction in Springfield and a building department is to be added to our administration.

To summarize then:

- 1.—Our colored death rate is enormously high.
- 2.—The main causes of death are pulmonary and circulatory diseases in which lowered resistance plays a great part.
- 3.—The problem is first one of education in the right way of living, much of this education to come from their own ranks. Second—City ordinances abolishing alley houses and regulating construction of residences and tenements, and abolishing untenable houses.

Indications for Removal of the Eye

J. R. Mossgrove, M. D., Steubenville, Ohio

THE operation of enucleation of the eyeball and its two principal substitute operations evisceration and optico-ciliary neurectomy have only attained their proper place in ophthalmic surgery within the past century. The first recorded case of the attempted removal of an eye was by Lange in 1555. Since that time operations have been done at various times by different men, but in a very clumsy and unsurgical manner, and not until the time that Bonnett of Lyons, France, described his operative technique, based upon his studies of Tenon's capsule, was the very useful operation of enucleation placed upon a scientific and successful basis. The principal advance made by Bonnett was that the operation was performed with the preservation of Tenon's capsule and without injury to the soft part of the globe. Enucleation is the operation usually performed upon the eye. Optico-ciliary neurectomy and evisceration may be used instead in suitable cases, but never where there are any signs of sympathetic irritation or inflammation, or the eye contains a malignant growth. These operations need no description by me. The indications for their performance however often require the most careful consideration, both for cosmetic and visual reasons.

Eyes requiring removal may be conveniently divided into groups. In the first group I would place all those eyes with or without vision which are causing beginning symptoms of sympathetic irritation or inflammation. These eyes should be removed immediately in order to safeguard the integrity of the fellow eye. However, where there is already advanced sympathetic trouble before a case comes under observation, it is often a question whether the vision may not ultimately be worse in the sympathizing eye than in the exciting eye. These cases must be treated according to the symptoms peculiar to each. It would be manifestly improper to enucleate the exciting eye when the vision in the sympathizing eye was less than in the former. In this group I would also place all blind eyes, that have at any time caused sympathetic trouble. It is an unjustifiable risk to submit a patient to the ever present danger of an outbreak of sympathetic trouble in his remaining good eye, when such danger may be obviated by removal of the possible offender. These eyes are often seen after extensive ocular wounds and in cases having inextricable foreign bodies. In cases of eye injury suspected of containing an intraocular foreign body, an immediate diagnosis if possible should be made. Delay complicates the case and renders successful removal of the foreign body less likely. Where a foreign body from its physical character or from its location is not removable from the eye, no time should be lost in performing enucleation or evisceration. Eyes have been known to tolerate for a considerable time the presence of foreign bodies without causing much trouble. Eventually however such

eyes will cause symptoms making prompt removal of the injured eye necessary.

A second group of cases requiring prompt enucleation are those containing malignant growths, be they intraocular or epibulbar. The diagnosis being made these eyes should be removed without delay for fear of extension to the orbit, or, of the production of metastases in other parts of the body.

In a third group I would put all extensive injuries of the eyeball. These cases must be treated according to the location of the wound, its extent, and complications. Generally speaking wounds involving the iris and ciliary region are most to be dreaded, and if steady progress toward recovery is not made in these extensive injuries they will eventually need enucleation. Likewise eyes that have experienced an extensive loss of vitreous at the time of injury had better be removed. This class of cases often deludes us for a time into false hopes of a seemingly satisfactory progress, both as regards sight and healing; but later, repeated attacks of iritis and irido-cyclitis bring on intraocular adhesions, with shrinking of the vitreous, lowered tension, opacification of the lens, and a total loss of all vision. These eyes cause an infinite amount of pain and distress and may even lead to sympathetic trouble, and after great loss of time and personal suffering will eventually require removal. I do not want to be understood as advising immediate removal unless the extent, location and character of the wound precludes useful vision. However, a timely appreciation of reparative possibility is much to be desired and will be of great advantage to all concerned, whether it be patient, patient's family, employer, or the State Industrial Commission when the latter is concerned in the case.

A fourth group of eyes that should be removed are those showing extensive atrophy with or without calcareous or osseous degeneration. Such eyes are better out than in. They are of no service as regards vision, they usually interfere with the successful wearing of an artificial eye, and besides have latent and real possibilities for trouble involving the integrity of the other eye.

Another indication for the removal of the eyeball is found in acute suppurative panophthalmitis. Where care is taken not to rupture the globe there is little danger of causing any orbital infection and I have never had such occur. Many surgeons do not do enucleation in these cases but do the operation of evisceration.

These I believe are the principal indications for removal of the eye. Amongst other occasional reasons may be mentioned total extensive staphyloma of the cornea or the globe, those cases where the eye is sacrificed on account of operations on the orbit, and when for cosmetic reasons a patient may desire the removal of a disfiguring eye, preferring instead to wear an artificial one.

Local Anesthetics in Nose, Throat and Larynx Operations

Myron Metzenbaum, M. D., F. A. C. S. Cleveland, Ohio

A PATIENT undergoing an operation on the nose, throat, or larynx is subjected to the same shock and to the same risks encountered in operations on any other part of the body, and must be operated upon according to the same surgical principles that govern all operations.

At least a cursory physical examination should be made, to exclude gross lesions of the heart, kidney, pulmonary and respiratory organs; to discover an enlarged thyroid or thymus gland, or chronic or acute infections, diabetes, or hysteria, so that one may have a reasonable assurance that the local anesthetic will be absorbed and will react in a physiological manner, and that the patient will have a natural tolerance for the drug.

Crile has shown that the cortical brain cells are exhausted and disintegrated in the same manner and to the same degree by *fear* or *fright* as by *pain*, resulting in shock; therefore the success of an operation depends on how perfectly pre-operative fear is eliminated and how skillfully the anesthetic, whether local, general or regional, is administered; so that no painful impulses are transmitted from the field of operation to the brain during and, at least for a short time, after the operation. A general anesthetic puts to sleep only the motor areas of the brain, but the sensory areas of the brain still receive the painful impulses from the operated field. These can be eliminated by anesthetizing the field of operation with cocaine or novocain or by injecting these drugs into or around the nerve trunks supplying the field of operation.

Just as the **professional general anesthetist**¹ is recognized today; so the time will come when there will be **Professional Local or Regional Anesthetists**, skillful in injecting local anesthetics into the nerve trunks, to produce regional anesthesia. For example, a professional local anesthetist will inject the various branches of the facial nerve for operations on the face and especially the jaws and teeth, so that a dentist can either extract teeth or remove root nerves, or he will inject the axillary nerves or certain spinal nerves. No doubt in time it will become feasible to inject what we now look upon as deep seated nerve trunks.

A well administered local anesthetic like a well administered general anesthetic is a valuable factor not only during the operation, but also to the post-operative stage. The important factors of a local anesthetic are the prevention of fear, the perfect anesthetization of the field of operation, and at least a partial post-operative anesthesia, all to be accomplished by the application or injection of a drug or combination of drugs whose toxicity is within the limits of safety.

The prevention of fear and the quieting of the mind, so as to prevent brain cell exhaustion and

destruction is partially accomplished by the administration of scopolamin with or without morphine.

In 1901, after two years of experimentation and clinical tests, I introduced the use of scopolamin preliminary to both general and local anesthetics². At the present time its use has become almost routine.

Scopolamin acts as if it had two radicals. One of them is a decided brain sedative, for after the administration of a physiological dose of scopolamin, the pre-operative nervous fear and irritability is changed to calm and quietude, so that when desirable the patient may be placed directly on the operating table without the usual manifestations of fear and excitation. Scopolamin places the patients under a mild anesthesia; therefore, if used preliminary to ether or nitrous oxid oxygen gas they go under the general anesthetic more rapidly, show less resistance, require less of the anesthetic and awaken more rapidly. At the same time the anodyne effect lasts for several hours. With nitrous oxid oxygen gas, scopolamin gives greater muscular relaxation and a better vaso-motor tone.

In operations on the nose and throat under cocaine or novocain the preliminary administration of scopolamin is of the greatest value. The usual fretful, excited, restless patient becomes quiet, interested and helpful, so that in the removal of tonsil or foreign bodies from the throat the patient will often hold the tongue-depressor and be entirely free from the usual constant desire to spit, cough, gag or explode their breath.

In nasal operations the preliminary administration of scopolamin lessens the amount and strength of cocaine or novocain required and anesthesia of the bony areas is decidedly more effective, as in the opening of the antrum or sinuses.

When scopolamin is administered in physiological doses it seems free from any immediate or remote detrimental effects, while it quiets the patient, benumbs his sensibilities and lessens his irritability.³ In nasal, pharyngeal and laryngeal operations all manipulations result in a greatly increased amount of mucous which tends to wash away any anesthetic applied locally, and hinders its action by coating over the surfaces.

The action of the second radical of scopolamin is similar to that of atropin, checking the glandular secretion of the mucous membranes as much as the same dosage of atropin preventing excessive secretions.

The atropin radical does not check the secretion of the kidneys but it holds in check the mucous secretion during ether anesthesia.

In bronchoscopy there is less secretion to wipe away. In operations with local anesthesia

on the throat there is almost no saliva to annoy. In operations on the nose the abundant nasal secretion is lessened and the usual profuse discharge following any extensive nasal manipulation or operation is held in check for several hours.

The atropin radical, like atropin itself, prevents reflex inhibitory stimuli coming through the superior laryngeal nerve and its branches to the vagus. It is, therefore, of value if given before operations for the removal of adenoids, tonsils or operations around the base of the tongue, thyroid gland or larynx, in bronchoscopy, esophagoscopy and especially in removing foreign bodies from the pharyngeal or laryngeal region when there is considerable traction on the tongue. Since children tolerate atropin well, it may explain why they tolerate scopolamin so well.

PAIN: IN A FIELD TO BE OPERATED

The prevention of local pain is best accomplished by the application to mucous membranes, or injection of weak solutions of cocain or novocain into the tissues. The simultaneous contraction of the blood vessels whereby the rapid general absorption is prevented intensifies and prolongs the local action of the anesthetic. This local action is further intensified, by combining adrenalin or the synthetic compounds with cocain or novocain.

Adrenalin and the synthetic compounds produce a vigorous contraction of the capillaries and small blood vessels when applied locally to the mucous membranes or when injected into the tissues, thereby lessening the general absorption. When combined with cocain or novocain solutions the retarding of the general absorption intensifies and prolongs the aesthesia by rendering the action still more local and limited to the area of application or injection.

Adrenalin and the synthetic compounds are most powerful drugs and show an activity in strengths of one in 100,000. When injected into the circulation of animals the effects are 40 times as great as when injected into the tissues only. Therefore, the original solutions of 1-1000 should only be used externally on the mucous membranes. For injections 1-50,000 is sufficiently strong for capillary contraction. 10 minims of the 1-1000 solution is considered the maximum dose to be injected at one time.

Toxic symptoms of adrenalin are palpitation of the heart, oppression, difficult respiration. Adrenalin is specifically contraindicated in the very young, the aged and in those suffering with heart lesions and diabetes. If the strength of the solution be physiological the anemia will disappear gradually with a primary dilatation of the blood vessels, whose walls will return to normal. However, if strong solutions are used there results a vaso-motor paralysis, the vessels can not contract for a longer period, after which time secondary hemorrhage may occur.

The application of strong solutions of adrenalin to the mucous membranes or the injection of strong solutions into the mucous membranes or tissues may completely interrupt the circulation and result in sloughing of the area.

The vaso-constriction caused by adrenalin is of the greatest value in securing a bloodless operative field. Adrenalin itself has no anesthetic properties but its vaso-motor constricting action resulting in the blanching of the mucous membranes allays congestion and thus lessens the pain of inflamed tissues.

Adrenalin or the compounds are not altered by, nor do they alter cocain or novocain by being combined with them.

Light and air deteriorate adrenalin or the synthetic compounds and render them both inert and toxic. The synthetic compounds are the more stable and also better withstand a moderate amount of heating. The safest way of using either the organic or the synthetic product is in tablet form made into fresh solutions at the time of use.

COCAIN

The anesthetic action of cocain was discovered by Koller of New York in 1884. It is a very effective local anesthetic when applied or injected in the mucous membranes or when injected into the tissues or around or into nerve trunks. It paralyzes the nerve endings—the sensory fibres before the motor. It produces a fair degree of contraction of the capillaries, thereby retarding rapid general absorption and thus increasing and prolonging its own action.

When combined with adrenalin or the synthetic compounds of adrenalin, capillary contraction is increased, the general absorption further retarded, thereby prolonging the anesthesia and rendering the action more local and limited to the area of application or injection. In animal experiments I have determined that a 1-10 of 1 per cent, and at the highest $\frac{1}{4}$ of 1 per cent solution of cocain when injected is sufficiently strong to anesthetize effectively the mucous membrane, the skin, the deeper tissues and the nerve trunks, for a period of about 23 minutes.

When applied to the mucous membranes of the nose, throat and larynx, if there was a preliminary administration of scopolamin, then a 2—4 per cent solution of cocain combined with 1-3000—1-5000 adrenalin will render the area anesthetic. If a fresh solution of cocain is prepared with sterile water, in a sterile bottle and heated gently for a few minutes, it will be practically sterile and will have undergone no material change, and if the field to be injected and the syringe be sterile it can be used for deep injections. On prolonged boiling cocain liberates or decomposes into benzoic acid and methyl alcohol. On standing it also decomposes, forming flocculent particles.

Many patients manifest a decided idiosyncrasy to cocain. The toxic symptoms are often precipitated without notice or warning in a manner

similar to the sudden action of chloroform. This toxicity of cocain is in a measure controlled by combining it with adrenalin or the synthetic compounds of adrenalin, for they lessen the rapidity of absorption.

Patients lying down less often have the so-called cocain symptoms than when sitting in the customary upright position for nose and throat operations, which shows that the so-called cocain symptoms are a combination of cocain effects plus cerebral anemia, resulting from fear. The preliminary administration of scopolamin lessens the cocain symptoms by preventing the element of fear.

Ether inhalations and ether by hypodermic are effective in overcoming the toxic action of cocain or even the convulsions.

Even in the hands of the experienced, unexpected toxic effects arise when using cocain in the weakest solutions possible and so for many years a drug or chemical was sought which would have the same anesthetizing power as cocain with far less toxicity. In 1905 Einhorn produced the synthetic compound known as novocain. After ten years of experience the unanimity of opinion is that when novocain is injected it can be used wherever cocain was found applicable, that its anesthetic properties are equal to those of cocain, while its toxicity is only *one-seventh* as great.

Physically novocain is similar to cocain, is soluble in equal portions of water, can be heated any number of times up to 120° without decomposing, does not undergo change upon standing. When injected it is as rapid in its anesthetic action as cocain and lasts about 23 minutes, and likewise it causes a contraction of the capillaries, retarding its own general absorption, thereby increasing and prolonging its own action. When combined with adrenalin the capillary contraction is increased, thereby further lessening its absorption, prolonging its action, and tending to limit it to the area of injection.

The superiority of novocain over cocain is that when injected it has no chemical necrotic action on either the mucous membranes or the tissues. It has no secondary toxic effects on the circulation or respiration, it does not produce dilatation of the pupils (mydriasis), nor does the drug habit ever follow its use. It can be injected with safety in solutions of $\frac{1}{2}$ —1 per cent up to a quantity of *five to seven grains*. At the present time novocain approaches closely the ideal local anesthetic.

Quinine and urea-hydrochloride when applied locally to the mucous membranes of the nose or throat has no anesthetic effects but leaves a disagreeable taste. When combined with cocain or novocain solutions and injected either into the mucous membranes or the tissues, it produces a lasting anesthetic effect for from several hours to a day or even more. When injected into the mucous membranes quinine and urea-hydrochloride in strength as low as 1-20 of 1 per cent produces

an œdema and infiltration lasting for 2 or 3 days or longer. This condition borders closely on sloughing, and often produces a sloughing. When 1-20 or 1 per cent of quinine and urea-hydrochloride is combined with either cocain or novocain and injected into the comparatively loose tissues of the tonsillar pillars, for tonsil enucleation it produces an œdema and induration which retards normal healing. Therefore, the lasting anesthetic effects compared with the healing is of questionable value in nose and throat operations.

When injected into the strong muscular tissues as in general surgery the œdema and induration are not so material and the lasting anesthetic effects especially in extensive operations are of value in preventing the painful post operative impulses from traveling from the operated field to the brain.

It seems that both cocain and novocain are rendered somewhat less toxic by dissolving them in a calcium chloride solution instead of the customary sodium chloride solution.

TECHNIC

Solutions to be injected should be sterile, near the body temperature, and isotonic, so that the tissue cells are neither expanded nor contracted. They should be neither strongly acid nor alkaline, nor chemically irritating, lest they produce some local or general hemolytic action. The injection should be made slowly in order to avoid mechanical injury to the tissues.

1. The Professional Anesthetist and Anesthesia, Metzenbaum, Ohio State Med. Jr., Sept., 1908. The Professional Anesthetist, Metzenbaum, Ohio State Med. Jr., March, 1910.

2. Scopolamin in Nose and Throat Operations, Metzenbaum, The Laryngoscope, Feb., 1915, and Cleveland Med. Jr., April, 1915. Hyoscine Hydrobromide as an Adjunct to Cocain Anesthesia and as a Preventive to Cocain Poisoning, Metzenbaum, Ohio State Med. Jr., Dec., 1910.

3. General Anesthesia in Operations in the Pharyngeal Region, and About the Neck, Metzenbaum. The Laryngoscope, Jan., 1911.

NOTE.—By mutual consent of the editors, this article will appear in the April issue of "Anesthesia and Analgesia."
768 Rose Building.

Dr. H. C. Eyman, Massillon, is secretary of the American Medico-Psychological Association, which held its seventy-second annual meeting at New Orleans, La., April 4-7.

Dr. Philip L. Coulter, Cincinnati, who recently entered the U. S. P. H. S., contracted acute trachoma of the right eye while working among the mountaniers in the vicinity of Welch, W. Va.

Dr. Carl R. Steinke, Akron, succeeds Dr. J. H. Weber on the surgical staff of Akron City Hospital, Dr. Weber having succeeded the late Dr. Rabe as gynecologist. Dr. Steinke recently moved to Akron from Philadelphia, where he was associated with Dr. Charles H. Frazier, professor of clinical surgery, U. of P.

Measles in Ohio: Its Annual Mortality, Geographical and Seasonal Distribution, With a Discussion of Etiology, Transmission and Prevention

By Frank G. Boudreau, M. D., C. M.,

Director, Division of Communicable Diseases, Ohio State Board of Health

MEASLES is a neglected problem in Ohio. Far more attention is paid to other diseases of much less importance. Like most health problems, the prevention of measles is intimately related with the prevention of a number of other diseases. It has been shown that the prevention of typhoid fever and tuberculosis will lower the death rates of a number of other diseases. To a lesser degree, the prevention of measles will prevent a number of deaths from pneumonia and tuberculosis.

The number of deaths from measles in Ohio

during the registration period is shown in Table 1.

TABLE I.
MORTALITY AND ESTIMATED MORBIDITY
FROM MEASLES IN OHIO FOR THE
PERIOD 1909-1914, INCLUSIVE.

Year.	Deaths.	Cases estimated on 1 percent fatality rate.
1909	225	22500
1910	827	82700
1911	316	31600
1912	401	40100
1913	674	67400
1914	233	23300
1909-1914	2676	267600

TABLE III.

AVERAGE MEASLES DEATH RATES PER 100,000 POPULATION FOR THE SIX YEARS 1909-1914, IN THE 88 COUNTIES OF OHIO, RANKED ACCORDING TO DECREASING RATES.

County.	Average Rate 1909-1914.	County.	Average Rate 1909-1914.
1. Scioto	42.5	45. Muskingum	6.8
2. Mahoning	24.0	46. Stark	6.8
3. Jefferson	23.5	47. Brown	6.7
4. Hocking	19.7	48. Geauga	6.7
5. Jackson	19.5	49. Portage	6.5
6. Belmont	19.0	50. Clark	6.1
7. Pike	15.9	51. Delaware	6.1
8. Lawrence	14.8	52. Erie	6.1
9. Columbiana	14.1	53. Henry	5.9
10. Butler	14.0	54. Paulding	5.8
11. Guernsey	13.2	55. Clermont	5.6
12. Pickaway	12.7	56. Clinton	5.6
13. Harrison	12.2	57. Holmes	5.6
14. Tuscarawas	11.9	58. Hardin	5.5
15. Fayette	11.3	59. Logan	5.5
16. Trumbull	11.1	60. Washington	5.5
17. Franklin	10.9	61. Gallia	5.2
18. Athens	10.8	62. Ottawa	5.2
19. Lake	10.1	63. Champaign	5.1
20. Ashland	10.0	64. Montgomery	5.1
21. Lorain	10.0	65. Fulton	4.9
22. Noble	9.8	66. Licking	4.9
23. Cuyahoga	9.5	67. Morrow	4.9
24. Ross	9.5	68. Knox	4.8
25. Shelby	9.4	69. Monroe	4.8
26. Morgan	9.3	70. Adams	4.7
27. Van Wert	9.2	71. Seneca	4.7
28. Ashtabula	9.0	72. Richland	4.5
29. Hancock	8.8	73. Miami	4.0
30. Marion	8.6	74. Wayne	4.0
31. Wood	8.5	75. Darke	3.9
32. Coshocton	8.3	76. Meigs	3.9
33. Lucas	8.3	77. Williams	3.9
34. Putnam	8.3	78. Union	3.8
35. Highland	8.1	79. Greene	3.4
36. Warren	8.1	80. Wyandot	3.2
37. Allen	8.0	81. Fairfield	2.9
38. Perry	8.0	82. Huron	2.8
39. Madison	7.5	83. Vinton	2.5
40. Auglaize	7.4	84. Medina	2.1
41. Carroll	7.4	85. Preble	2.1
42. Defiance	7.4	86. Sandusky	2.1
43. Summit	7.4	87. Crawford	1.9
44. Hamilton	7.3	88. Mercer	1.8

The comparatively small number of deaths recorded for 1909 and 1914 may be due to different causes. It is probable that the number of deaths recorded in 1914 is approximately correct, but as 1909 was the first year in which registration of deaths was enforced, the figures for that year must be regarded with suspicion. A total of 2,676 deaths for six years, and an estimated morbidity of 267,600 cases for the same years, mean a great deal of preventable sickness and death. If in this table could be included the number of deaths from pneumonia and tuberculosis which resulted, the total would be appalling. The average annual number of deaths in Ohio from measles is 446, and the estimated average number of cases, 44,600. Perhaps thirty percent of these cases occur in children of school age, so that an average of 13,380 children in Ohio are kept from

TABLE 11.
AVERAGE MEASLES DEATH RATES PER
100,000 POPULATION FOR THE FIVE
YEARS 1909-1913, FOR THE TWENTY
LARGEST CITIES IN OHIO. RANKED
ACCORDING TO DECREASING RATES.

City	No. of Deaths	Annual Av. No. Deaths	Annual Av. Rate
Portsmouth	68	13.6	56.3
Steubenville	47	9.4	40.2
Youngstown	133	26.6	31.9
East Liverpool....	24	4.8	23.0
Lorain	26	5.2	17.1
Hamilton	26	5.2	14.2
Ashtabula	12	2.4	12.7
Cleveland	326	65.2	11.2
Columbus	101	20.2	10.7
Mansfield	11	2.2	10.4
Cincinnati	185	37.0	10.0
Toledo	80	16.0	9.3
Lima	13	2.6	8.4
Zanesville	11	2.2	7.7
Canton	20	4.0	7.6
Akron	27	5.4	7.4
Sandusky	7	1.4	6.9
Dayton	36	7.2	6.0
Newark	7	1.4	5.3
Springfield	7	1.4	2.9
Total	1167	233.4	11.8

school by measles for varying periods during a single year. This means a considerable economic loss, not to mention suffering and death which cannot be estimated in dollars and cents.

Portsmouth heads the list of cities, having the highest average measles death rate, 56.3, based on a total of 68 deaths for the five years, 1909-1913. In 1910 the rate in Portsmouth was 194.9, which is excessive. Steubenville is second with a rate of 40.2, based upon 47 deaths. In 1913 the rate for Steubenville was 103.9. Youngstown is next with a total of 133 deaths and a rate of 31.9. Youngstown's highest annual rate was that of 1913, being 48.8. East Liverpool is fourth in the list with a rate of 23.0, and 24 deaths. It is highly probable that no measures of prevention are enforced in these cities. Of the larger cities, Dayton has the lowest rate, 6.00; Toledo is next

TABLE IV.
URBAN AND RURAL MORTALITY RATES
FROM MEASLES.

OHIO.		
Year	Urban	Rural
1909	8.5	2.9
1910	18.5	14.8
1911	5.6	7.2
1912	9.3	7.2
1913	17.0	10.7
Average annual rate.....	11.8	8.6
(Arithmetical average.)		

U. S. REGISTRATION AREA.		
Year.	Urban	Rural
1909	12.4	7.3
1910	13.4	11.6
1911	10.1	9.7
1912	9.5	5.0
1913	13.5	12.4
Average annual rate.....	11.8	9.2

These tables show that measles is essentially an urban disease, there being a marked difference between the urban and rural rates in favor of the latter. That this is a fact is shown by the histories of outbreaks in barracks, where large numbers of country youths are congregated. Not having had measles in infancy, a large number succumb to the disease, and many die of pneumonia or other complications or sequels of measles. During the civil war the death rate from measles in the Union and Confederate armies was very high.

with 9.3, and Cincinnati and Columbus are about equal, having rates of 10.0 and 10.7 respectively. Cleveland has the highest rate of these four larger cities, 11.2. The average combined rate for these twenty Ohio cities for 1909-13 was 11.8, exceeding the rate for the registration area for the same years, 10.6.

In Table III, Scioto county has the highest rate, 42.5. Mahoning is next with a rate of 24.0, closely followed by Jefferson county with a rate of 23.5. Belmont and Jackson counties have rates of 19.5 and 19.0 respectively, and the next highest rate is 15.9 in Pike county. Next in order appear several counties with rates slightly exceeding 14 per 100,000.

Table IV shows the urban and rural distribution of measles deaths, the line of demarcation being drawn at 10,000 population.

One of the most important features of measles is well illustrated in Table V.

In Ohio over 85 percent of all deaths from measles occur under ten years of age, and 75 percent of all deaths occur under five years. In the registration area the figures are even more convincing, for nearly 83 percent of all deaths occur under five, and over 90 percent under ten. Probably not more than 40 percent of all cases occur under five years of age, so that while we have over three-fourths of all deaths under five, only

about one-third of all cases occur during this age period.

The seasonal distribution of deaths from measles is shown in Table VI.

The number of deaths from measles begins to increase in December; continues in January and February, attains the maximum in March, and decreases gradually during April, May, June and July. During August, September, October, and November, the least number of deaths occur, while October represents the minimum. The seasonal distribution of cases probably differs from that of deaths, in that the maximum of cases is a month earlier, because cases in one month usually mean deaths during the next month. Judging from this table, the physician may expect to meet with cases of measles in his practice during the winter and spring.

To summarize, measles is a serious cause of mortality and morbidity in Ohio, besides being the cause of considerable economic losses to the community on account of serious interruptions to school work. Measles is a predisposing factor to tuberculosis, and causes many deaths from pneumonia, which are not shown as due to measles in mortality tables. The disease is extremely fatal during the age period under five years, and over three-fourths of all deaths from measles occur under ten years of age.

MODES OF TRANSMISSION.

Measles is transmitted by the discharges of the mouth and nose. It has been shown by the researches of Anderson and Goldberger that the disease is capable of being transmitted only during the febrile period. During the first four days, when the symptoms are those of a feverish cold in the head, the disease is most contagious, and at the same time most difficult to guard. The virus, whose nature is unknown, is present in the discharges of the mouth and nose, and in the blood. It has been suggested, but not proven, that there are chronic carriers of measles, and some observers believe that the discharge from diseased ears following measles may transmit

the disease. Measles is by cases spread during the onset, by cases with eruption which are not quarantined, and possibly by chronic carriers. There is no positive evidence that the desquamated skin carries the virus, and some evidence to the contrary has been collected.

DIAGNOSIS AND TREATMENT.

Little need be said about the diagnosis of measles except to warn physicians that the disease frequently exists in mild form, and of course mild cases will have a better opportunity to spread the disease than severe types. Passing mention should be made of Koplik's spots, which enable the physician to make a diagnosis before the exanthem occurs. Malignant and hemorrhagic forms of measles are apt to occur in debilitated subjects. "Grippe" and smallpox are not infrequently mistaken for measles, or vice versa, during the onset. In the treatment, particular attention should be paid to the eyes, ears, mouth, lungs and heart. Great care should be given to the patient during the stage of convalescence, and when the rash is disappearing, as this is the period when broncho-pneumonia is most apt to supervene. The younger the child, the more apt is broncho-pneumonia to occur. Measles in a child with tuberculous antecedents should be looked upon with suspicion.

COMPLICATIONS.

By far the most frequent and fatal of the complications of measles is broncho-pneumonia. Holt states that in two epidemics in the Nursery and Child's Hospital, aggregating about 300 cases, nearly all in children under three years, broncho-pneumonia occurred in about 40 percent, and 70 percent of these died. Pulmonary tuberculosis may terminate an attack of measles, or the latter may aggravate a case of tuberculosis. Tuberculosis is not infrequently a sequel of measles. Cancrum oris, or noma is a terrible complication of measles, and emphasizes the need of care of the mouth.

I have seen two cases of cancrum oris, both

TABLE V.
AGE DISTRIBUTION OF DEATHS FROM MEASLES IN OHIO FOR 7909-1914, INCLUSIVE, AND FOR THE REGISTRATION AREA FOR 1912-1913.

Ohio	Totals	Under							
		1 year	1 year	2 years	3 years	4 years	under 5 years	5-9 years	10-14 years
Total Deaths 1909-1914	2676	585	784	355	171	125	2020	277	70
Distribution per 1,000		218.7	293.6	132.6	63.9	46.7	754.8	103.1	26.1
		15-19 years	20-24 years	25-29 years	30-34 years	35-39 years	40-44 years	45-49 years	50-54 years
Total Deaths 1909-1914	2676	72	77	18	36	22	27	13	7
Distribution per 1,000		26.9	28.8	6.7	13.4	8.2	10.1	4.7	2.6
		55-59 years	60-64 years	65-69 years	70-74 years	75-79 years	80-84 years	85-89 years	Unknown
Total Deaths 1909-1914	2676	11	4	8	10	2	1	1	
Distribution per 1,000		4.1	1.5	2.9	3.7	.7	.4	.4	
U. U. Reg. Area									
1912-1913 Total	12348	3081	4077	1718	852	455	10193	989	253
Distribution per 1,000		249.5	330.1	139.1	68.9	36.8	824.6	80.0	20.5
1912-1913 Total	12348	213	167	88	78	83	60	58	42
Distribution per 1,000		17.2	13.5	7.1	6.3	6.7	4.8	4.7	3.4
1912-1913 Total	12348	32	27	23	18	16	7	2	9
Distribution per 1,000		2.7	2.2	1.8	1.4	1.2	.5	.1	.7

following measles, and both fatal. The condition in these cases was terrible, almost beyond description, necrosis of the cheek having exposed the alveolus and involved a large portion of the face. Ocular complications are not rare, and vary from an aggravated form of catarrhal conjunctivitis to corneal ulceration, perforation and panophthalmitis. Heart and kidney complications are infrequent. The glands are enlarged in measles but rarely suppurate. Otitis media is not infrequent, and many cases of deaf-mutism are traceable to attacks of measles. Complications affecting the skin, liver and nervous system have been described.

IMMUNITY.

One attack of measles usually confers a definite and lasting immunity, but two or more attacks are not very uncommon. Practically all persons unprotected by a previous attack are susceptible. When measles was first introduced into the Faroe Islands in 1846, over 6,000 of the 7,782 inhabitants were stricken. During the first few months of life the suckling enjoys a comparative immunity. Old age does not protect if there has been no previous attack. Hermann, of New York, recently made some interesting experiments in immunity. He took swabs from the noses of patients and rubbed them over the nasal mucous membrane of infants under five months. Subsequent exposure in some infants who had reached a susceptible age, and reinoculation of others by the same method, proved them immune.

PREVENTION.

The prevention of measles is one of the most difficult of all health problems. This is mainly due to three facts:

1. The disease is extremely contagious.
2. It may be transmitted in the preeruptive stage.
3. The general public, and even physicians, discount its great importance.

As with other diseases notification of all cases is of prime importance. To secure complete and early notification the cooperation of the public is needed. Before this can be secured there must be a campaign of education. As without the co-

operation of an instructed public no progress is possible, so the prevention of measles depends mainly upon the public itself. After notification there must be isolation of the patient, and quarantine of susceptible exposures. Isolation in measles need not persist longer than ten days, if all acute symptoms have subsided before that period elapses. Quarantine of exposures should persist for two weeks. Concurrent disinfection should be directed towards the destruction of all discharges of the mouth and nose. Terminal disinfection is unnecessary because the virus of measles has little resistance and dies rapidly after leaving the patient. This is in accord with our knowledge that direct contact with a case is necessary to contract the disease.

The law of Ohio gives to local boards of health the power to quarantine cases of measles. Unfortunately, this is not required, but left optional. The State Department of Health has prepared a model regulation which local boards of health should adopt.

"For the patient. Isolation until recovery is complete, provided that such isolation shall not cease before ten days have elapsed from the occurrence of the disease.

"For exposed persons. Quarantine of children for a period of fourteen days from the date of last exposure to the disease."

This regulation, or a similar one, should be adopted by all local boards of health, and vigorously enforced.

Other measures of prevention consist in securing the cooperation of the public, school teachers, physicians, and the use of school supervisors. The public health nurse is an invaluable aid to the prevention of measles. In fact the public health nurse is of value in all preventable diseases, and particularly when instruction of the public is needed.

As far as schools are concerned, an epidemic of measles may require their closing for two weeks. If at the end of that time the disease continues to spread, school may be reopened, as it is evident that factors other than the congregation of pupils is responsible for the spread. When the school is first exposed, it should not be closed until the lapse of a week, and then discontinued

TABLE VI.
INDICATING THE SEASONAL DISTRIBUTION OF DEATHS FROM MEASLES IN OHIO.
1909-1914.

Year.	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Total
1909.....	11	9	14	17	22	24	26	12	14	6	20	50	225
1910.....	76	101	181	160	120	62	45	16	16	12	17	21	827
1911.....	36	48	60	52	52	20	8	8	8	3	8	13	316
1912.....	23	32	47	66	55	42	31	17	10	8	21	49	401
1913.....	84	104	118	107	97	65	45	18	10	11	8	7	674
1914.....	12	29	50	43	39	30	11	5	1	2	5	6	233
Totals.....	242	323	470	445	385	243	166	76	59	42	79	146	2676
Distribution per 1,000....	90.4	120.7	175.6	166.3	143.9	90.88	62.0	28.4	22.0	15.7	29.5	54.5	1000

for two weeks. A better plan is to have all pupils examined as they enter school in the morning, and all children with any symptoms of cold, such as cough, infection of the eyes, sore throat, running at the nose, etc., excluded. This will accomplish what is most needed; that is, the isolation of all cases in the prae-eruptive stage.

Finally, the prevention of measles, while extremely difficult, offers large rewards and should be attempted in every health district. If the spread of measles is retarded, many fatalities in young children, and many cases of pneumonia will be avoided. It is probable that the tuberculosis death rate will also be lowered. These desirable results will accompany a reduction in economic losses from lack of school attendance, and the death of a considerable number of children from some of the less common complications. Education of the public is a prime factor in the prevention of measles, and an enlightened medical profession must play a large part in this campaign. Few cases of measles will die if properly treated, and here again the medical profession must assist. I am as sure of this as I am of anything, that once health departments point the way, a large majority of the members of the profession will lend their assistance, and exert every possible influence to retard the spread and prevent death from measles. The following facts should be kept clearly in mind:

(1) That measles causes about twice as many deaths every year in Ohio as scarlet fever.

(2) That the case-fatality rate is very high under five and very low over ten years of age; as high as 25 percent in the very young, and less than 1 percent in older persons.

(3) That it is very important to postpone infection until after ten years of age.

(4) That the disease is spread by the discharges of the mouth and nose only during the febrile period and mainly in the pre-eruptive stage.

(5) That few cases of measles which are properly treated die.

(6) That the public must be instructed in regard to the dangers, and the means of transmission of measles.

(7) That physical supervision of the pupils is the best method of dealing with an outbreak of measles in school.

(8) That early isolation is the best means of preventing the spread of measles.

(9) That measles predisposes to pulmonary tuberculosis.

(10) That local boards of health have the power, under the law, to enforce precautionary measures.

(11) That when precautions are not taken, the local health department is responsible for a large amount of preventable sickness and death.

Western Reserve Medical Alumni Association

The history of medical education in Cleveland is a long and honorable one, beginning when there were a few medical schools in the country and passing through the many vicissitudes of young and poorly financed institutions. The happy combination of the various medical schools of the city and the ultimate formation of what we believe to be one strong school represents the development of many years of medical education, so that, the united alumni of the various combined schools comprise a large body of progressive and well educated medical men. The union of all these under one alumni association has been more or less definitely accomplished, but it has been suggested that the meetings of this association—at present called the Alumni Association of Western Reserve Medical School—have not maintained the interest expected at such times, have pursued from year to year a certain monotonous routine not attractive to the alumni spirit for which Reserve is known, nor beneficial to the school. This seems to have been true of all medical schools of Cleveland. The present officers of the alumni association recognizing that neither the spirit nor the school's interest in its alumni is at fault, have interested themselves in seeking the causes of this lack of enthusiasm and general enjoyment at these meetings, the desirability of stimulating a closer bond

of interest between the alumni and the medical school and the means by which this might be best accomplished.

We believe the main cause to be the lack of general attractiveness of these meetings. The lack of well arranged and properly announced clinics, demonstrations, ward walks have led many of the alumni to believe it is not worth their while to attend.

It is therefore planned on Thursday, Friday and Saturday, June 8, 9, and 10, 1916 (which is the week before commencement and also the week before the meeting of the American Medical Association at Detroit), to give a series of clinics in medicine, surgery and the specialties in Cleveland hospitals. There will also be laboratory demonstrations at the school and some of the hospitals. A smoker and the annual dinner will be held on Thursday and Friday evenings respectively. A plan will be proposed to establish a more active organization of the combined alumni of Western Reserve University Medical School, of Charity Hospital Medical School, of the Medical Department of Wooster University and of the Medical Department of Ohio Wesleyan University.

It is hoped that all the alumni will reserve these dates, contribute what they can by their work and their presence and make the occasion a success, and, if they so desire, to make suggestions for the perfection of this association. Dr. Joseph C. Placak, 420 Rose Building, is secretary. —F. C. Herrick.

Suggestions to Physicians For More General Use of Diagnostic Laboratories of State Health Department*

Physicians today are demanding the results from the laboratory before making definite diagnoses. This has resulted from the recognized advantage of coordinating the clinical, bacteriological and chemical phases of diagnostic work. In this coordination it is necessary to use the clinical

with capable diagnosticians, is to be encouraged, as much depends upon an early diagnosis, not alone in the subsequent treatment of the individual case, but also in the control of epidemics.

It has been realized by the state that it is not practical for each community to be provided with



This building on the Campus of Ohio State University, at Columbus, is entirely devoted to the laboratory work of the State Department of Health.

knowledge obtained by the physician, combined with the work of the diagnostician, experienced in laboratory diagnosis. It is realized that it is impossible for the large majority of medical men to maintain private laboratories and they are therefore dependent either upon commercial or publicly-owned and operated institutions of this sort. It requires continual application to become thoroughly efficient in bacteriological and chemical technic, which is absolutely essential for dependable work.

A large number of Ohio cities have established municipal laboratories where resident physicians may submit specimens for examination. This is excellent, as it obviates long delays and gives to the physician the advantage of an almost immediate report, which, together with his clinical knowledge of the case, makes it possible to arrive at an early diagnosis. The establishment of municipal laboratories, provided they are manned

a laboratory where chemical and bacteriological work can be done, and it has accordingly provided a laboratory division of the State Department of Health, available to all physicians of the state. The idea of providing such a laboratory was to cooperate with the physicians in securing ment for his cases. Another decidedly beneficial an accurate and early diagnosis, thereby assisting in the prevention of epidemics and also to assist the physician in deciding upon the proper treatment of the laboratory is to determine the proper period of quarantine in diphtheria, thereby preventing the intermingling of diphtheretic carriers with the noninfected.

The laboratory of the State Department of Health is located in the laboratory building on the Ohio State University grounds. It has no connection with the university, however, and all of the work is done by specialists trained in their particular line. The entire building is devoted to laboratory work. The second story is devoted to chemical work and the first floor to bacteriological. The basement is utilized for the preparation

* This is a second of a series of articles on this subject, prepared for The Journal by Mr. L. H. Van Buskirk, Director of the Division of Hygienic Laboratories of the State Board of Health.

of outfits and of media used in the bacteriological laboratory.

The laboratory work includes a large number of chemical analyses made for the various state departments. Practically all of the samples collected by the Dairy, Food and Drug Bureau of the State Board of Agriculture are submitted to the State Board of Health laboratories. In addition to the analytical work done for the other state departments, provision is made to care for all work that is primarily of a public health nature. Both chemical and bacteriological examinations of water are made, and regular diagnostic work for typhoid, malaria, tuberculosis, diphtheria and rabies. In addition to this the laboratory prepares, or is preparing, typhoid vaccine and diphtheria anti-toxin.

The State Department of Health does not receive directly from physicians any dairy, food or drug samples. These are received only through the State Board of Agriculture.

Any physician in the state may submit bacteriological specimens for examination to the State Department of Health Laboratory. Such specimens should be submitted, however, in the regular containers supplied by the department. The postal regulations are very strict regarding the mailing of bacteriological specimens, and it is necessary that any container be approved by the postal department before being used in the mails. The containers provided by the state have been approved by the United States Postoffice Department. Information cards are provided with each outfit and these should be properly filled out. Frequently specimens are received with no information whatever, no physician's name, no patient's name, and the post-mark unintelligible. Under such conditions it is impossible to report upon the specimen. When the physician's name is not given, a letter is written to the patient asking for the physician's name and address, in order that we may report direct to him. No reports are made to patients excepting at the request of the attending physician.

In submitting the heads of animals suspected of having had rabies, to the department, extreme care should be taken in the packing of the head. It must be remembered that all containers are handled by a large number of men between the time of their shipment and their receipt in the laboratory. It is necessary that every precaution be taken in order to protect these men against chance infection due to a carelessly-packed specimen. The head should be placed in properly sealed containers, and these in turn packed in a wooden box and shipped by express to the department. Here again it is necessary to ask that information be provided with the shipment. Frequently heads are received with no information whatever.

The State Department of Health attempts in every way to give to the physicians of the state the very best of service. It desires to co-operate

and assist the physician in his work by furnishing him with prompt reports. Many difficulties are encountered, however, in securing this result, the main one of which is the delay incident to the mails. Another difficulty is the frequency with which physicians fail to give their name and address when submitting specimens. It must not be forgotten that in the diagnosis of diphtheria it is generally necessary to make blood serum inoculations and allow the bacteria to develop over night before making the diagnosis. Smears are made from the swabs as soon as received, and whenever possible an immediate report is made. Specimens are examined as rapidly as can be consistent with careful and accurate work. The laboratory is anxious to co-operate with the physicians and desires to have them use the laboratory at any and all times.

Certain regulations have been adopted by the State Board of Health, regulating the collection and examination of samples of water and ice. These are appended here for your information.

PRIVATE WELLS.

(a) Private wells will be examined:

1. Where the use of the water is suspected to have been the means of communicating a water-borne disease.

2. Where suspected to be infected with intestinal discharges.

3. Where the health officer has reason to believe the water to be unfit for domestic use.

4. Where the well is used by such number of persons as would class the supply as semi-public. In this class come wells on school property, at factories and in public streets.

(b) The physician or householder who suspects the well to be contaminated should inform the local health officer, who will make an investigation. If an analysis of the water appears necessary the local health officer will request water containers of the State Board of Health, stating his reasons for asking that an examination be made.

(c) The samples must be collected in accordance with the explicit directions given and forwarded to the Division of Laboratories in the bottles furnished by the State Board of Health.

(d) The local board of health or the health officer must enforce the recommendations of the State Board of Health when the report on the water supply is submitted. If an order is given to close the well, it must be closed, and the local health officer will be held responsible for full compliance with the instructions of the State Board of Health.

(e) When samples of water from private wells are examined, the local board of health will be expected to pay all transportation charges on the containers from Columbus to points of destination and to prepay the charges in returning the containers to Columbus. Funds are not furnished to the State Board of Health for this purpose.



Diagnostic Laboratory of the Ohio State Department of Health, which should be more freely used by the medical men of Ohio.

(f) Under no circumstances will samples of water be examined where it is the intention of the owner or lessee to sell the water. Such samples should be submitted to an analyst engaged in commercial work.

PUBLIC WATER SUPPLIES.

(a) The Division of Sanitary Engineering will exercise close supervision over all public water supplies in Ohio. Requests for examinations of such supplies will be referred to the Division, and a representative will investigate the local situation immediately, if deemed necessary. Examinations of public water supplies are quite unsatisfactory unless accompanied by the report of an expert engineer on the local situation.

ICE.

Frequently requests are received for an examination of samples of ice. The State Department of Health does not furnish containers for the shipment of ice, but suggests that after having consulted the State Department of Health that a 50-pound cake be packed securely in sawdust in a wooden box and expressed to the Division of Laboratories.

SEND EARLY IN THE WEEK.

It is also suggested and urged that in the shipment of both water and ice that the specimens be collected and forwarded as early in the week as possible, in order to obviate the necessity of holding the samples at the express office or railway station over Sunday. When samples are so held the analytical results are not satisfactory, and, of course, in the case of ice, the samples will, in many cases, be entirely melted before it will reach the laboratory.

Springfield Wants the 1917 State Meeting

Clark County Medical Society has organized a "boosters' club" to direct its campaign to land the 1917 meeting of the State Society for Springfield. The committee consists of the following: C. L. Minor, chairman; W. B. Patton, vice chairman; W. C. Taylor, treasurer, Will Ultes, secretary; J. R. McDowell, E. R. Brubaker, W. A. Ort, W. A. M. Hadley, C. S. Ramsey, G. D. Grant. Here are some of the arguments they are sending out in urging the selection of Springfield:

Ninth city in Ohio in population.

Situation in the west-central part of Ohio, of easy access to all parts of the state.

Has a new Memorial Hall—capacity of 3,200; provides admirable auditorium and section rooms for conventions of this nature.

Has six hotels—two now under construction, with accommodation for 2,000 visitors.

Has four State Fraternal Homes.

Has an unexcelled public park.

Has five divisions of the New York Central lines; Erie R. R.; D. T. & I. R. R.; Pennsylvania R. R. Total, 35 passenger trains in and out each day.

Has two divisions of the Ohio Electric lines; Springfield, Troy and Piqua; Springfield and Xenia; Springfield and South Charleston. 93 passenger trains in and out each day.

Is 45 miles from Columbus; 80 miles from Cincinnati; 183 miles from Cleveland; 130 miles from Toledo.

Special! Lists of 100% Club for 1916 Will Remain Open Until May 1; Dues Must Be Paid By That Time!

By special arrangement, the closing date of the One Hundred Per cent Club for 1916 has been extended to May 1. This was made possible by the unusually late state meetings this year.

The president and the secretary-treasurer, or president, secretary and treasurer of every society qualifying before midnight on Saturday, May 1, will be invited to the annual One Hundred Per Cent Club Luncheon, which will be held at the Statler Hotel, Cleveland, at noon on the second day of the state meeting.

Those societies which qualify before that date with a paid up membership equal to or greater than the paid up total of 1915, will hereafter be known as the One Hundred Per Cent counties of 1916.

The real live wires of the Association will be at that luncheon.

The real live counties of the Association will be in the One Hundred Per Cent Club by midnight on May 1.

PAY PRIOR TO MAY 1.

For many it will only be necessary to "speed up" their collections a bit. This should be done anyhow, as the Constitution provides that a member is suspended if his dues are not paid by April 17—which is 30 days in advance of the State Meeting. This year the date has been arbitrarily extended to May 1, but that is the final day of grace.

Unless your dues are paid prior to May first—far enough in advance to permit the secretary or treasurer of your county society to remit to the treasurer of the State Association before that date—you will be automatically suspended.

This means that you will cease to receive THE JOURNAL.

It means that you will not be protected by the mal-practice insurance which the State Association inaugurates May 20.

It means that you automatically sever your connection with Organized Medicine throughout the state and the nation.

If you haven't paid your dues, send a check today.

WHERE IS YOUR COUNTY?

When the 1916 contest of the One Hundred Per Cent Club closed for this issue on April 1—nearly two weeks ago—a total of 18 counties had qualified for the year, and many others were approaching the necessary number. The following table gives the list:

	Qualified	1915	1916
Paulding	Feb. 25	23	21
Huron	Jan. 6	13	18
Preble	Feb. 2	12	16
Richland	" 5	31	48
Geauga	" 21	9	9
Meigs	" 29	11	14
Marion	Mar. 1	29	34
Defiance	" 3	6	13
Madison	" 4	9	16
Holmes	" 6	8	11
Hocking	" 16	11	12
Lorain	" 18	50	62
Pike	" 18	13	13
Henry	" 20	19	20
Belmont	" 28	55	58
Jefferson	" 29	40	40
Franklin	Apr. 1	315	319
Muskingum	" 1	38	40

764

Rise in White Paper Cost Affects The Journal

The business office of THE JOURNAL received tangible proof this month that a great world war is raging in Europe.

The president of the publishing house which prints The Journal notified us that the price of white paper is soaring, and that the increased cost per month to The Journal for paper alone would be \$45.00. He further informed us that it is only possible to purchase a supply at this figure sufficient for six months. If at the end of that period the war has not abated, the price will take another decided jump, and will be probably be prohibitive.

The Publication Committee had planned to gradually enlarge The Journal, during the year, and to offer a larger number of articles monthly. For the time being this will be impossible.

*It has been necessary to establish a special class for Paulding—the "Super-100%" Class. Paulding County Medical Association has in its membership every physician in Paulding County. Paulding, therefore, heads the list of One Hundred Per Cent Counties, for it is 100% in the real sense. Will any other county be able to qualify in this class?

The following table shows the number of members paid up in 1916 for each county. These totals show that there were 2247 paid on that date.

This is in excess of the number paid up on the same date last year, and indicates that despite the fact the state dues were doubled, the membership throughout the state will be materially increased.

Secretaries in the counties where the collec-

tions have been slow, are requested to proceed with the same more rapidly and forward the amount to Dr. Selby at Toledo. ,

STANDING ON APRIL 1, 1915.

	Number in	
	1915	1916
Allen	83	24
Auglaize	26	16
Champaign	29	1
Clinton	24	18
Coshocton	21	14
Columbiana	39	22
Crawford	28	1
Cuyahoga	523	389
Darke	57	30
Erie	25	23
Fairfield	44	23
Fulton	22	8
Gallia	31	18
Hamilton	474	286
Hardin	29	25
Highland	24	1
Lake	29	25
Licking	35	21
Lucas	214	109
Medina	21	12
Miami	46	18
Morgan	16	8
Ottawa	15	13
Portage	28	22
Putnam	32	2
Seneca	38	23
Stark	126	71
Summit	160	100
Trumbull	28	20
Tuscarawas	43	2
Vinton	9	7
Warren	34	27
Williams	34	16
Wood	30	26
Clark	64	61
Ross	21	1
Mahoning	100	90

Total1483

In 100% counties..... 764

Total to date.....2247

Swing into line. Get your county in the 100% Class, Mr. Secretary; see that he does, Mr. President. Help him do it by paying *your* dues today, Mr. Live Wire.

Hospital Association Meets at Cincinnati in May

A program of considerable interest to medical men, particularly to those who are directly concerned in problems of hospital administration, has been prepared for the second annual meeting of the Ohio Hospital Association, which meets in Cincinnati, May 24, 25, and 26.

Mr. Howell Wright, of Cleveland, the secretary, has sent us an advance draft. Dr. E. R. Crew, of Dayton, is president of the association, and Dr. A. C. Bachmeyer, superintendent of Cincinnati General, is chairman of the committee on arrangements.

At the afternoon session on May 24, Dr. W. S. Hoy, of Wellston, will discuss the operation of the workmen's compensation act as it has affected hospitals in Ohio. Mr. Wallace D. Yaple, chairman of the Industrial Commission will present the state's viewpoint. Mr. Fred S. Bunn, superintendent of Youngstown City Hospital, will read a paper on "The Community's Obligation for the Care of It's Indigent Sick and Injured." Rev. C. H. LaBlond, director of Catholic charities in Cleveland, will open a general discussion of this subject.

At the evening session there will be addresses by Drs. S. S. Goldwater, of New York, and John B. Murphy, of Chicago.

The morning session of May 25 will be devoted to a round table discussion of subjects of particular interests to hospitals, while the afternoon will be devoted to inspection of Cincinnati institutions. At the banquet in the evening speakers will be Drs. George W. Crile, of Cleveland; C. R. Holmes, of Cincinnati, and John A. Hornsby, of Chicago, editor of the *Modern Hospital*.

The closing session on Friday will be devoted to consideration of the new registration system now being administered by the State Medical Board. The viewpoint of the small hospital will be presented by Dr. J. S. Cherrington, of Logan. Miss Laura R. Logan, superintendent of nurses at Cincinnati General, will present the viewpoint of large hospitals. The discussion will cover every possible phase of this situation.

A general invitation to all medical men in the state, regardless of membership in the association, has been issued. Hospital executives feel that there is real need for an association such as this, and they are receiving much encouragement in their efforts to organize hospital interests of Ohio.

Drs. John W. Murphy and Martin H. Urner, Cincinnati, have taken over the eye, ear, throat and nose practice of Dr. Thomas M. Stewart, who removes to Oconomowoc, Wis., as one of the staff of the new Edgemoor Sanitarium for the treatment of mental and nervous diseases.

IMPORTANT!

The advertising announcements in this journal are honest.

You may depend upon them, absolutely.

Before the Publication Committee accepts a contract for advertising space, it carefully investigates the standing of the advertiser.

Every advertisement, every month, is carefully scrutinized to insure the integrity of the claims made.

Probably no journal in Ohio, scientific or otherwise, is as careful in keeping its advertising claims free from dishonest or exaggerated statements.

This care, of course, protects you in dealing with these advertisers.

Admission to our columns is, in itself, a stamp of approval, which is not to be considered lightly.

+ + +

In turn, as a member of the association which publishes this journal, you are obligated in a measure to support these advertisers.

Were it not for them the association would be unable to issue a publication as large and as expensive as the one we are now issuing.

They pay, every month, nearly one-half the expense of publication.

They will continue to bear this expense, gladly, if our forty-two hundred members will indicate their appreciation in a substantial way.

It is a co-operative proposition. You deal with them and they will deal with you—with your journal.

Dr. J. H. Holcomb, Uniondale, Indiana, has located in Hepburn, Hardin county.

Dr. H. H. Bainter, Dresden, will retire from medical practice and reside in Coshocton.

Dr. C. E. Little, Logan, operated on February 28 for appendicitis, is recuperating at Miami, Fla.

Council Receives Reports of Committees

The following is a copy of the minutes of the last meeting of the Council of the State Society:

Council of the Ohio State Medical Association met in regular session at the Chittenden Hotel, Columbus, Ohio, April 1, 1916, with President Lower, in the chair. Members present: Dr. Carothers, Hunter, Weeks, March, McClellan, Wright, Rardin and Teachnor. Dr. C. D. Selby, Secretary-Treasurer; Dr. Gibbon, President-elect; Dr. Tuckerman, Chairman, Medical Defense Committee; Dr. Upham, Chairman of the Committee on Public Policy and Legislation; and Mr. Sheridan, Executive Secretary, were also present.

Dr. Lower, in the absence of Dr. Ford, reported for the committee of arrangements for the annual meeting which report was substantially the same as that outlined at the previous meeting.

Dr. Carothers, Chairman of the Committee on Medical Education, reported that Dr. Briggs had

prepared an extensive lecture on fractures which would be given in ten or twelve cities of the state, geographically located so as to be convenient for the profession. Applications for the dates and meeting places should be made to Mr. Sheridan, Executive Secretary of the Association, at Columbus.

The Secretary of Council presented the official program of the various sections for the annual meeting to be held in Cleveland, which was unanimously approved by the council. (This will be published in May).

Dr. Tuckerman, for the Medical Defense Committee, reported that the plan for Medical Defense is practically complete. He has received a legal opinion which states that we have authority, and are entirely within our rights, to put into operation such a plan as the committee has adopted. He also reports that 22 counties have not selected an Auxilliary Committeeman on Medical Defense as provided for in the constitutional amendment. A special meeting will be held by the Auxilliary Committee at the Hotel Statler, sometime during the annual meeting.

Drs. Minor and Patton, of the Clark County Medical Society, were present and asked the council to endorse an invitation to the House of Delegates to meet in Springfield for the annual meeting of 1917. The council, as a body, refused to take action in the matter for the reason that the selection of the place of meeting for the annual session is left entirely to the House of Delegates by the constitution. However, several members of the council expressed themselves in favor of accepting Springfield's invitation.

Dr. Upham, for the Legislative Committee, reported that a State Health, or Sickness Insurance measure would, in all probability, come before the next session of the State Legislature. He urged that the proposition be seriously considered by the profession before forming an opinion, and that it should be brought before the profession as much as possible before that time. Discussed by the President and Dr. Carothers.

Dr. Selby, Secretary-Treasurer, reported as to the condition of the membership in the various councilor districts giving the percentage of gain in each.

Dr. McClellan reported the condition of the society in Monroe County.

The committee appointed by the chairman at the last meeting of council to draft suitable amendments to the sections of the constitution which were found to conflict on the statutes of membership in the various county societies reported informally, and were directed to have the complete report to submit to the council at the next meeting.

There being no further business, the President adjourned the council to meet at the Union Club, in Cleveland, Ohio, on Tuesday evening, May 16, at 7:30 P. M.

Wells Teachnor, M. D., Secretary.

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We report with considerable regret that Dr. Clyde E. Ford, Cleveland, has declined the appointment as secretary and executive officer of the State Board of Health. Dr. Ford was elected to the position at the February meeting of the Board, following the resignation of Dr. E. F. McCampbell. After considering the matter for several weeks, Dr. Ford declined and decided to accept an appointment with the General Chemical Company. He will be in general charge of the public health and sanitation service maintained by the company in their 22 plants, which are scattered over the American continent from Montreal to the Pacific coast.

The Board, at its March meeting, accepted Dr. Ford's decision with very great regret, and prevailed upon Dr. McCampbell to remain in charge until May 1. At the April meeting of the Board, a successor will probably be selected.

The reason which probably prompted the refusal of Dr. Ford to take the Ohio post again accentuates the short-sightedness of the state in refusing to provide adequate remuneration for this position.

In Ohio the secretary of the State Board of Health, who is in control virtually of the entire health work of the state, is paid \$3600 per year. We are informed that Dr. Ford's position with a private concern pays nearly three times this amount. This fact would be a private matter, did it not aptly illustrate our point—that a private corporation, the business of which is to make money, finds it *profitable* to pay well for the services of a man who has demonstrated that he can save money by adequate health protection.

While Ohio is paying its health commissioner \$3600, Alabama, with a fifth of our population, Louisiana and New Jersey find it worth while to pay \$5,000 per annum for similar work. Pennsylvania pays its health commissioner \$10,000; New York pays \$8,000; Massachusetts pays \$7,500; Illinois, \$5,400; California, \$4,500. Is it any wonder that Ohio, where the duties are exceptionally onerous, cannot keep a first grade man in this position at the present salary?

We trust that Dr. Ford's refusal to accept the Ohio position will impress upon our next legislature the necessity of changing the statute which arbitrarily fixes the Ohio salary at this amount.

Rigorous regulations which were drafted several months ago to govern the dispensing of soft drinks at soda fountains, and which required sterilization of all glasses used in the serving of such drinks, were amended at the meeting on March 17. Glass manufacturers, druggists and others pointed out that commercial glassware could not withstand the sterilization process required in the original order, which provided that all utensils after each individual service should be first rinsed in cold water, then washed with hot water with soap and exposed to live steam or boiling water for three minutes, then rinsed in cold water and wiped dry. The new regulations provide that glasses so used shall be first rinsed in cold water and then washed with hot water and soap. They provide, however, that all spoons in such service must be exposed to boiling water or live steam for a period of five minutes, and that all glasses must be kept protected from dirt until they are used.

Additional regulations governing the sale of soda fountain drinks are as follows:

Refrigerators at soda fountains shall be kept clean by washing with hot water and soap or washing powder.

Employees in ice cream parlors and at soda fountains shall be cleanly in person and dress, free from infectious and contagious disease and trained in the conduct of their work.

The use of straws is forbidden except when such straws are protected from dust, dirt and handling by employees or others.

As soon as empty, all ice cream containers, milk and cream cans shall be thoroughly rinsed with cold water and covered so that no foreign matter may enter said containers or cans.

A Preliminary Report Upon Baby Week—Although Baby Week is nominally over, as a matter of fact it is still being celebrated in Ohio and probably these activities will be more or less continuous during the summer. The response throughout the state was far greater than was expected, and many communities both large and small gave the entire week to some form of observance.

The State Board of Health had communication directly with seventy different communities which asked for suggestions or help of some sort in carrying out their programs. Since the campaign, over 200 individuals have written in from different parts of the state requesting some definite information regarding their babies' health.

The really important matter is to what extent are the communities going to do follow-up work. This is the most hopeful feature of the campaign. In a number of cases the small communities have already reported the formation of permanent committees which will do subsequent work of different kinds. Some of these activities are taking the form of baby health conferences for the summer months, little mother's leagues for the school, and in a number of places more intensive study of vital statistics will be conducted. The health conferences and intimate knowledge of the mortality rate as compared with birth rate, will we believe, bring to the individual community the best results.

The Division of Child Hygiene is writing to every community which has been interested in the campaign, asking that a report be sent them of the kind of campaign which they conducted and the amount of time which they gave to the consideration of the movement. After these statements come in, a detailed report will be prepared which may contain fruitful suggestions for future Baby Weeks.

The annual conference of the State Board with city health officers, which is usually held in the spring, will this year be held in Cincinnati in October during the sessions of the American Public Health Association.

Epidemiologists from the Board recently discovered trachoma in Xenia in two families recently removed to that city from Scioto County. All members of the families with one exception were afflicted.

In February, Dr. W. W. Sauer, Marietta, investigated an outbreak of trachoma near Stockport, Morgan County, for the Board.

Preparing for the annual anti-fly campaign, the department has had printed 25,000 of its popular pamphlet, "The House-Fly—Carrier of Disease."

After campaigning from county fair grounds to college campus and from the largest cities to some of the smallest villages of the state, the traveling public health exhibit of the Board has been taken off the road for three months and will be thoroughly renovated before being sent out again. Since beginning its missionary career at the State Fair in 1913, the exhibit has been almost continuously in service and has preached the gospel of good health to at least a million of Ohio's citizens.

City folks and towns people of seventy-three towns and villages, located in sixty-eight different counties, have been shown the display during the fall and winter months. Their country cousins have had an opportunity to see it in the summer at sixteen county fairs and the state fair. School teachers and students of four normal schools also saw the exhibit last summer.

County medical societies, chambers of commerce, women's clubs, boards of health, boards of education, college professors, and county fair boards have respectively interested themselves in securing the health campaign for their cities and institutions. The exhibit is sent only in response to requests from organizations or groups of public spirited persons who guarantee the local expenses. The diverse character of the sponsors in the various localities indicates that interest in bettering health conditions is spreading among all classes of persons in Ohio.

Aside from the intangible, but nevertheless positive good which must result from the wholesale instruction of thousands in matters of public health and sanitation, concrete results of the campaign are not lacking. The plan has been to form in each town visited, a permanent organization which will carry on the work after the exhibit leaves and eventually establish a local public health nursing service. Nineteen of the cities visited already had organization or nurses, or both, before the advent of the exhibit. Out of the fifty-four remaining, forty-two are now maintaining nurses and six others have formed public health leagues. Several of these latter organizations are prepared to employ public health nurses as soon as they can be secured. Demand for trained workers in this field exceeds the supply at present.

The exhibit proper consisting of models, charts and pictures, has taught primary truths about child hygiene, tuberculosis, household and municipal sanitation, communicable diseases, oral hygiene, blindness prevention and industrial hygiene. It has been supplemented by illustrated lectures given by members of the staff of the Board on the same subjects. Moving pictures have also been used extensively and have proved most valuable in arousing interest and impressing the lessons of the lecturers and the exhibit material. Thousands of pamphlets dealing with disease prevention have also been distributed.

Miss Catherine McNamara, a public health nurse, accompanies the exhibit and has done effective work through informal talks in the schools and before women's clubs, and in giving practical demonstrations of the public health nurse's work.

"With many requests for the exhibit already on hand from county fair superintendents," said Dr. R. G. Paterson, director of the division of public health education of the State Health Department, "we are looking forward to a busy summer for the exhibit. When the big white tent is sent on the road again, the exhibit will contain much new and interesting material. We expect to carry the message of better health into many parts of the state which have not yet been visited, and hope that as a result, work for improved health conditions will be inaugurated in every community in Ohio."

During February, in compliance with the new state law which requires report of inflammation in the eyes of the new born, there were 124 reports made by local health officers to the State Board of Health. Of these 97 were inflammation, 14 ophthalmia neonatorum, and 23 trachoma. In only five cases was it necessary to send a staff nurse from Columbus to assist in the local treatment and care of the case.

 * NEWS OF INTEREST *
 * FROM OHIO HOSPITALS *

Examinations for twenty internships at Cincinnati General Hospital were held April 1. Interns have an alternating service of 73 days in each of the five departments.

Need of additional hospital facilities in Akron was indicated recently when both People's and City Hospitals were filled to their capacity. An addition to the latter institution will be built this spring.

Private hospital under construction in Wooster for Drs. J. J. Kinney and Amos C. Knestrick will be completed by July 1. Dr. A. S. Smith, Ann Arbor, Mich., and Dr. R. C. Paul, Wooster, will be associated with them.

Miss Mary H. Greenwood, for twenty-five years superintendent of Jewish Hospital, Cincinnati, and one of the leaders in the nursing profession in this country, has given up active service, and will reside in London, England.

At Franklin County Tuberculosis Sanatorium, 361 patients—174 male and 101 female—were cared for during the year ending February 29. Of these, 94 were between the ages of 20 and 30 years, and 71 between 30 and 40.

The first osteopathic hospital in the state was opened at Delaware early in March. Osteopaths from throughout Ohio were present to witness the ceremonies. Proprietors of the sanitarium have announced that the institution is open to physicians of all schools.

Pickaway County Medical Society is still working on a proposition to build a hospital in Circleville. On March 3, Dr. Edward Allport, Akron, addressed the society on the subject of hospital construction, and advised a 25-bed institution, costing about \$25,000.

Dr. E. W. Mitchell has resigned from the staff of the Cincinnati General Hospital, after a service of twenty-one years, and will devote himself entirely to his practice and research work. He is succeeded on the senior visiting staff by Dr. Louis G. Heyn, who has been a junior on the service for a number of years.

Dr. C. H. MacFarland, Jr., superintendent of Cleveland City Hospital, Cleveland, March 6, announced the appointment of thirteen internes. Effective July 1: L. H. Harter, F. F. Mowry, A. L. Jones, L. G. Sheets, E. P. Kennedy, J. M. Ulrich, R. L. Thompson, all Western Reserve graduates. Effective October 16: L. J. Paul, Jas. R. Young, Western Reserve graduates; Paul C. Gauchat, Ohio State University; D. R. Venable, D. H. Mebane, A. N. Champion, University of Texas graduates.

The Cleveland Hospital Council is making an effort to eliminate, as far as possible, the evil of caring for corporation employees at a rate less than actual cost. A recent investigation developed the fact that several of the eighteen hospitals holding membership in the Council were contracting with corporations at such a rate, in some instances as low as one dollar per day. The custom developed through the practice of competing for this business. Recently the Council voted the following action in this matter:

"That inasmuch as corporation wards or beds are used for cases for which the corporation is morally and by the Ohio laws responsible, it is never wise for the hospitals to maintain such beds or give such service for less than cost; also that a letter, calling attention to this condition, be sent trustees and officers of all hospitals represented in the Hospital Council."

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 * STATE MEDICAL BOARD *
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OFFICIAL BOARD

LESTER E. SIMON, President, Cleveland, March 17, 1918

J. H. J. UPHAM, M. D., Vice President, Columbus, March 17, 1920

S. M. SHERMAN, M. D., Treasurer, Columbus, March 17, 1921

JOHN K. SCUDDER, M. D., Cincinnati, March 17, 1919

BEN. R. MCCLELLAN, M. D., Xenia, March 17, 1922.

LEE HUMPHREY, M. D., Malta, March 17, 1917

C. E. SAWYER, Marion, March 17, 1923.

GEO. H. MATSON, M. D., Secretary,
Office, State House, Columbus.Examiner in Preliminary Education,
K. D. SWARTZEL, M. Sc., Columbus.

For the present at least the State Medical Board will not recognize nurse training schools connected with hospitals that have a daily average of less than fifteen patients. This decision of the Board, which was tentatively announced some months ago, was re-affirmed at a special meeting held in Cincinnati, March 17. By a vote of five to two, the Board went on record in favor of supporting this requirement "for a period of at least one year."

The action was taken after short addresses by Miss Roberts, president of the State Association of Graduate Nurses, and Miss Logan, chairman of the executive committee of that association. In her remarks Miss Logan declared that nursing education faces the same problems as medical education, and that no real progress could be made without hurting certain classes. "If the small hospitals are really needed in their communities, they will receive sufficient support to conform to this ruling," she declared. She added that in her opinion, it is little short of criminal to admit ignorant country girls to training schools, and work them for ten to twelve hours a day—"so hard, indeed, that it is a physical impossibility for the girl to secure the necessary vision of her profession."

The motion to sustain the fifteen-patient limit was freely discussed by all members. It was held by those who favored it that the medical profession owes such protection to the nurses and to the cause of education. It was claimed by several that many small hospitals cannot give the nurses a well rounded education. One member pointed out that eighty per cent of all service in a small hospital is surgical, while ninety per cent of the cases which the nurse meets when she leaves the hospital are medical.

The two members who opposed the ruling held that it was unnecessary, inasmuch as the character of nurse training afforded is protected by other items in the standard of minimum requirements. They held that the nurse in the small hospital receives more individual attention and often gets a better rounded education than the nurse in

the large institution. They feel that the size of the institution has no direct fundamental influence on its nurse training.

Representatives of small hospitals, answering a call send out by Dr. Cherrington of Logan, held an informal meeting in Columbus on March 31 to consider this action by the Board, and to organize some form of protest. They feel that several of the small hospitals in the state will be seriously handicapped if the nurses in their training schools are prevented from applying for registration after graduation. It is probable that this matter will be one of the chief topics under discussion at the annual meeting of the Ohio Hospital Association, which will be held in Cincinnati, May 24, 25, and 26.

In the meantime, the Board is proceeding with the issuance of exemption certificates to the 3800 applicants, who applied under the "years of practice" clause in the law. By April 1 all but 250 of these had been granted by the Nurses' Examining Committee, and subsequently by the Board, and the actual certificates were being sent out as fast as they could be engrossed. These applications were considered largely on the merit of the training school and hospital by which the nurses were graduated. By April 1 graduates of all but eight Ohio hospitals had been passed. Character of the training in the remaining hospitals was being investigated.

The Board is now receiving applications from hospitals which formally seek recognition so that their nurse graduates may be admitted to registration in the future. These applications require complete information regarding the hospital facilities and the detailed character of its course. The chief examiner of the Board is now engaged in inspecting such institutions as have applied.

At the regular meeting of the Board on April 3, Dr. C. E. Sawyer, of Marion, took his seat. He was appointed in March to succeed Dr. T. A. McCann, of Dayton, as one of the two representatives of the homeopathic school.

L. F. Preston, Cincinnati, whose license was revoked more than a year ago, after he had been found guilty by the Board of inserting misleading advertisements relative to his alleged cure for tuberculosis, again applied for reinstatement, at the meeting of April 3. He presented a petition signed by several physicians of Ripley, Ohio, where he now resides, who certified that they believed that "he had been sufficiently punished, and could do no harm." After a careful investigation it was decided unanimously to reject his application for reinstatement. Similar application by L. B. Smith, Youngstown, was refused. The Mahoning County Medical Society refused to indorse his application. Thomas A. Miller, Toledo, will likely be reinstated.

On a charge of having professional connection with an illegal practitioner of medicine, the Board on March 17 by unanimous vote revoked the license of Dr. George F. Schwenkmeyer, Kennedy Heights, Cincinnati, who was graduated in 1890 by the Medical College of Ohio, and who has since practiced in Cincinnati. This was the first revocation under the new Hoy law, which specifically defines such connection to be "grossly unprofessional or dishonest conduct."

Dr. Schwenkmeyer, at the time of his revocation, was one of the three medical examiners in Hamilton county for the Medical department of the Industrial Commission of Ohio.

Taking advantage of another amendment to our medical practice act, passed by the last legislature Dr. Schwenkmeyer has filed an appeal from the action of the Board in the Common Pleas court of Hamilton county. Under the old law, such appeal could be lodged only with a board consisting of the governor and the attorney general. The new law permits a court review of the Medical Board acts. Schwenkmeyer was the first to take advantage of this right.

Credit for the development of the case against Schwenkmeyer is due largely to members of the Hempstead Academy of Medicine, Portsmouth, who developed the evidence and who retained legal counsel (Judge A. Z. Blair, of Adams county fame) to assist the state in the prosecution. Recognizing the value of this work, the Cincinnati Academy of Medicine appropriated seventy-five dollars to partially reimburse the Scioto county society for the expense incurred, and the Legislative Committee of the State Society has added twenty-five dollars to this amount.

Schwenkmeyer was convicted by the Board of having professional connection with one R. Von Walden, who for years has operated extensively through Southern Ohio as a "diet specialist," and who through unusually blatant newspaper advertising has widely heralded his ability to cure most of the human ills through his special form of treatment.

Testimony brought out the fact that Schwenkmeyer and Von Walden went to Portsmouth on December 25, 1915, to attend one Charles H. Fenstamaker. Although Portsmouth physicians had passed upon the case as hopeless, Von Walden is alleged to have told Mrs. Fenstamaker (according to her testimony) that he could afford her husband permanent relief. The patient died about two weeks later. Von Walden collected from Mrs. Fenstamaker a fee of \$250. Schwenkmeyer testified that of this amount he received thirty-five dollars.

The examination of Schwenkmeyer by Attorney Froome Morris, special counsel for the attorney general, threw much light upon the system followed in quack medical offices. Schwenkmeyer testified that he had been connected with Von Walden for three years, and that for making all medical examinations he received ten dollars a

week. He testified that he diagnosed all cases while Von Walden outlined the treatment. He was asked why Von Walden was not capable of making a diagnosis when he claimed to possess such superhuman ability in treating the patients. He neglected to answer.

Exercising its new right to summon and demand the presence of witnesses (which was also accorded by the last legislature) the Board placed Von Walden on the stand. He admitted that he operated the Von Walden Institute in the Mitchell building, but gave his occupation as a "teacher." To all further questions he refused to answer on constitutional grounds, claiming that his evidence might tend to incriminate him.

As Schwenkmeyer and Von Walden left the hearing room they were arrested by deputy sheriffs, under a secret indictment which had been returned by the Scioto County grand jury at Portsmouth, charging Von Walden with practicing without a license, and Schwenkmeyer with connection with the case. They were then taken to Portsmouth and released under bond pending their trial.

Von Walden is one of the applicants for an exemption certificate under the Platt-Ellis law. His application was one of the fourteen definitely turned down by the Board. Immediately following the hearing he filed mandamus proceedings in Hamilton county to require the Board to issue him such a license.

Dr. Joseph Rardin, Portsmouth, Councilor of the State Society in the Ninth District, was one of the witnesses at the hearing. He has been chiefly instrumental in developing the case against Schwenkmeyer and Von Walden. It has been largely due to his energetic work that this notorious situation has been brought to light.

This case was widely advertised in the newspapers as being the first prosecution under the new "fee-splitting" clause of the Hoy law. The count against Schwenkmeyer based on this count was not taken up at the hearing.

By April 1 certificates to practice "a limited branches of medicine or surgery" under the Platt-Ellis law, had been granted to 388 persons who claimed to practice one of the "healing arts," and to 139 practitioners of chiropody. At that time the applications of fourteen "healers" had been definitely rejected, and the applications of 172 had been withheld pending further investigation.

Certificates were definitely rejected only in extreme cases. One of the applicants, for instance, has since been sent to a state institution for the insane. A woman who sought license to practice magnetic healing was discovered to be in the business of telling fortunes. Another woman who sought a similar license offered to cure an agent of the Board of either Bright's disease or tuberculosis with small pills which she sold him. Extreme moral delinquency was discovered in other cases.

Where definite information regarding the appli-

cant could not be secured from local sources, the Board has withheld the license for a closer investigation of the case. These applicants have been summoned to Columbus for an informal quiz by the secretary. These investigations will continue until the last exemption application is disposed of.

The following is the latest list of applicants to whom licenses were granted. Other previous lists were printed in The Journal February, page 126 and March, page 203. In order to conserve space, we have keyed the following applications according to the formula:

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|---------------------------|------------------------------|
| 1. Chiropractic | 7. Suggestive-therapy |
| 2. Spondylotherapy | 8. Psycho-therapy |
| 3. Electro-therapy | 9. Magnetic Healing |
| 4. Hydro-therapy | 10. Massage |
| 5. Mechano-therapy | 11. Swedish Movement |
| 6. Neuropathy | 12. Chiropody |

Alliance—Newcomer, Mrs. Ella W., (1); Newcomer, Jesse W., (1, 3, 6); Drukenbrod, Miss Minnie, 33 S. Arch St., (10, 3).

Bryan—Fulghum, Wm. J., (4, 3).

Canton—Seed, Mrs. Susan, (1); McDonald, Thos. R., 404 Brown Ave., (1, 3, 12); Siple, Frank R., 971 Shorb Ave., (6, 9).

Chardon—Root, Fred J., (1, 5).

Cincinnati—Coleman, Anna V., 200 Bell Block, (3); Merchant, Julia B., 1220 E. 66th St., (12); Porter, Clara E., 313 Stone St., (12); Stowers, Mazie E., 651 W. 4th St., (12); Wilson, Mary McCoy, 433 Race St., (3); Hartwell, Mamie, 238 E. 4th St., (12); Kratz Lawrence B., 3629 Montgomery Bldg., (5).

Cleveland—Carroll, Ada C., C. A. C. Bldg., (3); Goss, Charles A., 10513 Lee Ave., (1, 5); Heines, Leon, 1523 Superior Ave., (10); Kuhlow, Mrs. Anna, 1397 Giddings Road, (1, 2); Kuhlow, Ernest J., 1397 Giddings Road, (1, 2); Holt, Mrs. Edith Stitt, 2559 Euclid Ave., (12); Ressler, John M., 10729 Gooding Ave., (1, 3, 5); Webster, Franklin D., 5817 Central Ave., (1, 5); Aubrecht, Marie, 323 Euclid Ave., (3); Aubrecht, Rose Anna, 2137 E. 106th St., (3); Dean, Kitty R., 312 Euclid Ave., (12); Epstein, Chas., 2252 E. 55th St., (12); Gordon, Louise, 2501 E. 59th St., (12); Johnson, Wm., 1213 Engineer's Bldg., (12); Kuhles, Barney, 553 Rose Bldg., (10, 4); Kuhles, George W., 553 Rose Bldg., (10, 4, 5); Kuhles, Harry H., 553 Rose Bldg., (10, 4, 5); Maples, N. H., 318 Euclid Ave., (1, 3, 10, 11); Muchlhauser, Herman F., 2256 E. 55th St., (4, 10); Porkorny, Otto J., 5602 Clark St., (3, 4, 10, 11, 1).

Columbus—Santurello, Peter, 84 N. High St., (3); Thompson, Lawrence R., 2512 N. 4th St., (12).

Conneaut—Visser, Peter J., 443 Main St., (1).

Findlay—Fiser, Alice, Argyle Block, (1, 5, 13); Sager, Emma Dell, 519 Putnam St., (1, 3).

Greenfield—Simons, Harry G., (10, 5).

Mansfield—Fouch, Marshall, (1); Andre, Marcellus, 116 Dawson Ave., (4, 10, 3).

Rockford—Boring, Wm. C., (9).

Dayton—Mallory, Robert H., Conover Bldg., (12); Norris, Genevieve, 152 Olive St., (12); Payne, Ida May, 131 Norwood Ave., (12).

Delta—Skeels, Kathryn C., (1); Skeels, Wm. N., (8).

E. Liverpool—McAndrew, Chas. A., (1); Poindexter, E. C., (12).

Lima—Lanferty, Rozella, Kensington Apts., (12).

Marietta—McLaren, Flora C., 504 2nd St., (1); Penwell, Elizabeth S., 311 Third St., (12, 3).

Mt. Vernon—Shearn, Edna E., (4, 3).

Norwood—Kratz, Wm. H., 2440 Mound Ave., (5).

Ravenna—Ingram, Silas, (1).

Salem—Kosselmire, Chas. F., 33 E. Main St., (1).

Sandusky—Koenan, Wm., (1).

Steubenville—Allender, John E., 1412 Euclid Ave., (5).

Stockport—Gage, John Gale, (1, 3).

Toledo—Wyck, Joseph L., 142 Oswald St., (12).

Troy—Bolt, Harry B., 21 W. Water St., (1).

Warren—Gray, Geo. W., South St., (1, 5).

Zanesville—Marsh, Cecil C., 213 N. 7th St., (1, 5); Pedicord, Cora A., 41 S. 5th St., (10).

Under our reciprocity agreements with other states on medical licensure, the following were licensed to practice in Ohio at the meeting of April 3. Intended residence is first given:

Cincinnati—Royal S. Morris, licensed New York, 1913; University of Michigan, 1902; practiced Baltimore, 1908 to 1911; St. Louis, 1911 to 1913; Clifton Springs Sanitarium, 1913 to 1915. Licensed in Michigan, Maryland, Wisconsin, and New York. Will fill the Chair of Medicine at the University of Cincinnati.

Cincinnati—Edmund H. Nieson, licensed Wisconsin, 1915; Marquette, 1915. Practiced in Milwaukee since graduation.

Cleveland—Bernard B. Neubauer, licensed Maryland, 1912; Baltimore Medical College, 1911. Practiced in Detroit since. Edward A. Bailey, licensed Texas, 1913; Meharry Medical College, 1912. Practiced Brenham, Texas, since graduation. Paul C. Lybyer, licensed Illinois 1914; Rush Medical College, 1914; practiced Chicago since August 1914. Theodore Burstein, licensed New York, 1915. Bellevue, 1915; practiced as interne, Williamsburgh Hospital, Brooklyn, N. Y., since graduation.

Canton—William R. Butt, licensed Pennsylvania, 1904; U. of P., 1904; practiced Philadelphia, 1904 to 1915. Member of Philadelphia County Medical Society. Claude D. Hamilton, licensed Maryland, 1913; Coll. P. & S., 1913; practiced at Skyesville, Md., July 1913 to December 1915. Member of the Carroll County (Md.) Medical Society.

Columbus—Rollin V. N. Hadley, licensed Michigan, 1914; U. of M., Homeo. 1914; interne at Union Bethel Dispensary, Cincinnati.

Location Undecided—Frank D. Bigarel, licensed New York, 1900; Albany Medical College, 1900; practiced Port Leyden, 1900 to present time.

Toledo—Joseph C. Gallagher, licensed Missouri, 1913; Washington University, 1901; practiced Valley Park, Mo. Member of the St. Louis County Medical Society.

Oberlin—Florence McKay, licensed New York; graduate Cornell. Will be physician at the College.

Big Plain—Norman C. Browand, licensed Indiana, 1897; practiced in Garrett, Indiana.

Youngstown—Samuel W. Hogsett, licensed W. Va., 1902; University of Louisville, 1902; practiced Huntington, W. Va., since graduation. Hunzio Portoghese, licensed Missouri, 1913; Royal University of Palermo, Italy, 1906; practiced in Palermo 1906 to 1910; St. Louis, 1913-1914, and Herrin, Ill., since April 1914. Member Williamson County Medical Society.

Johnstown—Arthur H. Hixson, licensed Illinois, 1915; Rush Medical College, 1914; interne Presbyterian Hospital. Chicago; six months with Murphy Hospital unit in France.

Next Fracture Demonstration Will Be at Steubenville on April 21; Marion Meeting Was a Success

With an attendance of about seventy physicians, the University Extension propaganda of the Committee on Medical Education was successfully launched by the State Association at Marion on Thursday, March 30. The lecture on "Fractures and Dislocations," by Dr. Charles Edwin Briggs, of Cleveland, was heard with profit by representatives from almost every town in the eight counties included—Marion, Delaware, Logan, Northern Union, Morrow Crawford, and Wyandot.

NEXT AT STEUBENVILLE.

The lecture will be delivered next at Steubenville, on Friday, April 21. An urgent invitation to attend is hereby extended to every physician in Jefferson, Columbiana, Belmont and Harrison Counties—members and non-members. The Steubenville lecture will be given in the Imperial Hotel, and will start promptly at 4 P. M., Eastern time. A subscription dinner will be served at the hotel, at 6 P. M., at 75 cents per plate, and immediately thereafter, Dr. Briggs will proceed with a demonstration of different methods handling practical phases of his subject.

Drs. Walter A. Strayer, James R. Mossgrove and J. C. M. Floyd constitute a committee from the Jefferson County Medical Society to perfect arrangements for this meeting. They have fixed the time of the lecture to coincide with incoming trains. The demonstration will be completed rather early in the evening, so that physicians attending will make good railroad connections.

Those who attended the opening meeting in Marion found it to be distinctly worth while, and it is hoped that the initial lecture in Eastern Ohio will be attended by a majority of the practitioners in these four counties.

MARION ENTERTAINED SPLENDIDLY.

The officers and members of the Marion County Medical Society are to be congratulated upon the clever manner in which they executed the plans for the inauguration of this state-wide movement.

Dr. D. O. Weeks, the Councilor of the Third District, and President C. T. Wiant and others in the society, spent considerable time advertising the meeting in the adjoining counties. Logan County had the largest representation, outside of Marion. The meeting was held in the First Presbyterian Church. Following the afternoon lecture the party adjourned to the basement where the Ladies Aid Society served a splendid chicken dinner. Following this, Dr. Lower spoke briefly, outlining the possibilities of this movement and the extreme necessity of spreading wider knowledge of the care and the treatment of fracture cases. The party re-assembled in the church auditorium and Dr. Briggs devoted nearly two hours to a most interesting demonstration, showing simple forms of retentive apparatus, and illustrating the

more essential features in the diagnosis and treatment of complicated fractures. He also showed the manipulations for the reduction of shoulder and hip joints.

OUTLINE OF PAPER.

The following rough outline of his lecture will give an idea of its scope. The entire lecture, much of which is only lightly touched upon in its delivery, has been prepared in a 40-page monograph, completely indexed, and is distributed by the Committee on Medical Education at the close of the evening. The outline:

I. General Discussion of Fractures.

A. Introduction. Emphasis on fundamental conditions. Development of judgment.

B. Etiology. 1. Frequency and distribution. They constitute about one-seventh of all traumatic lesions; about fifty per cent in upper extremity, twenty-five per cent in lower extremity, twenty-five per cent in head and trunk. 2. Causes. Direct and indirect injury; muscular action. Spontaneous fracture; pathological changes.

C. Pathology. 1. Varieties of fractures. 2. Injuries to soft parts. 3. The process of repair. 4. Conditions affecting union.

D. Symptomatology—evidences of fracture. 1. The importance of an accurate history. 2. Evidences from physical examination.—a. The importance of a logical examination. b. Evidences from inspection; swelling, discoloration, deformity, limitation of active motion. c. Evidences from palpation; sensitiveness, deformity, abnormal mobility, crepitus, limitation of passive motion. d. Radiographic examination; a constant advantage, a frequent necessity for both diagnosis and treatment; plain and stereoscopic plates; inherent difficulties.

E. Differential diagnosis. Of little practical importance.

F. Prognosis; almost invariably satisfactory under adequate treatment except for poor function or more rarely defective union, both of which are considerably increased by poor anatomical results; prognosis in open fractures dependent on infection.

G. Treatment. 1. Primary indications; overcome deformity—reduction; preserve correction—immobilization. 2. Emergency treatment; control of pain; temporary immobilization. 3. Preliminary treatment; radiographic examination followed by a period of delay for temporary recovery of the soft parts.—(a. Advantages of the interval. b. Provisional dressing. c. Contra-indications. d. Local applications.) 4. Correction of deformity—reduction. (a. Manipulations employed. b. The evidence of adequate reduction; correction of deformity, stability of the reduction. c. Contra-indications to reduction.) 5. Permanent treatment—immobilization. (a. Methods employed; limitation of motion, general stability, localized pressure, ex-

tension. b. Apparatus employed; splints, extension, plaster of Paris. c. Verification of retained reduction; radiographic examination; secondary alterations of position and apparatus.) 6. The treatment of open or compound fractures; local and general infection; adequate disinfection, drainage; temporary and final reduction. 7. Treatment by open operation.—(a. Indications. b. Advantages and disadvantages. c. Precautions. d. Procedure. 8. Treatment after retained reduction.—(a. The possibility of infection; care of the dressing; late alteration of position. b. Progress of stability; time of union; factors affecting union; tests of stability.) 9. Resumption of function; limits of safety; treatment of swelling; treatment of joint involvement. 10. Treatment of defective union; constitutional treatment; local treatment, stabilizing apparatus; amputation.

II. Discussion of individual fractures.

A. Head and trunk. Fractures of the skull and spine are of grave and related importance because of involvement of the central nervous system. 1. Fractures of the skull. Vault; base; inferior maxilla. 2. Fractures of the spine. Injury to the cord is not affected by relief of pressure through operation. 3. Fractures of the ribs and pelvis.

B. Fractures of the upper extremity. 1. Scapula. 2. Clavicle. 3. Humerus; upper extremity; shaft; lower extremity, treatment by extreme flexion. 4. Radius; head; shaft; Colles' fracture, pathology, diagnosis, treatment. 5. Ulna; olecranon process; coronoid process; shaft. 6. Carpus; scaphoid bone. 7. Metacarpus, phalanges.

C. Fractures of the lower extremity. 1. Femur; neck; shaft. 2. Patella. 3. Tibia; shaft. 4. Fibula; Pott's fracture. 5. Tarsus, metatarsus, phalanges.

THE REGISTRATION.

Those who registered at Marion: Charles E. Briggs and William E. Lower, Cleveland; I. N. Zels, Carey; R. M. Fulwider, Zanesfield; J. M. Firmin, J. C. Tritch, Findlay; A. J. McCracken, W. H. Carey, W. C. Pay, J. W. Arbogast, W. H. Hamer, Bellefontaine; J. S. Montgomery, Huntsville; Guy J. Kent, J. W. Croft, West Liberty; F. R. Makemson, Lewistown; C. D. Morgan, P. A. Murr, E. D. Helfrich, H. H. Hartman, Gallion.

C. M. Shepard, George V. Sheridan, L. L. Bigelow, G. H. Snyder, Columbus; E. E. Lynch, Mt. Victory; I. N. Bowman, G. O. Maskey, Upper Sandusky; C. J. Bondley, Big Springs; Floyd Miller, J. H. McCartney, formerly of Ching King, China; E. M. Seamens, A. H. Buck, H. N. Day, G. W. Morehouse, A. J. Willy, W. G. Hyatt, Delaware; J. H. Wolfe, DeGraff.

C. D. McCoy, A. S. McKittrick, D. P. Phillips, Kenton; S. D. Foster, Toledo; J. E. Hunter, Greenville; F. M. Wurstbaugh, H. C. Duke, Richwood; E. L. Baker, Kirkpatrick; B. D. Osburn, Waldo; R. L. Pierce, Mt. Gilead; J. H. Jackson, Edison; and nearly every member of the Marion County Society.

Delegates to The State Meeting at Cleveland

Additions to list of Delegates and Alternates published on page 196 of the March issue of The Journal:

Adams—Delegate, O. B. Kirkpatrick.
Fayette—Delegate, R. M. Hughey; Alternate, D. H. Rowe.
Highland—Delegate, J. C. Larkin; Alternate, K. R. Teachnor.
Clark—Delegate, L. E. Niles; Alternate, J. A. Link.
Miami—Delegate, I. C. Kiser; Alternate, T. M. Wright.
Preble—Delegate, W. G. Brown; Alternates, H. Z. Silvers and A. C. Hunter.
Van Wert—Delegate, S. A. Edwards; Alternate, B. L. Good.
Ottawa—Delegate, H. J. Pool; Alternate, S. T. Dromgold.
Cuyahoga—Delegates, F. C. Herrick, R. K. Updegraff, J. E. Tuckerman, A. W. Leuke, J. J. R. Macleod, H. T. Karsner; Alternates, J. G. Spencer, B. L. Spitzig, Fred J. Wood, Myron Metzenbaum, C. W. Stone, D. S. Hanson.
Lake—Delegate, H. N. Amidon; Alternate, E. S. Jones.
Trumbull—Delegate, D. G. Simpson.
Ashland—Delegate, W. N. McClellan.
Mahoning—Delegates, H. E. Welch, H. C. Evans; Alternates, J. L. Washburn, R. G. Mossman.
Portage—Delegate, W. B. Andrews.
Athens—Delegate, C. S. McDougall.
Scioto—Delegate, C. H. Wendelkin; Alternate, G. U. Chabot.
Vinton—Delegate, W. H. Henry; Alternate, A. A. Boal.
Franklin—Delegates, C. L. Spohr, Joseph Price, G. H. Matson, J. B. Alcorn.
Knox—Delegate, J. R. Claypool.
Madison—Delegate, J. F. Kirkpatrick.
Union—Delegate, Angus MacIvor; Alternate, C. D. Mills.
Pickaway—Alternate, O. H. Dunton.

Small Advertisements of Interest

WANTED—A good live man to locate in our town as a practicing physician. A good locality, as other doctors have done well here. Address M. F. Geyer, New Concord, R. F. D., Muskingum County.

FOR SALE—Western Ohio—Want physician to take my \$3,000 practice, home and office of thirteen rooms, drugs, trial case fixtures; electric lights, gas, bath; railroad town, 400; pikes; competition easy; practice established 12 years; \$1,500 required, \$2,500 mortgage, long time; reason, have diabetes. Address W., care this Journal.

FOR SALE—Write for circular illustrating and fully describing our Anderson Utility Stand. Combines a surgical dressing stand, irrigating stand, wash stand, bottle stand, towel rack, storage cabinet, and general work table, all in one. Convenient and saves space. Priced specially low. National Physicians Exchange, 30 E. Randolph St., Chicago, Ill.

For Sale—One of the best opportunities to get into a first-class medical practice in Northwestern Ohio. If you have some money to invest here is your chance to go to work. Address Dr. M., care of the Ohio State Medical Journal, Columbus.

For Sale—Fine surgical instruments in perfect condition; Faught Sphygmomonometer, electrical apparatus, Static machine with X-Ray and radiographic outfit, Violet lamp, vibrator. Lists supplied on request. Death of prominent physician leaves desirable opening for doctor. Residence for sale. Address Mrs. W. E. Morris-Lisbon, Ohio.

 * NEWS OF CINCINNATI *
 * ACADEMY OF MEDICINE *

(Report by W. R. Abbott, M. D., Correspondent)

Meeting of February 28.—Charles L. Miller read a report of and presented a specimen of intussusception of the ileum. This case had been operated upon by John Miller, after having shown symptoms of obstruction for three days. These symptoms, however, were not severe, the diagnosis being made by rectal examination.

The section of bowel was removed and an end-to-end anastomosis made by means of the Murphy button. J. D. Miller, in discussing this case, laid emphasis upon the fact that the patient had not passed mucus or bloody stool.

W. D. Haines, while examining a patient for chronic appendicitis, in a woman who had suffered with dyspepsia for years, accidentally discovered a mass on the inner side of the right thigh, situated just below the ramus of the pubes and to the femur side of the adductor longus. At first, this was taken for an abscess, but the discovery that the mass decreased in size when the patient reclined, led to the diagnosis of obdurator hernia. The hernial opening was closed from the abdominal side at the time the appendix was removed. Dr. Haines' conclusion is that this is the proper procedure in all similar cases.

Robert Carothers' paper embodied a resume of thirty-three cases of fractures of the femur, which he has treated by means of the ambulatory method. This method consists of a plaster cast, which begins as a spica at the hip and extends to the foot. An extension sole is applied to the well limb and the patient is allowed to walk with crutches. If, after checking his results by means of X-ray, the position of the fragments is not satisfactory, correction can be made by cutting a collar of bone at the site of injury. The correction having been made, the gap in the cast is then filled with plaster. This procedure alleviates delay, simplifies nursing and prevents complications incident to old age. Only two of these thirty-three cases required open operation.

Albert H. Freiberg believes that increased mechanical expertness would lessen the number of open operations. Dr. Haines suggests the use of the X-ray to check results rather than for diagnosis. Dr. Lange, who has seen most of the cases presented, said it is surprising what good results have followed bad displacements.

Meeting of March 6.—T. B. Coulter, in his paper, "The Treatment of Chronic Urethritis," said the proper treatment is dependent upon accurate diagnosis of conditions in the urethral and glandular sexual organs. The essayist outlined a treatment to be used as a

routine. The treatment of prostate involvement, stricture, and epididymitis were gone into in detail. Instruments should be selected with care and used with extreme caution. The reason gonorrheal infections so readily tend to become chronic was explained by the low grade of infection, the inflammation produced not being sufficiently active or extensive to produce anti-bodies necessary to cause immunity; together with the fact that a great many conditions only receive treatment until the discharge is checked. In posterior urethritis, strong silver nitrate solutions must be used with the greatest care and with proper technique.

This paper was discussed by E. O. Smith, Robert Staley and Moses Scholtz.

Dr. Ranly read a paper on "The Diagnosis of Astigmatism." Astigmatism is an optical error, or an error of refraction where one meridian of the eye differs from the other, these two meridians usually being at right angles. This, according to the essayist, should not be considered a diagnosis, as practically all eyes have this defect. Dr. Ranly suggested that physicians make a diagnosis of eye-strain, rather than astigmatism, in referring these cases to the oculist. Dr. Ranly described a very simple clock-like chart, which could be used by the physician. The shadow test is the quickest and most accurate means for determining the presence and amount of astigmatism. Some very interesting statistics were given.

Clarence King, opening the discussion, said it is impossible to make a diagnosis of astigmatism subjectively, as the personal element enters largely into consideration. He also believes the shadow test to be the best. This paper was also discussed by Drs. Urner, Bledsoe and Vail.

Elected to membership: Emmet Fayen, Thos. H. Kelly, Joseph L. De Courcy.

A patient whom he had treated with the X-ray for ringworm of the scalp was presented by Sidney Lange. The proper dosage is highly important in the treatment of these cases; underdosage produces failure, an overdose burns the scalp, and still greater doses, alopecia. In the case presented, recovery had been effected, the growth of new hair being complete.

Meeting of March 13.—W. D. Haines, in his paper, "Some Features in the Management of Surgical Disorders of Digestion," dwelt particularly upon the etiological factors of these disorders, which are often secondary to some primary foci in other parts of the body, noticeably infections of the buccal cavities. Detection and the cure of these apparently remote causes may prevent more serious operations of the abdomen. An interesting number of cases were cited covering these points, also the operative procedure used. In many cases of stomach surgery, the essayist

drains the gall-bladder; this practice being based upon the idea of interdependence of organs. The discussion was opened by C. A. L. Reed. He referred to Rosenow, who, first in this country, demonstrated experimentally the role which germ life plays in the production of disorders of digestion.

Drs. Bettman, Pirrung, Ricketts, Mitchell and Orr also discussed this paper.

Magnus Tate presented a case of ruptured ectopic pregnancy. At the time of operation, the patient was in an extremely grave condition, but the recovery proves the point which Dr. Tate wished to emphasize: That when bleeding in the abdomen is present, operation is always advisable, however serious the symptoms.

E. O. Smith presented two cases of foreign bodies removed from the bladder; the first, a case in which a large piece of slippery elm bark had been introduced by mistake into the bladder, instead of the uterus, in an attempted abortion. The case was interesting from the fact that the bark had remained in the bladder one week and the operator was able to remove it through the operating cystoscope. The second case was a catheter in a male bladder, but it had been necessary to open the abdomen in this operation.

J. Stewart Hagen was elected to active membership; Dr. George Foster Smith, of Lawrenceburg, Ind., to associate membership.

A rather rare form of ichthyosis was presented in a case of ichthyosis hystrix, in a patient of Moses Scholtz. The condition has practically been present since birth, involving all portions of the body, with slight improvements during the warmer seasons of the year. The prognosis for an ultimate recovery is very poor. The mother is also affected with ichthyosis, indicating the disease to be hereditary in character. In discussion, Dr. Drury spoke of the hereditary tendencies and cited a similar case in his own experience.

Meeting of March 20.—Oscar Berghausen's paper, "Diagnosis and Treatment of Septicemia," was based upon a series of fifty cases, in which the essayist emphasized the value of blood cultures and blood counts. The prognosis in patients in whom a positive blood culture has been made is more grave than in those in whom the blood culture is negative. Other things being equal, staphylococcic is less serious than streptococcic infection; while in terminal infection, colon bacilli are commonly found.

The longer the course of disease, the more favorable the prognosis.

The blood count is of importance because we are enabled thereby to determine the presence or absence of a severe grade of secondary anemia, or of acute leukemia.

The white count itself is of little value, although a low white count usually indicates a bad prog-

nosis. On the other hand, a differential count is of very great value, a high or increased polymorphonuclear count, indicating a grave prognosis, particularly when the total white count is low. This is nature's attempt to combat infection.

In only two cases which recovered was the polymorphonuclear leucocytosis above 85 per cent. An absence of eosinophiles also indicated a serious prognosis. In the treatment of these cases the autogenous serums were mostly used, with success. The status of the stock serums has not been sufficiently established. Other forms of treatment, rest, medicinal, surgical, bactericidal were gone into by the essayist.

This paper was discussed by Allen Ramsey, Jas. E. Rowe and Walter Griess.

The president appointed the following committee to draw up resolutions on the death of William Campbell: Magnus Tate, B. F. Lyle and A. A. Yungblut.

A motion was made and passed to the effect that "the Cincinnati Academy of Medicine notify the Hempstead Academy of Portsmouth that they are privileged to draw upon the Cincinnati Academy for a sum not to exceed \$75.00 for the purpose of the prosecution of R. von Walden."

* NEWS OF THE COLUMBUS *
* ACADEMY OF MEDICINE *
* *****

(Report by L. L. Bigelow, M. D. Correspondent)

Meeting of February 28.—E. A. Hamilton related "Experiences in a German Military Hospital" and H. H. Snively told of "Experiences in Red Cross Work in Russia and Persia." Dr. Snively's talk was illustrated with lantern slides.

J. H. J. Upham introduced the following resolution and moved its adoption. Motion was seconded and carried without dissent:

"Whereas, The detrimental influence of pathological oral conditions upon the entire system is becoming quite generally recognized; and

"Whereas, The greatest progress in preventive medicine can be promoted and the best interests of humanity served, thru a harmonious cooperation of physicians and dentists, this being especially true of service in the United States Army and Navy; therefore, be it

"Resolved, That the Columbus Academy of Medicine recognizes this close relation, as well as the importance of such cooperation, and heartily endorses the efforts of the Legislative Committee of the National Dental Association to increase the efficiency and raise the status of their representatives in the Army and Navy service, as follows:

"(1) By eliminating the contract status and providing in its stead a Dental Reserve Corps.

"(2) By providing actual rank and a proper flow of promotion up to and including one Colonel, as head of the corps. Be it further

"Resolved, That the President and Secretary are hereby authorized to forward copies of these resolutions to Ohio's representatives in Congress."

There being no further business the meeting adjourned. Attendance, 210.

Meeting of March 6.—Leslie M. Lisle read a paper on "Infantile Scurvy." Discussion by D. L. Moore and A. G. Helmick.

J. A. Van Fossen read a paper entitled "Clinical Cardiac Pathology." Discussion was opened by J. D. Dunham and continued by Drs. Blakey, Gordon, McGavran, Baldwin and Ramsey.

Attendance, 63.

Meeting of March 13.—C. H. Wells read a paper entitled "The Harrison Act as it Relates to the Physician." Discussion was opened by J. F. Baldwin and G. H. Matson. The courtesy of the floor having been extended to visitors, Mr. Stuart R. Bolin, U. S. District Attorney, and B. E. Williamson, Collector of Internal Revenue, spoke briefly answering certain criticisms made by the essayist and the previous speakers. The paper was further discussed by Drs. Goodman, Kinsell, E. A. Hamilton and Collison, Dr. Wells closing the discussion. Colonel C. Willcox of the U. S. Barracks delivered an address on "Medical Preparedness for War."

Attendance, 135.

Meeting of March 20.—C. M. Shepard read a paper entitled, "Infantile Paralysis." Discussion by Drs. Bigelow and Warner, Dr. Shepard closing.

H. W. Whitaker read a paper on the "Ethical Influence of the Great War on Medicine—on the Medical Profession."

A letter was read from Robt. O'Brien, Secretary of the Clean-Up and Paint-Up Campaign, requesting that the Academy appoint a representative to co-operate with the general committee in this movement. The matter was referred to the president with power to act.

Attendance, 58.

NEWS OF CLEVELAND ACADEMY OF MEDICINE

(Report by J. E. Tuckerman, M. D., Correspondent)

The one hundred and twenty-sixth regular meeting of the Academy of Medicine was held Friday, January 21, 1916, at the Cleveland Medical Library, the president, Wm. E. Bruner, in the chair.

On motion by C. F. Hoover, the secretary of the Academy was directed to communicate with the Ohio State Medical Board that the members of the Academy approve the ruling of the board as announced—that hospitals maintaining schools of nursing must have a daily resident average of fifteen patients.

PROGRAM.

1. *Outline of Results of Starvation Treatment for Diabetes*, by C. D. Christie, M. D.

The report covers a series of cases treated under the observation of the speaker at the Lakeside

Hospital, and shows results which were obtained under the "Allen" treatment, so-called. The methods employed by Allen differ from those heretofore employed, chiefly in regard to the freedom with which he uses starvation to render his patients sugar free. He previously showed that starvation does not favor the development of an acidosis.

The routine treatment as employed at Lakeside Hospital consists of putting the patient, on admission, on a so-called test diet, in which the available sugar content can be accurately determined. During the two days in which the patient remains on this diet, determinations made on the patient's blood and urine enable deductions to be drawn as to the degree of severity of the diabetes in any given case.

The same having been determined, the patient is put on starvation. During this period he is given small amounts of whisky at intervals, or black coffee, unsweetened, if desired. The whisky furnishes him with readily convertible energy, and as it does not pass through the sugar stage in its metabolism, is not contra-indicated. The patient is kept on starvation until he is sugar free. In the average case under observation, several days sufficed to render the patient sugar free. Several cases were kept on starvation for periods as long as 10 to 12 days. Two patients died, but in neither case could the starvation or general treatment be held responsible.

When once sugar free, the patient is started on small amounts of carbohydrate, protein and fat, gradually increased. At first it is desirable to use vegetables twice boiled, the first water being discarded. In this way the patient receives a large bulk with a relatively small carbohydrate content.

Under this treatment the large percentage of the cases reported became sugar free and remained so. Before leaving the hospital they were instructed as to diet, testing their urine for sugar, etc. A number of cases discharged, but still under observation, show excellent results, having remained permanently sugar free.

The poorest results are obtained in the class of patients which come under the category of absolute diabetics, where even after complete rest, the pancreas is unable to resume even a tithe of its former function.

The treatment of diabetes as outlined by Allen represents one of the greatest therapeutic advances of recent years.

E. P. Carter, in discussion, asked what experience the speaker had had with trophic lesions, in his case of diabetes. He cited a case under his observation at City Hospital, where the patient, a man with an extensive diabetic gangrene of the foot, had cleared up promptly when glycosuria and hyperglycemia were abolished.

J. J. R. Macleod, in discussion, called attention to the observation that the principles of the

method of Allen are not original with him, but were advocated and practiced by a number of workers, in the past.

C. F. Hoover, in discussion, declared that it is only with the present treatment at its command that the medical profession has been able to do anything but nurse diabetics. All credit should be given to Allen. Other observers of the principles employed by Allen are like the scientists who saw lightning before Franklin. The speaker served in a number of the clinics where the principles were said to have been employed, but they were not used. Allen had the courage to starve diabetics in the face of a possible acidosis.

Stewart cited a statement by Pavy, to the effect that in the case of diabetics, if the carbohydrates in their food were diminished for a little while, one could then give larger quantities of carbohydrates which would be tolerated. Allen is the originator of this treatment, but others who preceded him should be given credit as well.

N. Rosenwasser called attention to the fact that in treating diabetics he had for years advised them to double boil their meat. He disagreed with the giving of whisky, on the grounds that if rest were the object of the starvation, the administration of whisky was not conducive to it.

C. D. Christy, in rebuttal, declared that starvation is an absolute necessity in the treatment of diabetes. It is interesting to note that in some cases, complicated, the one with a gangrene, another with an eczema and still another with a carbuncle, these lesions cleared promptly on treating the diabetes.

2. *Dissociation Jaundice*, by C. F. Hoover, M. D.

The condition was first observed and described by French clinicians and a few cases have also been recorded from time to time in the German medical literature. Accounts of no cases have appeared in the English literature.

The meaning of the term dissociation jaundice is obvious and is exemplified by cases in some of which bile salts have been held back, only the pigments appearing in the blood, urine, etc., and vice-versa. The evidence on which the verity of such cases rests is a slender one. We can only accept a case as one of genuine dissociation jaundice when observations relative to bile salts and pigment in the blood, skin, urine and stool have been made. The absence of pigment or salts from the urine by no means proves that the same do not exist in the blood.

Thus, the case of a woman with an acute syphilis, roseola, psoriasis of the palms, with a nesting places for the diphtheria bacillus. All the cases treated by tonsillectomy showed positive cultures of diphtheria from the tonsillar crypts, even when cultures taken from the surface of the organ were negative. Many of the cases treated have been under observation for a

considerable period, and the cultures from the throat have without exception remained negative.

2. *Glioma*, by Wm. T. Councilman.

The symptoms, pathology and methods of growth of brain tumors are extremely interesting. Nowhere else are abscess, cyst, tumor, tubercle and gumma so confused as in the brain. Tumors of the brain may originate from a number of sources, from the meninges, from tissue remnants, from glands enclosed within the brain.

The glia itself is one of the most amazing of tissues. Structurally it conforms more closely to fibrous tissue than to any other. Virchow's description of the glia is extraordinarily accurate. To Weigert we are indebted for discovery of methods for staining the tissue. The glia is especially interesting because it is the best example of syncytial tissue in the body. In this type of tissue we have complete blending of the cellular and the intracellular substance. It consists of a fine mesh work, a sponge work of reticulum, in which the nuclei are imbedded.

Tumors of the glia are distinctive. Other types of tumor growth originate from a single cell. The tumors of the glia, on the contrary, are not single but multi centric. Other tumors grow into the surrounding tissue and displace it. The glia, however, infiltrates, and the surrounding tissue takes on the character of the new growth. The glioma is also the most diffuse of tumors. One cannot define its limits with the eye. The glioma never metastasizes. It evidently does not find capacity for growth elsewhere. Further, the glioma does not invade blood vessels, so that there is not method for the cells to escape from their original site.

The speaker showed a large series of slides, of both gross and microscopic specimens. A large number of the specimens had been furnished the speaker by Dr. Harvey Cushing.

C. F. Hoover, in opening the discussion, said that he had registered no great triumphs, either diagnostically or therapeutically over gliomas.

G. W. Crile pointed out that surgical treatment of gliomas represented the most dangerous and discouraging field of brain surgery.

J. E. Tuckerman asked the speaker what method he had used to secure such perfect photographs of gross specimens.

W. T. Councilman, in rebuttal, said that some of the specimens had been photographed immersed in water, others covered with alcohol.

Dr. P. C. Marquart, Osborn, will be a Republican primary candidate for treasurer of Greene county.

Dr. Charles I. Kimerline, New Washington, has been appointed coroner of Crawford county, to fill the vacancy caused by the death of Dr. C. D. McLeod.

COUNTY SOCIETIES

Montgomery County Medical Society met Friday evening, February 25. The general subject for consideration was "Diagnosis of the Right Abdominal Region." E. M. Huston discussed the question of Appendicitis; H. H. Hatcher, Gall Bladder and Duodenum; C. A. Coleman, Kidney and Ureter; and N. D. Goodhue, Pathological Diagnosis. The discussion of the papers was participated in by a large number of the members present. Lantern slides were used to illustrate some of the papers.

March 10. The papers of the evening were presented by H. Kennon Dunham, Cincinnati, on "Diagnosis of a Slight Tuberculous Lesion of the Lungs." The discussion was led by Harry Freudenberg, superintendent of the tuberculosis sanitarium, Cincinnati. A resolution was adopted urging upon the county commissioners the necessity of early action in the selection of a site for the proposed tuberculosis sanitarium.

Miami County Medical Society met at the Piqua Club, Piqua, Thursday, March 2, at 2 P. M. After an important business session, J. B. Barker, of Piqua, read an excellent paper on "The Workman's Compensation Law; Its Relation to the Physician." An interesting discussion followed. Resolutions were adopted on the death of L. S. Hoover, of Laura, a member of the society.—R. D. Spencer, Correspondent.

Darke County Medical Society met Thursday, March 9, with 23 members present. L. G. Bowers, Dayton, presented an interesting paper on "The Clinical Significance of Pain," and "Referred Points of Pain," placing emphasis upon a careful history, followed by a physical examination of the patient, the examination to be assisted by a laboratory examination of blood and urine. Mark Millikin, Hamilton, read a paper on "Urinary obstruction," and advocated the use of the aspirator in all cases where urethra is closed either with traumatism or stricture. Hugh Gibson Beatty, Columbus, followed with an interesting and instructive paper on "Defects of Speech," giving an outline of the chief centers and association paths in the brain, dealing with the sense of hearing and speech, motor and sensory deafness, and chief speech defects in school children.—J. E. Hunter, Correspondent.

Clark County Medical Society held its two regular meetings this month in the Commercial Club Rooms. On March 15, F. A. Hartley read a very well prepared paper on "Mastoid Infections," going at some length into the causes and treat-

ment of these conditions. He presented several cases which had been operated.

On March 27, Will Ultes read an interesting and instructive paper on "The Use of X-Ray in the Gastro-Intestinal Tract" and he exhibited plates portraying many of the conditions. A. R. Kent, of Springfield and Dr. Mart S. Collins, of North Hampton were elected members of the Society.

The attendance this month has been very good. A buffet luncheon was served.—Clement L. Jones, Correspondent.

Champaign County Medical Society held its regular monthly meeting March 9, in the mayor's office, Urbana, with a good attendance. J. E. Hunter, Greenville, read a paper on "Tonsils as a Source of Infection," while W. B. Patton, of Springfield, read a paper on "Heredity of the Feeble-minded."

Greene County Medical Society met March 2, at 11 A. M., in the rooms of the Xenia Business Men's Association with Vice President Richison presiding. Eighteen members were present and the following visitors: W. B. Patton, Springfield, J. E. Hunter, Greenville, Dr. Dodds, returned medical missionary, and Miss Clara Dodds, city nurse.

W. A. Galloway was elected a member of the State Defense Committee. Dr. Whitaker reported a case of hydramnios.

Dr. Patton spoke in behalf of the Clark County Society, which society entertains the District meeting, October 4th and is seeking the State meeting for 1917.

The papers of the day were read by Dr. Hunter on tonsils as avenues of systemic infection, and Dr. Patton, whose paper was entitled "Heredity of the Feeble-minded." Society adjourned to luncheon.—H. C. Messenger, Correspondent.

Shelby County Medical Society met March 2. The meeting was called to order by the vice president, A. W. Reddish. In the absence of the secretary, O. O. LeMaster was elected secretary pro tem. An interesting paper on "Pituitrin" was given by A. B. Gudenkauf. A very lively discussion by Drs. Costolo, Hobby, Silvers, Hussey, and Reddish ensued which brought varied opinions concerning the merit of the drug derived from the personal experience of each. Meeting adjourned to meet again the first Thursday in April.—O. O. LeMaster, Correspondent.

THIRD DISTRICT

Seneca County Medical Society held its March meeting at the Mercy Hospital, Tiffin, in the form of a clinic. The following program was presented: H. L. Wenner, cholecystotomy, osteomyelitis, showing the use of the power drill and saw; pelvic abscess, tuberculosis of astragalus, removal of lipoma.—H. B. Gibbon, perinaeorraphy and

trachelorrhaphy. C. F. Daniel, osteomyelitis, dilation and curretment, amputation of penis for Carcinoma. E. H. Porter, trachoma, mastoid operation, tumor of the larynx. G. L. Lambright, re-educational treatment of locomotor ataxia; empyema, showing the clinical findings, laboratory findings, results of drainage. Williard J. Stone, Toledo, blood pressure and digitalis therapy. Geo. W. Willard, suspected carcinoma of stomach. At noon a delicious buffet luncheon was served at the hospital to forty visitors. Many instructive cases were presented. Dr. Stone's address was very thorough and explained the significance of blood pressure findings and the use of digitalis in a manner that the listeners were very grateful for.—Geo. L. Lambright, Correspondent.

Allen County Medical Society and dentists of Allen held a joint session at the City Hospital, Lima, Tuesday, March 7, with an attendance of more than 50. F. L. Faust delivered the address of the evening, on the subject of "The Relation of Dentistry to Medicine." W. W. Beauchamp opened the discussion. After the program was concluded, a box of Florida fruits sent by W. E. Hover, was opened and samples given to all present.

Auglaize County Medical Society held its regular meeting March 16, at St. Marys, with a good attendance. L. G. Bowers, of Dayton, presented a paper on "Diagnosis of Abdominal Pain," and F. A. Shuffleton, of St. Marys, on "Significance of Pain in the Lower Limbs."

Hancock County Medical Society had a very enthusiastic meeting with E. J. Thomas, at his office. Discussions concerning contemplated changes in the constitution and concerning health insurance were spirited. No action was taken but communications were filed for further investigation. Dr. Baker reported a case of paralysis of inner half of optic nerve. E. J. Thomas read a paper on Roentgen Rays, and demonstrated a number of cases with plates. The Board of Health and Findlay Council are considering the appointment of a district nurse.—Nelia B. Kennedy, Correspondent.

Hardin County Medical Society held a very interesting meeting Thursday, February 24, in the public library, Kenton. The session was well attended. Interesting and instructive addresses were given by Willard J. Stone, Toledo, on "Nephritic and Cardiac Types of Arterial Hypertension, Prognosis and Treatment;" Louis A. Levison and John T. Murphy, Toledo, "Certain Medical Consideration of Gastric and Duodenal Ulcers, with Roentgen Findings;" J. S. Hedrick, Dunkirk, "The Menace of Inherited Defects."

Logan County Medical Society met Friday, March 3, in Bellefontaine. Attendance 20. F. B. Kaylor presented an interesting paper on complications in obstetrics. Guy Kent, West Liberty, read a paper dealing with the changed conditions in the practice of medicine. The paper was generally discussed. A committee was appointed to revise the fee bill, a part of its duty being to prepare statements to submit to the public. The committee is composed of E. R. Henning and F. B. Kaylor, Bellefontaine; J. C. Blinn, Rushsylvania, and V. F. Barrett, Lakeview.

Mercer County Medical Society met at Celina, for a short business session. On account of the very bad condition of the roads, there was a small attendance, and the scientific program was postponed to May 23rd, at which time the summer monthly meetings begin. J. E. Hattery was elected as auxilliary committeeman for this county an medical defense. L. M. Otis made application for membership. A sub-committee on program, representing different sections of the county, was appointed as follows: G. R. Hagerman of Mendon, J. P. Symons of Rockford, F. H. Brumm, of Cold Water, R. S. Wilson of Chattanooga, and H. G. Rawes of Chickasaw. We are planning to make 1916 the banner year for the society.—W. H. Richardson, Correspondent.

Wyandot County Medical Society met Friday evening, March 3, in the offices of Drs. Sampson and Maskey, Upper Sandusky. Officers for the year were elected as follows: President, Frederick Kenan; vice president, B. Moloney; secretary, J. C. Bowman; corresponding secretary, I. N. Bowman. G. O. Maskey was elected as delegate to the state meeting to be held in Cleveland in May, and G. W. Sampson, as alternate. A resolution was adopted, endorsing medical inspection of school children. Baby Week was also commended by the physicians present.

FOURTH DISTRICT

Defiance County Medical Society met in Defiance on February 23. There was no program, but the meeting was given up to the informal discussion of the interests of the society and to business affairs. As a "get together" meeting it was pronounced success, and there was an unusual degree of enthusiasm manifested.

It was decided to hold meetings of the society bi-monthly. By invitation of George E. Winn, Defiance, the regular meeting on April 1? will be held at his residence and the physicians present will be his guests at a supper after the meeting. J. J. Reynolds, Defiance, will read a paper upon "Diagnosis in Diseases of the Heart" and John D.

Westrick, Health Officer of Defiance, will speak upon medical matters especially pertaining to the public health.

Fréd W. Watkins, who recently removed from Fultonham to Defiance, was elected to membership.—John B. Ury, Correspondent.

Van Wert County Medical Society met in the City Hall, Van Wert, on Monday evening, March 6. The following papers were presented: "Sycosis: Report of Cases," E. B. Mauk; Sanitarium Treatment of Tuberculosis, C. A. Files; "The Visiting Nurse and Her Work," Miss Davison, Columbus.—C. G. Church, Correspondent.

FIFTH DISTRICT

Sandusky County Medical Society met in the City Hall at Fremont, Wednesday evening, March 22. There were 12 members present and a very enthusiastic meeting was held.

Three new members were added to our society. H. E. Deemer, Fremont; Chas. J. Wehr, Bellevue; W. H. Booth, Lindsey.

E. M. Ickes was chosen delegate to the state meeting at Cleveland and C. R. Pontius as our representative for co-operative medical defense. The annual dues were raised to \$1.00 per year.

A very interesting paper was read by O. C. Vermilya. Subject, "The Doctors' Dollars." As most of the men present had lost money in goldmine and other stocks of an allied nature the session developed into an experience meeting, and as honest confession is good for the soul there should be much real benefit derived.

Plans were made for arranging a program for the entire year and we hope to take on new vigor and derive much good from our society. The regular meeting will be held April 27. Dr. Sackett will read a paper on diseases of the middle-ear.—D. W. Philo, Correspondent.

Ashtabula County Medical Society met at the Ashtabula General Hospital on Tuesday evening, March 7. Application for membership of A. W. Thomas was accepted. The society approved the appointment of S. H. Burroughs as county committeeman for co-operative defense. The proposed amendments to the state constitution, providing for co-operative defense and associate membership were read. Clyde L. Cummer, Cleveland, read a very able and instructive paper on "Syphilis from the Standpoint of the Internist, with Especial Reference to Modern Methods of Diagnosis and Treatment." A general discussion followed. A vote of thanks was extended to Dr. Cummer.—R. B. Wyncoop, Correspondent.

Lorain County Medical Society met at 5 P. M. dinner at the Elk's Club, Elyria, March 14. Six applications were received and approved, making

eleven new additions to our membership since January 1. The following program was carried out: S. V. Burley, Lorain, "LaGrippe from Rhinologist's View;" George Gill, Elyria, "Sinus Complications of LaGrippe;" C. O. Jaster, Elyria, "Ear Complications of LaGrippe." The papers occasioned an unusual interest and a very general discussion, making this one of the most valuable meetings we ever held. Eighteen were present at the delightful repast, which was a fitting prelude to the session. The secretary reported all members' dues paid for 1916.—C. O. Jaster, Correspondent.

Erie County Medical Society met at the Sunyendeand Club, Sandusky, at 8 P. M., on February 25. L. C. Grosh, Toledo, read a very important paper on blood pressure and John G. Keller, Toledo, read a very interesting paper on functional kidney tests. Both papers were very much appreciated by all members present. The society voted to co-operate with the Woman's Federation of Clubs in the Better Baby Campaign to be held in Sandusky during the week of March 4th. Drs. W. G. Stearns and C. W. Wycoff of Cleveland, addressed the public meeting held on March 4.—H. D. Peterson, Correspondent.

SIXTH DISTRICT

Summit County Medical Society met Tuesday evening, March 7, with 41 present from Akron, Copley, Doylestown and Inland. President J. N. Weller occupied the chair. New members admitted are S. B. Barrett, of Akron, and Rev. M. V. Halter, of Elyria. Dr. Halter practiced medicine in Akron until 1912, when he went to Rome to study for the priesthood. He is now assistant of St. Mary's church in Elyria.

Three applications were presented. Upon behalf of Mrs. C. E. Norris, R. H. McKay presented the library of the late Charles Eugene Norris, M. D., numbering 250 volumes, to the society, a very valuable addition. It was the wish of Dr. Norris that the society receive his books. A vote of thanks was tendered Mrs. Norris.

The program consisted of a series of ten-minute lectures upon the more essential parts of medical and surgical subjects.

1. "Tuberculosis"—Early diagnosis, D. S. Bowman; discussion, J. N. Weller, E. S. St. J. Wright.
2. "Gastric and Duodenal Ulcer"—Etiology and symptoms, E. W. Barton; discussion, J. H. Webber, R. H. McKay.
3. "Cardio Vascular Changes"—Early symptoms, F. C. Newcomb.
4. "Loss of Weight"—Causes, C. F. Wharton; discussion, T. K. Moore.
5. "Cancer"—Early diagnosis, J. D. Smith; discussion, F. W. Riley, D. H. Morgan, R. H. McKay, S. St. J. Wright.
6. "The Exanthemata"—Discussion, C. H. Hill, T. K. Moore, V. D. Seidel.

Under the last heading the diseases discussed

were diphtheria, scarlet fever, smallpox, measles, chickenpox.—A. S. McCormick, Correspondent.

Mahoning County Medical Society met on the evening of March 21. The largest attendance of the year was recorded, sixty-six members and guests being present from Columbiana and Trumbull counties, and New Castle, Pa.

Dr. George DuBarry Dunn was elected to membership. A communication from L. B. Smith, now on parole from the State Penitentiary, asking that the society recommend to the State Board of Medical Registration that his license be restored, was tabled. Smith was convicted for the illegal sale of narcotic drugs. The paper of the evening was by Carl D. Camp, Professor of Neurology, University of Michigan, on "Hysteria, Neurasthenia, and Traumatic Neurosis." The paper was highly instructive to the general practitioner. Dr. Camp was elected to honorary membership in the society.—H. E. Patrick, Correspondent.

Stark County Medical Society met in Canton, Tuesday, March 21. The program included the following papers: "Pneumonia in Children," by F. G. King, and "The Matter of the Diagnosis," by H. H. Bowman.

SEVENTH DISTRICT

Jefferson County Medical Society met Tuesday, March 14, in Steubenville. The subject for the day was "The Modern Treatment of Pneumonia." S. J. Podlewski opened the discussion. There was a short business session. A large number of applications for membership were presented.—J. R. Mosgrove, Correspondent.

Tuscarawas County Medical Society held its regular monthly meeting in Uhrichsville, on Tuesday, March 7. The program consisted of reports of cases and was very interesting. The attendance was not large, but it did not lack in interest to those present.

News Notes.—G. E. Calhoun fractured his right arm on February 25, while cranking his automobile. A. C. Dempster, of Uhrichsville, who was sick for several weeks is again practicing.—Tracy Haverfield, Correspondent.

Belmont County Medical Society met Tuesday, March 7, and elected John A. Clark as medical defense committeeman. The society is in an unusually good condition. The annual dues have been increased to \$5.00, with no complaints.—James S. McClellan, Correspondent.

EIGHTH DISTRICT

Muskingum County Academy of Medicine held its twenty-fifth meeting and annual banquet on Wednesday evening, March 8, at the Clarendon

Hotel in Zanesville, with an attendance of 32. E. M. Brown presided. After the reading of the minutes by Dr. Brush, the paper of the evening, on Infant Feeding, was presented by Arthur G. Helmick, of Columbus. Dr. Helmick fully discussed the subject, which is assuming increased importance in medical practice, analyzing the main principles and urging the physicians in general practice to take advantage of the modern development of scientific knowledge in this field. He particularly condemned the use of proprietary baby foods, holding that they are fully as bad as Peruna or the "Lydia Pinkham's" mixture. The paper developed a very interesting discussion, led by Granville Warburton, and participated in by Drs. Loebel, Sealover and Dusthimer.

Mr. G. V. Sheridan, Columbus, executive secretary of the State Association, talked informally upon pending legislation. Mr. Sharer, Zanesville, president of the Life Underwriters Association, discussed the relation of the insurance man to the physician, and urged the co-operation of the Muskingum County profession in the "Baby Welfare Week" which will be held in May.

Muskingum county after some internal dissension, is coming to the front in splendid style, and may be relied upon to have one of the largest and most active societies in the state within a very short time.

Washington County Medical Society met in regular monthly session Monday evening, March 8, with a large attendance. Paper was presented by Dr. Williams, of Marietta Hospital, on "Treatment of Pneumonia." It was very interesting, bringing the treatment up to date, and was thoroughly discussed by every member present. The society meets the second Wednesday of each month with adjourned meetings every Wednesday evening. The society is in a flourishing condition, and fifty percent of its membership has been placed in good standing for 1916.—F. E. McKim, Correspondent.

Licking County Medical Society met in regular session Friday evening, February 25, at Hotel Warden, Newark. The principal business of the meeting consisted in making arrangements for the program for the coming year.

NINTH DISTRICT

Pike County Medical Society met in regular session at J. L. Caldwell's office Monday, March 6, with a good attendance. A most excellent paper was read by T. H. McCann on "The Importance of the Early Diagnosis of Gall Bladder Diseases," and was discussed by all the members. E. M. Dixon gave a very interesting talk on "Early Manifestations of Addison's Disease." The next paper will be presented by O. C. Andre on "Luk-

emia, with Report of Several Cases." Adjourned to meet on the first Monday in April, promptly at 1 P. M., at the office of T. H. McCann, Waverly.—I. P. Seiler, Correspondent.

Scioto County.—The Hempstead Academy of Medicine met in regular session February 14. A timely paper on influenza was read by Harry Rapp. Discussion by nearly all those present followed. The annual dues were increased from three to five dollars.

G. T. McCormick and G. W. Martin were elected to membership. W. E. Gault was reinstated to membership. A. R. Stewart, South Webster, was proposed for active membership.

Hempstead Academy met in regular session March 13, with Vice President C. S. Early in the chair. A discussion opened by D. A. Berndt on "Interesting and Unusual Experiences in Obstetrics" was entered into by nearly all the members present. W. A. Ray, formerly a member of Jackson County Society was elected to membership. Attendance, twenty.—O. D. Tatje, Correspondent.

TENTH DISTRICT

Crawford County Medical Society held a postponed meeting at the Commercial Club Rooms, Galion, on February 15, with Charles Trimble in the chair. A. G. Helmick, Columbus, read a timely and instructive paper on "Modern Therapy in Pediatrics," advocating more attention to feeding and less to medication. A fitting companion to this paper was "Some Recent Advances in Obstetrics," by S. J. Goodman, Columbus. Both papers were freely discussed.—W. G. Carlisle, Correspondent.

Delaware County Medical Society met in regular session at the Court House on Friday evening, February 4, at 8 P. M. J. M. Miller presented a case of double Colles' fracture—a very interesting case in which a good union was found in each arm. A. J. Willey reported a case of tubal pregnancy that had been operated upon, which was very instructive. The Cabot Case Records were read by Drs. Miller and Crickard. C. W. Chidester was elected to serve as medical defense committeeman for one year.

At the March meeting, A. H. Buck was elected delegate and C. W. Chidester and O. W. Bonner alternates to the Ohio State Medical Meeting at Cleveland. Dr. McCartney, a surgeon of 25 years experience in China, was present and contributed much towards the entertainment of the evening.—A. H. Buck, Correspondent.

Knox County Medical Society held its regular monthly meeting March 8, at the Mt. Vernon Hospital. H. W. Blair read a paper dealing with obstetrics. T. L. Elsy was elected to membership.

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No further business of general interest was transacted.

Madison County Medical Society met in London on February 25, with a good attendance of members. The scientific program was provided by Drs. Rosnagle and Kirkpatrick, the former presenting a paper on the "Schick Reaction" and the latter, one on "Organotherapy." Both papers were well received by the society as was evidenced by the interested discussion that followed. The society is enjoying a year of keen activity.—W. F. Smeltzer, Correspondent.

Morrow County Medical Society held its regular meeting in Mt. Gilead, March 1. We had with us on this occasion Drs. Drury, Bowen and Thomas, of Columbus, and Dr. Todd of Galion; also a good representation from our local membership. Dr. Drury gave a talk on some difficult fractures, Dr. Bowen illustrating the same with stereoptican X-Ray plates. After this talk, Dr. Drury opened out in a Billy Sunday style of talk on appendicitis and gall bladder diseases. This talk certainly created interest, and a very enthusiastic discussion followed participated in by nearly every one present. Charles Bowen then gave a very interesting and instructive address on cancer, illustrating his talk with stereoptican views, showing the cases before and after treatment. His talk was very positive and sanguine as to the cure of this disease, the pictures showing fine results secured by the X-Ray.

This was one of the most profitable and wide-awake meetings that Morrow County has had for some time, and we most earnestly invite all present to come back again and bring their friends.—R. L. Pierce, Correspondent.

Pickaway County Medical Society convened in regular session March 3, with large attendance. After the regular business was disposed of Dr. J. E. Allport of Akron, an expert on the construction and equipping of modern hospitals was introduced. The doctor gave a most instructive talk lasting two hours, for which the society extended to him a hearty vote of thanks. Fifty percent of the members have paid their dues, \$5.—D. V. Courtright, Correspondent.

Ross County Academy of Medicine met March 14 with an attendance of fourteen members. Loy E. Hoyt read an interesting paper on the "Knee-Chest Position in Diagnosis and Treatment." Mr. Lyon, of the Lungmotor Co., was present and gave a demonstration of the machine. Mr. C. J. Ware has recently added that apparatus to the equipment of his ambulance, and has offered its use free to the citizens of Chillicothe.—R. E. Bower, Correspondent.

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NEWS NOTES OF OHIO

Dr. Arthur Zellars, Union City Ind., has located in Greenville.

Dr. C. G. McPherson, Xenia, has recovered from an attack of scarlet fever.

Dr. Washington Foster has been appointed health officer of Amherst.

Dr. and Mrs. H. W. Pyle, Oberlin, will return about April 15 from Florida.

Dr. H. R. Evans, formerly of McGuffey, Ohio, has moved to Helena, Ohio.

Dr. R. H. Spitler, Greenville, was appointed Darke county infirmary physician.

Dr. and Mrs. R. L. Haines, Paintersville, are mourning the loss of their infant son.

Dr. D. E. Spahr, Xenia, is spending three weeks in Florida, fishing and visiting relatives.

Dr. F. S. McGee, Marietta, has been appointed city health officer, vice Dr. C. R. Sloan.

Dr. William Rich, East Liverpool, was appointed member of the city board of health.

Dr. Ben Englerth has moved from Morrow to Anna, Shelby county. Dr. C. P. Krohn has returned to his former location at Morrow.

Dr. K. E. Shauwecker, Canal Dover, has returned from New York, where he completed a post-graduate course.

Dr. Arthur M. Hauer, Columbus, has moved from the Rector building to No. 246 East State Street.

Dr. A. G. Hyde, assistant superintendent of Cleveland State Hospital, at Newburg, has been appointed superintendent.

Dr. Sidney Lange, of Cincinnati, addressed the Chicago Academy of Medicine, March 22, upon the subject of "X-ray Diagnosis of Sarcoma of the Lungs."



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With the issue of April 1, Dr. Martin H. Fischer becomes editor of *The Lancet Clinic*, the extremely interesting medical weekly published at Cincinnati. He succeeds Dr. Charles H. Castle. Of even more importance is the announcement that under the editorial supervision of Dr. Fischer, the advertising pages of *The Lancet Clinic* will conform to the rules of the Council on Pharmacy and Chemistry of the American Medical Association. In its April first issue, the journal dropped five pages of pharmaceutical advertising because of this new standard.

This latter action on the part of the company which publishes *The Lancet Clinic* demands warmest commendation. For years it has been impossible to reconcile the high grade scientific columns of *The Lancet Clinic* with its low grade advertising department.

We are sure that although the management sustains a temporary loss of revenue, it will gain in the long run by this action. Legitimate advertisers are coming to realize that they suffer or profit by the character of other advertising carried in medical journals, and they are slow to enter a medium that lowers its standard. This has been found true by this journal, and by others that have preceded *The Lancet Clinic* in its present action.

Medical Protective Company Gets State License

The Medical Protective Company of Fort Wayne, Indiana, on March 18 was licensed by the State Insurance Department to conduct a physicians liability insurance business in this state. The company which has for some time carried on an extensive business in Ohio, until recently was prevented by a technicality in the statutes from taking out formal license papers. The recent decision of the attorney general, authorizing this form of insurance, made it possible for the company to comply with the Ohio statutes in every detail. This company has been a consistent advertiser in *The Journal* for some years, and we are very glad indeed to welcome them officially into this state.

Higher-Education Note

Quitting the key after a career of 29 years as a telegraph operator, E. J. Maguire, who has been manager for the Western Union in this city for 23 years, will devote his entire time to his practice as a Doctor of Chiropractic.—Salem, Ohio, *Herald*, March 20.



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OHIO

William H. Campbell, M. D., aged 54, Miami Medical College, 1891, died from pneumonia, March 16, at Los Angeles, where he had gone to accompany his wife to their home in Cincinnati. Dr. Campbell for many years had practiced as an eye and ear specialist. He was a member of the Cincinnati Academy of Medicine.

Adam G. Elder, M. D., aged 39, Starling-Ohio Medical College, 1908; died March 12, at his home in Columbus, from typhoid fever, which he contracted outside the city. Dr. Elder was born in Perry county. He was a member of the Columbus Academy of Medicine. A widow and three daughters, and his parents survive.

Lewis S. Hoover, M. D., aged 67, Starling Medical College, 1874; died at his home in Laura, Miami county, Sunday, February 27, after a short illness of pneumonia. Dr. Hoover had practiced in Miami county for twenty years. He was a member of the Miami County Medical Society. He is survived by a widow, two daughters, one son.

Frederick Henry Mersfelder, M. D., aged 36, Cleveland-Pulte Medical College, 1904; died at his home in Canal Dover, Tuesday, March 7, after a long illness of Bright's disease. Dr. Mersfelder was born at Newark, N. J. He had practiced in Canal Dover for the past twelve years. He is survived by a widow, two sons, two brothers, and his mother.

Elza A. Dye, M. D., aged 44, Medical College of Ohio, Cincinnati, 1897; was found dead in his office in Springfield, February 28. Death was due to heart disease. Dr. Dye located in South Vienna, where he practiced for ten years. For the past three years he has been associated with Dr. C. H. Baumgardner, Springfield. A widow and two children survive.

Charles E. Demand, M. D., aged 63, Louisville Medical College, 1881; died at his home in Mechanicsburg, Thursday, March 2; cancer. Dr. Demand was one of the veteran practitioners in Champaign county. Until recently he was a director on the board of the Kinnane tuberculosis hospital, Springfield. He was a member of the Champaign County Medical Society. A widow, mother, and one brother survive him.

Emory Burr Huyck, M. D., aged 53, College of Physicians and Surgeons, Baltimore, 1893; died at his home in Oak Harbor, March 20, after a year's illness of Bright's disease. Dr. Huyck was born in New York. He had practiced in Oak Harbor for twenty years. For fifteen years he served as coroner of Ottawa county, and as city health officer. He was a member of the Ottawa County Medical Society. A widow, one daughter, and his mother survive.

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Michigan has passed a law specifically to regulate the sale of poisonous fly eradicators, and other states will undoubtedly follow. Because of its interest in public welfare, the medical profession supports this movement and favors the stringent restriction of the manufacture and sale of these noxious products.

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(57)

George H. Masters, M. D., aged 68, Columbus Medical College, 1877; died suddenly at his home in Prospect, Sunday, March 5, from heart failure. Dr. Masters was born in Athens county. In 1863 he enlisted for service in the Civil War, serving until September, 1865. After completing his medical education, he located for practice in Prospect. He is survived by a widow and one daughter, now the wife of Dr. E. E. Wottring. One sister and one brother also survive him.

Frederick Jacoby, M. D., aged 86, Philadelphia University of Medicine and Surgery, 1862, died at the home of his daughter near Lynchburg, Virginia, Tuesday, March 7, after an illness of several months. Dr. Jacoby was born in Strassburg, Germany, and came to America when six years old. He had practiced in Columbus for sixty years. After the death of his wife, last April, he retired from practice and moved to Virginia. The body was brought to Columbus for burial.

Charles Naumann, M. D., aged 69, Pulte Medical College, Cincinnati, 1876, died at his home in Circleville, Sunday, March 19, from angina pectoris. Dr. Naumann was born near Neuenkirchen, Prussia, in 1847, and came to America in 1854. In 1885 he moved to Circleville. He served many years as school examiner, also as a member of the city council, and at the time of his death was a member of the board of library trustees. He is survived by a widow, three children and one sister.

James Palmer, M. D., aged 84, Western Reserve University School of Medicine, 1886; died suddenly in his office in New Philadelphia, February 26. Dr. Palmer was born in England, and came to America when nine years of age. He began the study of medicine under a practicing physician at Painesville, later entering Western Reserve University. He had practiced in Painesville and Oak Harbor, before locating in New Philadelphia eight years ago. No immediate relatives survive.

Charles D. McLeod, M. D., aged 52, Marion-Simms Medical College, St. Louis, 1892; died at his home in Chatfield, Crawford county, Tuesday, March 7, from pneumonia. At the time of his death he was mayor of Chatfield, and was serving his second term as coroner of Crawford county. Dr. McLeod was born in Findlay. He entered railroad work as a young man. He later took up the study of medicine with his father, Dr. J. R. McLeod, at Findlay. After several years practice in that city, he located in Chatfield, where he practiced for twenty-one years. He was a member of the Crawford County Medical Society. Surviving him are a wife, a son and a daughter, and a brother and a sister.

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Here Is List of Hotels for Cleveland Meeting

Dr. C. L. Cummer, chairman of the Committee on Hotels and meeting places for the 1916 meeting of the State Association at Cleveland, May 17, 18 and 19, has sent us the following list of suitable hotels:

Hotel Statler—Convention headquarters—located at Euclid Avenue and East 12th Street, rooms, 1,000. Rate per person, \$2.00 per day and up. European plan. All section and general meetings of the Association, the banquet, and other similar activities will be located here.

Colonial Hotel—Prospect Avenue and Colonial Arcade, near 4th Street. Rooms, 175. European plan, \$2.50 to \$5.00 with bath; \$1.50 to \$2.00 without bath. American plan, \$4.00 to \$6.50 with bath; \$3.50 to \$4.00 without bath.

The Croxden—3907 Prospect Avenue. Rooms, 20 to 30. American plan, \$2.00 to \$2.50.

Gillsy Hotel—East Ninth Street, between Euclid and Superior Avenues. Rooms, 350. European plan, \$1.00 per day and up.

Hollenden Hotel—Superior and East 6th Street. Rooms, 800. European plan, \$2.00 to \$5.00 with bath (one person); \$3.00 to \$6.00 with bath (two persons).

Hotel Del Prado—4203 Euclid Avenue. Rooms, 3 to 10. European plan, \$1.50 to \$3.00 (bath); American plan, \$2.75 up (bath).

Hotel Euclid—Euclid and East 14th Street. Rooms, 300. European plan, \$2.50 up for room and bath; \$1.50 and up for room without bath.

Hotel Huron—Huron Road, between East 9th and Euclid Avenue. Rooms, 40. European plan, \$1.00 to \$1.50 up with bath.

Hotel Regent—Euclid Avenue and East 105th Street. Rooms, 20. European plan, \$1.00 to \$1.50 for one person; \$1.50 to \$2.00 for two persons.

Hotel Travistock—Huron Road, between East 9th Street and Euclid Avenue. Rooms, 90. European plan, \$1.00 to \$2.00 per day; American plan, \$2.00 to \$3.00 per day.

New Amsterdam Hotel—Euclid and East 22nd Street. Rooms, 50. European plan, \$1.00, \$1.25, and \$1.50.

MARRIAGES

Yeatman Wardlow, M. D., and Miss Clara Helen Leahy, both of Columbus, March 17, 1916.

Eugene Phillips Neitz, M. D., to Miss Winifred Gladys Shurtleff, both of Cleveland. February 22.

Cullen Ward Irish, M. D., Barberton, Ohio, to Miss Pauline Hartley of Athens, Ohio, March 1.

John McGowan, M. D., and Miss Irene Huxell, both of Cincinnati, March 13. They will reside at Hartwell.

Robert A. Thornton, M. D., and Miss Alma Herron, both of Columbus, March 14.

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***** * ACTIVITIES OF OHIO CITIES * * IN PUBLIC HEALTH WORK * * HOW ABOUT YOUR CITY? * *****

After April 15 all milk sold in Cleveland must be pasteurized. Health Commissioner Bishop has refused to further extend the exemption period.

Mr. Dean Halliday, a Chicago newspaperman, has been appointed chief of the Bureau of Public Health Education of the Cleveland Health Department.

Dr. A. L. Smedley has been reappointed health officer of Hamilton. Drs. C. L. Ferris, C. D. Smedley and F. G. Hornung have been appointed district physicians.

A serologist—Dr. John G. Frey—has been added to the staff of the Cleveland Health Department. Dr. Frey was an assistant in the laboratory at Lakeside Hospital Dispensary.

The veterinary department of the State Board of Agriculture has been testing dairy herds, and finds that nearly 12 per cent of the cattle tested show tuberculosis. Infected stock is killed.

John B. Andrews, New York, secretary of the American Association for Labor Legislation, addressed the Council on Social Agencies in Cincinnati on April 4, on "Compulsory Health Insurance."

Miss Margaret Wallace, superintendent of Toledo Hospital, resigned March 1. Friction at the hospital, which caused a nurses' strike and a practical boycott by a number of physicians, preceded the resignation.

It is probable that Cleveland voters will be asked to approve a \$200,000 bond issue at the August primaries, to double the capacity of the city tuberculosis sanatorium at Warrensville. At present there are 230 patients, with a waiting list of 90.

Dr. H. C. Schoepfle has been appointed director of public health for Sandusky. The entire system of health administration is being changed, and under the city manager form of government Dr. Schoepfle will be given an unusual opportunity for effective work.

Directors of the Commercial Club, Springfield, have recommended a city health survey by the U. S. P. H. S., similar to the survey recently made in Toledo. The request has been endorsed by the

50% Better Prevention Defense Indemnity

1. All claims or suits for alleged civil malpractice, error or mistake, for which our contract holder,
2. Or his estate is sued, whether the act or omission was his own
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6. Defense through the court of last resort and until all legal remedies are exhausted.
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city health department and formal petition filed through the health department.

Dr. A. C. Carney was elected president and Dr. W. E. Griffith vice president of the Hamilton Anti-tuberculosis League. Dr. Louis Frechtling was re-elected medical director. The medical staff consists of Drs. W. E. Griffith, Hugh Schell, M. F. Vereker, Malcolm Bronson and A. C. Carney.

Federal drug inspectors working in Ohio, and state inspectors, are finding a number of instances of large sales of paregoric to persons believed to be narcotic addicts. All druggists of the state have been warned to limit their sales to reasonable quantities and not to sell this preparation to persons suspected of being addicts.

On May 17, the new Trudeau School of Tuberculosis opens at Saranac Lake, New York. The six-weeks course of sanatorium and laboratory work covers principally a thorough grounding in diagnosis of tuberculosis by physical examination and laboratory methods. Dr. R. H. Bishop, Jr., of Cleveland, will be one of the lecturers.

Canton board of health is endeavoring to discover some method of eliminating imposition whereby free medical service is rendered to families which could afford to pay for the same. Drs. Flickinger and King, city physicians, reported that such imposition is undoubtedly being practiced—as it is in practically every other city in the state. It will be interesting to note how Canton handles this situation.

A free cardiac clinic patterned after the Bellevue Hospital clinic, New York, has been organized by a number of Cincinnati physicians. Investigation shows that many men are engaged in pursuits that are a heavy tax on their hearts. Those who are affected with weak hearts, in other lines of work might live to ripe old age. It is the object of the physicians to examine such men, advise them, and, with the aid of social service workers, to find other occupations for them.

Dr. E. A. Baber, superintendent of Dayton State Hospital, recently told the Dayton Social Service Club that an effort would be made to secure an appropriation for an experimental and research laboratory at Dayton, wherein insane patients who show promise of improvement may be given adequate attention. This is undoubtedly the keynote to the state hospital situation in Ohio. Too little attention is being given to research, and the development of preventive treatment. This, of course, is due to a lack of appropriations, and can only be remedied when the legislators realize that it will be far cheaper to prevent than to care for the end result.

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Health Commissioner Bishop, Cleveland, has adopted a novel plan to improve birth registration in his district. He has had printed an attractive certificate of birth registration, suitable for framing, which presents the essential information regarding the birth, including date, parents' names, and certificate number. This is signed by the registrar and the commissioner, and mailed to the parents of every child whose birth is reported. Cleveland newspapers have given wide publicity to the plan so that parents are being educated to expect this official certificate—and where same is not received they are very apt to make inquiries relative to the negligence of the physician in making the required report.

Dr. A. C. Bachmeyer, superintendent of Cincinnati General Hospital, in a recent address, urged more stringent enforcement of preventive measures against sickness and accidents. "The General Hospital we have now is not too large," said Dr. Bachmeyer. "It will do for many years to come if we will attack the health problem on the preventive side. We should have better housing conditions and better control of infectious diseases, especially tuberculosis. Patients in the general ward of any city hospital are a reproach on the community. We find there patients suffering from the results of industrial hazards, because traffic laws and placing of safety devices on machines are not enforced and because of the bad housing conditions. It is an economy for the city to take a man who falls ill of tuberculosis and care for him a short time so that he soon can become a bread winner for himself and family. Otherwise he becomes totally incapacitated and dies and his family may become a public charge for years."

The city of Akron seems to have finally awakened to the necessity of adequate public health prevention work. A recent survey of the city by Prof. H. N. Ogden, head of the Department of Sanitary Engineering at Cornell, brought out startling facts regarding the prevalence of communicable diseases and generally unsatisfactory insanitary conditions. These have developed largely as a result of Akron's tremendously rapid growth. Prof. Ogden recommended that Akron spend at least 50 cents per capita, which would mean \$50,000 a year, for public health work. The city now spends 15 cents per capita. He recommended the employment of a full time health officer, who would direct not only the city's work, but correlate it with the high grade health supervision being maintained privately by some of the larger factories in Akron. He advised the employment of an epidemiologist, a bacteriologist, full-time chemist for water and milk tests, and a complete staff of public health nurses, food and milk inspectors. In order to put into effect some of these changes, an ordinance has been introduced creating the office of full-time health officer, at a salary of \$3,500.

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This serologic test is the very best means of determining the presence or absence (cure) of chronic gonorrheal infection.

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Differential test; tubercular, syphilitic infection and general paresis.

Pathological tissue diagnosis.....\$5.00

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Bacteriologic diagnosis and cultures...\$2.00
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Inter-Department Lectures at O. S. U.

Dr. W. J. Means, dean of the College of Medicine of Ohio State University, appointed a committee consisting of Dr. Jonathan Forman, Department of Pathology, chairman; Dr. J. H. Warren, Department of Anatomy, and C. I. Reed, Department of Physiology, to arrange for a series of lectures and demonstrations by the members of the various scientific departments, for the purpose of acquainting the members of other departments of the medical faculty with recent advances in the fundamental sciences, to acquaint the other teachers with the methods employed in presenting these subjects to the students and to announce any research work going on in the departments mentioned.

January 27 Dr. Forman gave a very comprehensive discussion on "The Origin and Nature of Tumors." February 10 Dr. McPeck and Mr. Reed gave a demonstration of various cardiac phenomena.

On February 24 Dr. Spohr, Professor of Bacteriology, gave a discussion of "The Comparative Value of Different Antigens Used in the Wasserman Test." The conclusion was reached that antigens, to which small amounts of cholesterol are added, are of greater value than non-cholesterinized antigens, inasmuch as latent syphilis can more certainly be detected.

Tables were shown, giving the number of Wasserman tests made in the hospital wards during the past two years. The results showed that approximately 20 per cent of the hospital admissions have syphilis merely as an incident while under treatment for other diseases, while another 20 per cent have syphilis as the causative factor in the illness of the patient. Syphilis is undoubtedly far more prevalent in the community than is ordinarily supposed and is most certainly detected by the Wasserman test.

Favors Preparedness Plan

Editor, The Journal:—I have intended to write for some time to commend the article by Dr. W. H. Taylor, in which he outlines the possibility of organizing hospital reserve units for use in the event of war. Dr. Snyder's plan, in my opinion, is entirely feasible and should be adopted throughout the country. I am satisfied that almost every large city should organize and maintain such a unit. I certainly hope that the War Department officials will take advantage of this suggestion and proceed at once with the development of this idea.

Sincerely yours,

CHARLES W. MOOTS, M. D.

Toledo, Ohio, March 31, 1916.

Dr. Elizabeth Ingram Adamson, of Maysville, Ky., an interne at the Cincinnati General Hospital, has been appointed resident physician of the State Insane Asylum at Athens.

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J J COONS, B. S., M. D.

ROBERT L. BARNES, M. D., Pathologist, Mt. Carmel Hospital; Lecturer on Laboratory Diagnosis, Medical Department, Ohio State University.

H. M. BRUNDAGE, M. D., Lecturer on Clinical Microscopy, Med. Dept., O. S. U., Consulting Pathologist to Columbus State Hospital.

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Office, 25 Ruggery Building, East Gay St., Columbus, Ohio

Address Communications to THE JOURNAL, No. 25 Ruggery Building, Columbus, Ohio. Telephones: Citizens, 4905; Bell, Main 5259

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The growth and development of the State Medical Association is mirrored in the program for the seventy-first annual meeting, which we are presenting in this issue. In the past few years the scope of the Association has been materially broadened. Its membership has been increased steadily until now it is generally recognized as a strong representative organization—an organization that must be consulted in the determination of state affairs which affect matters of public health or the practice of medicine.

On the program for the Cleveland meeting you will find many timely matters advanced for discussion. Not only have the purely scientific features been materially strengthened, but an effort has been made to bring before the profession a clear view of the several sociologic conditions which in the near future will have a direct bearing upon the practice of medicine in Ohio.

Every physician in the state should attend this meeting. This is impossible, of course. Many are detained on legitimate excuses, and many others are denied the privilege of attending because they have been denied the privilege of membership. But every member in the Association should make a real effort to set aside these days and reap therefrom the profit of recreation and education which this occasion offers.

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The imposition by municipalities of a special tax on physicians under the guise of a license is being considered by those interested in finding additional sources of revenue for Ohio cities and

villages which are on the verge of bankruptcy owing to the limitations of the Smith one per cent. law.

On the theory that the results of their labor add nothing to the tax duplicate, physicians, with lawyers, bankers, artists, dentists and pharmacists, have been classed by some students of economics as members of "non-productive" professions. This classification has been accepted by many officials, who are urging that special taxes should be imposed on these professions.

There is a wide variance of opinion as to the amount the physician should be taxed for practicing in his city. According to James Boyle, member of the State Tax Commission, who has been collecting data on municipal financial affairs, the amounts mentioned frequently are \$5 and \$10 a year. Some of the proposals for taxing bankers run as high as \$300. However, Mr. Boyle believes that "lack of courage" on the part of the mayor and city council or the city commission will prevent the adoption of additional license ordinances in most cities.

An ordinance, prepared for presentation to the Toledo city council, would impose a tax of \$2 a year on mid-wives. Physicians are not mentioned in the proposal which is a radical one and affects many professions, occupations and lines of business not already licensed by the municipality.

In Sandusky, where a commission form of government is in operation, a proposal to include physicians in the special taxing plan is under consideration.

The State Tax Commission is now conducting a state-wide survey of municipal finances, with a view to recommending remedial measures. In Columbus it is understood that there is a strong possibility that the Commission will recommend the imposition of these special taxes.

A large per cent. of physicians will be affected in another manner. City automobile owners are not being left out of consideration by the taxing officials, who argue that the autoists should pay the wages of the traffic police and contribute more money to the upkeep of streets. It is pointed out that the municipality does not receive any portion of the sum paid by the auto owner for his license tag.

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When Dr. H. M. Platter became president of the Columbus Academy of Medicine in January, he carefully reviewed medical practice conditions in Franklin County and was impressed by the fact that many physicians who should be allied with the Academy of Medicine had either permitted their membership to lag in recent years, or had never been sufficiently interested to become affiliated. Thereupon he and Dr. L. L. Bigelow, the active secretary of the academy, decided upon a real membership campaign. They proceeded upon a business-like basis, with the lists of available prospective members, and started out to interview personally every physician in the city and county who could lend weight to the organization. In this they were ably supported by the council of the academy, and results were soon forthcoming. By April 1 the total of paid-up members was 319, or four more than the entire total for 1915. This made Franklin the first of the large counties to qualify in the One Hundred Per Cent. Club for 1916. The showing is all the more remarkable because the 1915 membership represented a considerable increase over the previous year. President Platter and Secretary Bigelow expect to further increase this total before the end of 1916.

The results that have obtained here in Columbus are indicative of what may be accomplished by systematic work in the membership field.

Similar results have been accomplished in several of the other counties. In Richland, for instance, the society passed the One Hundred Per Cent. mark early in February, and now has nearly twenty members more than last year's total. Lorain County qualified as being One Hundred Per Cent. early in March, and now has twelve more members than last year. Dr. F. E. McKim, Secretary of the Washington County Society, wrote us early in April that their last year's membership of thirty-eight had been increased to fifty, and that a half dozen more were expected.

These and other similar figures are answers to those pessimists who prophesied a few months ago that the increase in state dues would cause a material decrease in state membership.

It is of course unnecessary for The Journal to urge that physicians render all possible support to the movement for better roads in Ohio. In almost every community medical men are leaders in the "good roads" organizations. It is interesting to note that the American Highway Association has taken cognizance of this fact, and has issued a special appeal to general practitioners of medicine in the rural districts.

We print the following excerpts from a bulletin issued by the Association in April, which was given wide publicity by the newspapers of Ohio:

"Even under the most favorable conditions, the life of the country doctor is hard, a life of self-sacrifice, of self-abnegation. He is about his business all the time. He comes when he is called and where. He lives for others and his work is the work of alleviating human suffering, comforting human sorrows, saving human life. He does not receive much applause from the world about him and does not care for it. His charity is unmeasurable, his rewards are insignificant. He practices his profession under the hardest conditions. As a general thing, his patients do not live in luxurious surroundings, but are of the plain people rather more worth the saving than they who dwell in palaces, and he has to deal with them as he finds them. Time with him and with the patient waiting his ministrations is oftentimes the deciding factor in life or death. Only a few days ago, in Washington, the capital of the nation, where the streets might well be called golden because of their cost, a woman who had been run down by an automobile died, as the attending physician asserted, because under the traffic regulations the ambulance dispatched to the scene of the accident was compelled to run so slowly that death intervened. Scores of cases could be cited doubtless by country doctors of deaths that might have been avoided had it been possible for them to reach the patients in time to minister prompt relief. It would have been possible but for the almost impassable condition of the roads on which they are compelled to travel on their missions of mercy.

"Few people who live in the towns with paved and lighted streets can appreciate the fearful darkness that falls upon the roads in the country when the sun goes down, and it is by these ways that the country doctor must travel in rain and snow and wintry weather whenever the call comes for his services.

"It is for professional reasons and for the sake of humanity that the American Highway Association would invite the practical co-operation of the country doctors everywhere in pressing the good roads movement. If each one of their number would enlist in this great practical work and become an active evangelist of this new gospel, the effect would be almost instantaneous and the officeseekers and politicians would flock to the cause like doves to their windows."

There is little doubt that a state sickness insurance bill will be introduced into the Ohio legislature next January. John B. Andrews, of New York, secretary of the American Association for Labor Legislation, made this point clear in an address in Cincinnati on April 4, at a meeting of representatives from the Anti-tuberculosis League, the Cincinnati Chamber of Commerce, and the Council on Social Agencies.

Mr. Andrews explained the details of the provisions of the tentative bill drafted by his association, a detailed abstract of which appears in this issue of *The Journal*. He said: "The people of Ohio are more ripe for compulsory health insurance than elsewhere. The State Board of Health has already made a general health survey of the state. Besides, the excellent manner in which the Ohio Workmen's Compensation Act has been put into practice renders it quite easy for the new health insurance law to be accepted throughout the commonwealth. The movement is inevitable, and when the benefits which health insurance will bring to the industrial workers of your great state are observed, you will wonder why you have so long deferred the enactment of the law."

"Here in Cincinnati Dr. Robinson of the U. S. Public Health Service found that 1.1 per cent of 20,000 workers in various industries were suffering from tuberculosis. This is an unusually good showing. In Cleveland, the largest city in the state, an investigation of three working class districts disclosed that the tuberculosis rate per thousand in 1912 was 35 for the worst district, 23 for the average, and 5 for the best. In 26 German cities under the influence of health insurance the death rate from tuberculosis has been reduced from 34.6 per ten thousand in 1880 to 17.9 per ten thousand in 1909. Recent studies in American cities have revealed that medical attendance is a luxury indulged in only by those acutely ill, and that 40 per cent. of those who became ill were not attended by a physician. Health insurance would meet this need, and would give moderate financial assistance to the sick wage-earner who is often forced to seek charitable assistance.

The speaker insisted on the necessity of making health insurance a paying investment. He said that since the employee's personal habits are often responsible for his sickness, it would be unjust to tax the employer with entire expense. The plan proposed of requiring employee, employer and state to pay in the proportion mentioned, he thought ideal.

Mr. Andrews discussed a few objections. He met the question about the additional burdens on employers exacted by the proposed bill by saying that the entire cost would not exceed one per cent of the pay roll. He said that organized labor in the East had objected to the physical examination of employees which the bill provides, as

This May Be Your Last Issue of the Journal

Unless you paid your County Society dues prior to May 1, you are no longer a member of the State Association.

Your name was removed from our mailing list immediately after this issue was sent to you.

Therefore, if you fail to receive your June number, do not blame us. We warned you.

This Journal will reach you about May 5. There is still time to pay your dues and place yourself in good standing before the State Meeting. But speed is necessary.

May we remind you again that your dues were due on January 1, 1916. That is four months ago.

giving the employer an opportunity to throw workmen not entirely up to the standard on the human scrap heap. He thought the objection a good one. "But," he said, "health insurance is the most effective answer to this opposition. During the period of treatment the wage-earner could get well while being paid for it."

He also mentioned the benefits accruing to the wage-earner from this careful examination, in locating physical defects in their incipency. This, with advice from the examining physician about following the laws of health, coupled with the knowledge that the wage-earners would be immune from want, would insure a state of physical contentment and absence of fear and worry, which would go far to raise the standard of efficiency in the industrial world.

He thought that practically all medical interests in this country will support the measure, as is the case, he said, in Germany and England.

In discussing the proposed plan of state sickness insurance before the Columbus Academy of Medicine, Dr. J. H. J. Upham, chairman of the State Association's Committee on Public Policy and Legislation, called attention to a point which is worthy of serious consideration. In the development of a plan of state sickness insurance three classes will be chiefly affected—the laboring man who receives the benefit, the employer who pays a considerable portion of the cost, and the physician who does the work.

Dr. Upham pointed out that the financial interests of the latter might seriously suffer where it conflicts with that of organized labor or of the organized employers. It would be to the material interest of the laboring man to secure the maximum benefits under the law, particularly in the amounts paid in lieu of wages lost during the term of disability. On the other hand, the organized labor employers will exert every possible effort to keep down the cost of the insurance, and consequently decrease their payments under the plan. It is, therefore, more than possible that the state might be tempted to exercise its economy on the physician in an effort to meet the demands of the two more powerful forces.

Eventually, of course, the state would come to learn that the best possible medical service is the cheapest, because good medical service decreases the period of disability. But it is more than possible that the learning of this lesson might be costly to the physicians who are expected to render medical service under the act.

Do not take the above as an unfriendly criticism of the proposed sickness insurance plan. Consider it merely as a possibility. In studying the probable effects of a movement that is so important, the medical profession in Ohio must give serious consideration to these and similar details.

The Columbus Academy of Medicine, following a paper on the subject by Dr. E. R. Hayhurst of the State Department of Health, and an interesting discussion by Dr. J. W. Clemmer, authorized its council to take up the study of the question with a view of advising the State Association upon the merit of the proposed plan.

Every academy and every county society in Ohio should take similar action. The State Legislative Committee, as is shown by its report in this issue, has entered upon an exhaustive study of the situation. Its members need the advice and counsel of every physician in Ohio.

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The university extension movement launched by the Committee on Medical Education of the State Association, through the lecture by Dr. Charles Edwin Briggs, will have a very important bearing upon another activity which the Association is about to undertake.

Dr. Briggs' lecture which has been given thus far in Marion, Steubenville, and Dayton, and which will be given in other geographical centers under the auspices of the committee, is intended to bring to the physicians of the state more comprehensive knowledge of the treatment of fractures and dislocations. Undoubtedly those who hear it will be better equipped to cope with these conditions. Unsatisfactory results in the treatment of fractures is the greatest single cause of suits for malpractice. Following the Cleveland meeting, the State Association inaugurates its system of defense of these suits. It is therefore a very timely subject, and it is conceded that more intelligent care of these cases will have a marked effect upon the number of suits filed in Ohio.

All parties concerned will profit. The patient will get a more satisfactory result, the physician is enabled to render more satisfactory service, and the State Association will find a considerable decrease in the drain upon its defense fund.

This is one of the reasons why we feel that during the coming year the university extension program of the Committee on Medical Education should receive most hearty support from the profession throughout the state.

PROGRAM IN THIS NUMBER.

The detailed program for the seventy-first annual meeting of the Ohio State Medical session, which is to be held in Cleveland, May 17, 18, and 19, appears in this number of THE JOURNAL, starting on Page 332. Consider it carefully.

Most physicians agree that the Harrison Antinarcotic law is a commendable piece of legislation despite its many inconsistencies, and the danger of unfairness due to its lack of clarity, but it seems to us that the administration of the law is open to criticism on several points.

For instance, we learn that the agents of the Treasury Department have the authority to settle certain cases for cash. In fact, we are informed that in Ohio several physicians and druggists who have been found guilty of violating the law have secured immunity from punishment by the payment to the government of sums ranging from a few to several hundred dollars. In these cases no publicity is given the prosecution and the violator loses little excepting his money.

In sharp contrast are the cases where the physician is arrested by federal agents, hauled before a commissioner and bound over pending trial. In these cases the violation is given the widest publicity, and this frequently is the most serious punishment that can be imposed.

Why the distinction? It would seem that all violators should be treated equally. It certainly seems unfair to permit a man to escape the real consequences merely by the payment of a sum of money.

Fermented Milk.—While there is no conclusive evidence that *Bacillus bulgaricus* is able to establish itself in the intestine in such a way that other bacteria are driven out, it is undoubtedly true that in many cases marked improvement has resulted from the ingestion of milk cultures made from it. It is by no means certain, however, that the results which have been obtained by the use of milk cultures have been attributable to any peculiar virtue in the organism itself. The beneficial effects of a sour-milk diet is attributable, perhaps, not so much to the bacteria contained in the milk as to the milk itself, which provides material for an acid fermentation in the intestine. Fermented milk is so well tolerated in many cases that their use should in general be encouraged from the standpoint of nutrient values, quite apart from the problematical "auto-intoxication" propaganda (Jour. A. M. A., Feb. 19, 1916, p. 574).

Original Articles

Classification and Treatment of Diarrhea in Childhood*

Frank H. Lamb, Sc. B., A. M., M.D., Cincinnati

DIARRHEA is an increase in the number and looseness of the stools. The increase in the number and fluidity of the stools is due to an increased peristalsis. Increased peristalsis is caused by irritation of canal wall.

1st—By substances within the lumen of the gut.

2nd—By efforts of the body to eliminate poisonous substances through the canal wall.

3rd—By stimulation of the nerve endings in the canal wall.

The etiology of diarrhea is not definitely settled. There have been many bitter controversies between the Finkelstein (or German School) and the American School. In America we have been taught for many years that diarrheas are of infectious origin, especially the diarrhea of the warmer months. The German schools have on the other hand insisted that all the diarrheas can be explained on a chemical basis, except the direct infections of the canal wall. They believe that diarrheas are not only caused by chemical substances within the lumen of the gut but that chemical substances, the incomplete products of oxidation and bacterial action circulating in the blood and lymph, may and do produce diarrhea by their action on the intestinal mucus membrane. I believe that both factors, chemical irritation and infection, play an important part in the causation of diarrhea. That both may be present in the same case and that one may shade into the other as the chief causative factor in the diarrhea present.

The diarrheas may be divided into three classes—

A. Nervous. B. Dietetic. C. Infectious.

A. NERVOUS DIARRHEA.

Nervous diarrhea is not as common in infancy as it is in later periods, but occurs throughout the entire period of childhood.

It may be—

1. Emotional. (Fright, fear, anger, stress.)
2. Exposure to cold, chilling of the extremities or abdomen.
3. Dentition.

The stools at first consist of the contents of the bowel, then profuse watery discharges and later mucus with severe tenesmus. There may be thirty to forty small mucus stools daily.

B. DIETETIC DIARRHEA.

I. Mechanical. Due to eating undigestible or non-digestible articles of food, such as unripe grapes, pears, radishes, corn, cucumbers, etc.

There is usually fever, abdominal pain and tenesmus. The stools are frequent, watery green and contain the undigestible articles eaten.

II. Overfeeding. By overfeeding I mean the giving of more protied, fat, sugar or starch or more of all these ingredients than the individual child can digest and metabolize.

The constitutional symptoms of overfeeding accompanying the diarrhea may vary from the mildest type of indigestion to the most severe intoxication and death.

The degree of reaction depends upon—

- (1) The size of the overdose.
- (2) The length of time it has been fed.
- (3) The extent of the food injury which has been produced by previous overfeeding.

Into this group I believe fall most of the diarrheas of infancy and childhood.

The mild types of diarrheas, or as we term them *indigestions*, which are not accompanied by much constitutional reaction, are due to the chemical irritation of the canal wall by the split products of the fats, sugars, starches or protieds, produced by the normal digestive ferments or by bacteria. And they would not be there in excess if they had not been fed in excess.

The severer types of diarrheas, or, as we term them, *gastro enteric intoxication* or *gastro enteritis*, are a reaction on the part of the organism as a whole to these products, after they have been absorbed from the intestinal canal.

The two ingredients in the food which most readily and most often produce diarrhea are the sugars and the fats. The reason why these two elements are most often at fault, aside from their chemical action, is the almost universal use of top milk mixtures and artificial foods. In sugar diarrhea the stool is usually green. If artificial foods or starch are in excess the color is usually dark brown. The consistency is soft and if seen immediately after passage may be foamy or yeasty. The odor is sour, the reaction is acid and the stool is excoriating. In taking the reaction of a stool, care must be taken to get one that is not mixed with urine, for the acid reaction of the urine may be mistaken for the reaction of the faeces.

In fat diarrhea the color is usually green or grayish green mixed with white masses of calcium soaps. Sometimes small white sand-like particles are present. The consistency may be watery or mushy, the odor is rancid and offensive, the reaction is acid and the stool is excoriating.

The stools of proteid diarrhea are not of any definite character and are to be distinguished by their foul odor and alkaline reaction.

In the mild types of all forms, mucus is not

*Read before the annual meeting of the Tenth District Medical Society, at Chillicothe, September 22, 1915.

present in the stool. Mucus occurs in the intoxications and indicates a severe irritation of the intestinal wall.

Blood occurring in the stools of the severe cases of this type does not mean an infection of the canal wall.

III. Underfeeding. Diarrhea occurs in underfeeding in two ways—

1. When an attempt has been made to feed a gruel (oatmeal or other carbohydrate) exclusively, as a permanent food which in itself irritates the intestinal wall.

2. When a weak food has been fed for a long time as a therapeutic measure in intestinal disturbances and an attempt is made to increase it to the energy requirement of the child.

C. INFECTIOUS DIARRHEA.

- I. *Infections of the food.* Before entering the intestinal canal. Ptomaine or Milk Poisoning.

This type of diarrhea is extremely rare because the growth of the lactic acid bacilli and the souring of the milk inhibits the growth of the organisms which split the protids and fats into poisonous products. Sour milk in itself is not harmful. Milk with lactic acid bacilli and butter milk are now quite popular foods for infant feeding. Pathogenic organisms may enter the intestinal canal in the food but the diarrhea produced by their action upon the food before it enters the intestinal canal, may be disregarded.

- (b) *Infection of the food after it enters the intestinal canal.*

The organisms usually present in the intestinal canal are *B. lactis aerogenes*, *B. Coli*, *B. perfringens*, *B. Bifidus communis*, *B. acido philis*, *B. Mesentericus vulgatis* and a few staphylo cocci and micro cocci.

Some of these organisms act on the sugars and fats forming acids. Others act on the protids producing the so-called putrefactive products. If the acid forming organisms are in the ascendancy we have a fermentative diarrhea. If the putrefactive organisms are in ascendancy we have a putrefactive diarrhea.

The significant fact here is that we can vary at will the type of diarrhea by changing the food. We can change a putrefactive diarrhea into a fermentative one by feeding a pure carbohydrate diet and we can change a fermentative diarrhea into a putrefactive one by feeding a pure protied diet. This means but one thing to me. It is not so much the infection of the food after it enters the intestinal canal that produces the type of diarrhea as it is the kind of food we put into the intestinal canal.

- II. *Infections of the Canal Wall.* Here I would classify the diarrheas that are due to real specific infections and have a definite anatomic pathologic basis.

1. Tubercular ulcer of the bowel, usually associated with tuberculous peritonitis.

2. Strepto coccus.

3. Colon Bacillus. The colon bacillus sometimes takes on pathogenic characteristics.

These produce ulceration of the mucous membrane of the large bowel and the type of disease known as ileocolitis.

The stools are frequent, green, watery and contain mucus, pus and blood.

4. Dysentery.

- a. Shiga. Stools small, frequent, almost pure mucus and blood.

- b. Flexner. Extreme tenesmus and prostration.

- III. *Infections outside the Canal Wall.* Diarrhea accompanying or occurring with acute otitis, cystitis, pyelitis, pneumonia, empyema, acute miliary-tuberculosis and other infections.

TREATMENT

General Principles. Applicable to all forms of diarrhea.

1. Stop all food, no matter what the child is getting.

This applies especially to milk or any of the modifications or forms of milk, breast milk, cow's milk, peptonized milk, whey, albumin milk, buttermilk, malted milk or any other kind of milk preparation. Do not temporize with weaker dilutions or boiled milk, but stop all milk at once. Keep the milk out of the diet for from twelve to forty-eight hours and do not feed it then unless the temperature is down and the stools have shown marked improvement. Meat broths are not well borne in the first forty-eight hours. They very often cause vomiting or aggravate the diarrhea.

2. Supply fluids in quantity sufficient to make up for the loss of water and salts in the frequent loose stools. Fluids may be supplied in the form of plain boiled water, weak tea or the thin cereal decoctions. In cases where there is persistent vomiting or refusal to take water, normal salt solution may be given hypodermically. The Murphy drip may be used but it has not been of much value in my experience. The rectal tube soon becomes very irritating and the fluid is almost all expelled. It sometimes relieves vomiting.

THE INITIAL PURGE

Much has been said against the use of the initial purge. Personally I use it in almost every case. Time and again I have seen it occur, tho the physician or mother insisted that there could be nothing in the intestinal canal, because the child had had diarrhea for a day or two and nothing to eat, that a good dose of oil would bring away unbelievable quantities of undigested food, faeces and mucus.

Indiscriminate irrigation of the bowels I believe to be a very bad and sometimes dangerous procedure. The mucus which we so assiduously try to wash out is nature's covering to protect an irritated mucus membrane from the exoriating contents of the lumen of the gut. I have

seen cases of collapse after irrigation and death in one instance during an irrigation with normal salt.

Keep the child cool—in the open air if possible, and in as cool a place as can be found. Frequent tepid sponging is grateful and beneficial. In hot weather remove all clothing but the diaper and band.

DIET

During the first twenty-four hours the diet should consist of plain boiled water, weak tea or dilute cereal water without sugar. Saccharin may be used for sweetening, gr. 1 to the quart. After twenty-four hours, albumin water and broths may be added to the diet. It has been my experience in getting back to a food that contains sufficient nourishment, that fat is the food ingredient to be most feared and that the sugars are next in order. On the second or third day, when the stools have decreased in number and are of a better consistency, I begin to add from one-half to one ounce of skimmed milk to each feeding and increase it as rapidly as the digestive capacity of the child will permit. If the case has not been a severe one I begin with the addition of whole milk, instead of skimmed milk. Carbohydrates are not added to the diet until the milk mixture is brought up to the strength for the age and weight of the child and are then added very gradually. The accessory articles of diet in older children may now be cautiously added, beginning with the cereal gruels and starches. I have tried out quite thoroughly this summer the use of boiled milk and have not yet made up my mind that it has any greater value (therapeutically) than skimmed milk.

In some of the severer diarrheas due to fat indigestion, when the stools and general symptoms are still bad at the end of forty-eight hours, I sometimes feed dilute solutions of artificial foods (soluble carbohydrates) before beginning the skimmed milk.

DRUGS

The two drugs that are of most value in the treatment of diarrhea are castor oil and opium. Two to four drachms of castor oil in the beginning of the attack will cure most cases if the milk is discontinued. Smaller doses of castor oil do harm. They are not sufficient to sweep out the contents of the bowel and only add to the irritation already present. If the diarrhea is accompanied with vomiting, a few small doses of calomel may be given to be followed by oil as soon as the vomiting ceases. Next to castor oil, I believe opium to be the most useful drug we possess in the treatment of diarrhea. Caution should be used, however, in its administration. Opium should never be given until the intestinal canal has been cleaned out. Opium should never be given in doses large enough to produce stupor but only in amounts sufficient to check the increased peristalsis. In infants of one month one minim of Paregoric, and at two months 2 m.

every three hours will be sufficient. At three months, $\frac{1}{4}$ m. tr. or opium every three or four hours; at six months, $\frac{1}{2}$ m. tr. of opium every three or four hours; at twelve months, 1 m. tr. of opium every three or four hours.

Of all the preparations of opium, I like Dover's Powder in the following dosage the best:

During the first three months, $\frac{1}{8}$ gr. every four hours; during the second three months, $\frac{1}{4}$ gr. every four hours, and at 1 year, $\frac{1}{2}$ gr. every four hours.

Bismuth either alone or in conjunction with opium is extremely valuable. In small doses it is of no value. Doses smaller than 5 grs. every four hours during the first six months and 10 grs. every four hours during the second six months will not be very effective.

I personally use one other drug in the routine treatment of diarrhea and that is tannigen. I give from one to two grains with each dose of bismuth and believe it has a distinct beneficial effect.

In collapse, any of the ordinary stimulants may be employed. My favorites are brandy in large doses well diluted, and camphor in oil hypodermatically. If I give a saline hypodermoclysis I put in a few drops of adrenalin hydrochloride. This will constrict the blood vessels of the splanchnic area and drive the blood to the surface. Mustard packs have an important place in the treatment of collapse and are one of the most powerful, if not the most powerful, of all stimulants.

My idea of the treatment of diarrhea is to clean out the bowel, supply the water and salts lost, check peristalsis, support the heart and supply a protective covering for the irritated mucus membrane.

The Effect of Opium Alkaloids on Respiration.—D. I. Macht has reinvestigated the effect of opium alkaloids on respiration. He divides the alkaloids of opium in two classes: In the one class is morphine, the prominent sedative alkaloid, which may not interfere with efficient respiration when the dose of the drug is small. In contrast with this are narcotin, papaverin, narcein, thebain and cryptopin, all of which are stimulants and in large doses are excitants of the respiratory center. Codein belongs to the morphin class, though in large doses it may also excite the respiratory center. The action of mixtures of opium alkaloids is a summation of their individual effects. It thus appears that if the object sought is a reduction of the labored activity of the respiratory muscles in a given case, the drug opium itself or mixtures of its alkaloids are to be preferred to morphine alone. If, on the other hand, it is desired to diminish the excitability of the cough reflex mechanism, it seems that a simple substance, as morphine or cedeine, is to be preferred (Jour. A. M. A., Feb. 12, 1916, p. 514).

The Harrison Anti-Narcotic Act as it Relates to the Practicing Physician*

C. H. Wells, M. D., Columbus, Ohio

ALTHOUGH the Harrison Law has been in operation one year, there still remains a confusion of opinions relating to some phases of it, so far as it concerns the physician. Inasmuch as the most of us have others dependent upon our activities for sustenance, the likelihood of a forced vacation at some penal institution because of an unintentional violation of the act makes the subject worthy of discussion. If, at any time, we should find ourselves in need of a rest cure we would probably derive more pleasure and profit from it if it were taken by choice instead of being forced upon us by our Uncle Samuel.

Briefly stated, the intent of the law is to confine the traffic in narcotics or habit-forming drugs to legitimate uses.

Before entering upon a discussion of the law it may be well to say a few words as to its need. We desire to present a few figures, derived from different sources, which will show different degrees of necessity for a law to preserve our nation from the degrading influences of these drugs.

Mr. Wilbert, a technical assistant in the U. S. Public Health Service, by converting the recorded quantities of the several drugs imported into average doses, found that for some years the total amount of these drugs imported has been nearly uniform and will aggregate an average of approximately 2,500,000,000 doses of opium, its derivatives and alkaloids, and 325,000,000 doses of cocoa leaves and cocaine. Physicians are not accustomed to deal with such large numbers so we will endeavor to express them in a way more easily comprehended. The population of the U. S. is estimated to be about 102,000,000. There is brought into this country then, a supply of opium equal to twenty-four and a half doses per capita.

The state food and drug commissioner of Tennessee, in the *Journal of Public Health*, stated that one year after the Tennessee Anti-Narcotic Law became effective, there were registered in the state, 2,370 habitues; that the average consumption of morphine daily was 8.5 grains, or approximately 1000 doses per month, or 12,000 doses per year. As the population of Tennessee is a little more than two per cent of the total population of the United States, at the same ratio there would be a few more than 118,000 habitues in this country, and they would consume 1,416,000,000 doses at the same rate. This is 56.7 per cent of the amount imported legitimately, leaving 43.5 per cent, or 1,084,000,000 doses to meet the actual needs for the drug.

NUMBER OF ADDICTS IN OHIO.

Mr. Williamson, collector of internal revenue at Columbus, reported to Washington, that there are 180,000 drug addicts in the state of Ohio. Our District Attorney stated before this Academy that his personal experience in enforcing the Harrison Act has led him to approve this estimate. Assuming that one-half, or 90,000, of these are opium addicts, using an average daily dosage of 8.5 grains, there would be consumed by habitues in the state of Ohio alone, 1,080,000,000 doses, or 43.2 per cent of the total. amount legitimately imported into the United States annually. The present population of Ohio is about 5,000,000 and 90,000 is 1.8 per cent of the total. While the citizenship of Ohio may not be above, it is certainly equal to the average for the whole country, so that it seems fair to assume that Ohio's per cent of addicts will hold good for the whole United States. The present population of the United States being about 102,000,000, then 1.8 per cent, or 1,836,000 of these are opium eaters, who consume annually, 23,868,000,000 doses, which is nine and one-half times the amount imported into the United States through legitimate channels.

In speaking of cocaine, Mr. Wilbert says that one ounce is enough to keep one fiend thoroughly doped for one year, and that there are 150,000 ounces available. If of the 180,000 drug addicts in Ohio, 90,000 are cocaine fiends, they consume 90,000 ounces or 60 per cent of the total amount available.

We cannot vouch for the exactness of these estimates, but since they are derived from his own source of evidence as a basis which was approved by him, we claim that we have good and sufficient cause why our District Attorney should sustain a demurrer to, and quash the indictment which he brought against the medical profession when he declared that "the chief trouble makers for the government at the present time are physicians, who continue giving narcotics in wholesale quantities under the guise of treatment." Evidently, if he has faith in his own statements, he must search for Ethiopians deeper in the woodpile and more difficult of discovery than the drug-peddling physician.

We do not wish to be understood as having any sympathy for the physician who distributes these drugs for other than a legitimate or moral purpose, but we do desire to call attention to the apparent fact that, there must be an extensive underground or secret system of supply, and that there must be an enormously larger amount of these drugs that find their way into the country through these secret channels than through legitimate channels.

* Read before the Columbus Academy of Medicine March 20, 1916.

THE DRUGGIST'S PART.

Since it appears that public opinion places the greatest responsibility at the door of the medical profession, it would seem worth while to speculate as to the reasons so many people become habitues. No serious thinking physician is willing to deny that many patients have been led into the habitual use of narcotics through the careless prescribing of these drugs. It is only too apparent that there always have been physicians whose lack of professional honor and moral stamina permitted them not only to become victims themselves, but also to lead their friends and patients into the habit. Such men in the profession have been "as a thorn in the flesh," and a law that will eliminate them from our midst should be met with open arms. Not infrequently, however, if an habitue is questioned as to the manner in which he was led into the use of one or more of these drugs, he will reply that Dr. Blank gave him a prescription for some painful disturbance and that it afforded him such relief that he had the druggist refill it, and continued to have it refilled. And he not only had it refilled for himself but told his suffering friends about it, who likewise obtained it and continued in its use because of the pleasing effects. In this manner there was formed an endless source of supply to the number of drug habitues. Certainly such cases, and they are numerous, cannot be rightfully charged against the physician.

We believe that habitues, since many of them occupy places in the lower strata of the social and moral scale, are responsible for leading a greater number of others into the habits than is generally accredited to them. If we were to make inquiry of the physicians present this evening, we would probably find that at least 75 per cent of them are habitual users of tobacco in some form. And if we were to ask each one the manner in which the habit was acquired, we would find that it was largely through association and not from any physical need. If the same inquiry were made of a large number of alcoholics, we have no doubt that association would be given as the predominating cause. It is an indisputable fact that man is largely a creature of association and habit. What his morals and habits are depend chiefly on his associations, so that herein lies an explanation for a very large percentage of drug habitues.

Before leaving this phase of our subject, we desire to quote from the J. A. M. A. for Mch. 4, 1916, p. 765." M. L. Wilbert, in Public Health Reports, says that heretofore the drug trade and the members of the medical profession generally have been indiscriminately accused of fostering and developing the use of habit-forming drugs. This accusation, he believes, has been wholly unwarranted, as is shown by the whole-hearted way in which all branches of the drug trade and

all classes of medical practitioners have endeavored to live up to the Harrison Narcotic law."

REQUIREMENTS OF THE ACT.

In speaking of the requirements of the law as they concern the physician, all should be familiar with the first, that every person who produces, imports, manufactures, compounds, deals in, dispenses, sells, distributes or gives away any opium or cocoa leaves, or any compound, manufacture, salt, derivative, or preparation thereof, shall register with the collector of internal revenue on or before the first day of July of each year, and shall pay a special tax of one dollar per annum. Person is construed to mean and include a partnership, association, company or corporation, as well as a natural person. The question, "Must physicians in partnership register as a firm or individually," was submitted to our District Attorney. He expressed the opinion that they should do both. Is it necessary for a physician employed by a physician to register? To this question the opinion was expressed that he need not, but it is necessary that all prohibited drugs used by the employee must be accounted for on the records of the employing physician.

The question that seems to be most troublesome to the profession, is, "Does the law limit the judgment of the physician as to the needs of his patients?" Under Sec. 2, we read: "Nothing contained in this section shall apply, (a) to the dispensing or distribution of any of the aforesaid drugs to a patient by a physician, dentist or veterinary surgeon, registered under this act in the course of his professional practice, only, provided, that such physician, dentist, or veterinary surgeon shall keep a record of all such drugs dispensed or distributed, showing the amount dispensed or distributed, the date, and the name and address of the patient to whom such drugs are dispenses or distributed, except such as may be dispensed or distributed to a patient upon whom such physician, dentist, or veterinary surgeon shall personally attend, and such records shall be kept for a period of two years. (b) To the sale, dispensing, or distribution of any of the aforesaid drugs by a dealer to a consumer under and in pursuance of a written prescription issued by a physician, dentist, or veterinary surgeon, registered under this act: Provided, however, that such prescription shall be dated as of the day on which signed and shall be signed by the physician, dentist or veterinary surgeon who shall have issued the same."

The provisions of this act, as recorded in Sec. 2, appear to be expressed in good clear English, easy of understanding. But that there may be, and is, a difference of opinion as to the correct interpretation will soon be demonstrated.

TREASURY DECISION.

Under Sec. 1, we find "That the Commissioner of Internal Revenue, with the approval of the Secretary of the Treasury, shall make all need-

ful rules and regulations for carrying the provisions of this act into effect."

On May 11, 1915, there was issued Treasury Decision 2200, which directs that where a physician, dentist, or veterinary surgeon prescribes any of the drugs covered by the law, in a quantity more than is apparently necessary to meet the immediate needs of a patient in the ordinary case, or where it is for the treatment of an addict or habitue to effect a cure, or for a patient suffering from an incurable or chronic disease, such physician, dentist or veterinary surgeon should indicate on the prescription the purpose for which the unusual quantity of drugs so prescribed is to be used. In cases of treatment of addicts, these prescriptions should show the good faith of the physician in the legitimate practice of his profession by a decreasing dosage or reduction of the quantity prescribed from time to time, while on the other hand, in cases of chronic or incurable diseases, such prescription might show an increasing dosage or increasing quantity.

According to this ruling, then, there is no limit placed on the judgment of the physician as to the needs of his patients so long as his dispensing or prescribing can be shown to comply with every part of this decision. Since the object of this paper is to gain as well as to impart information, it seems expedient to assert that neither the provisions nor the language of the law warrant any such ruling. In support of this assertion we refer you to a court decision as published in the medico-legal department of the *Jour. A. M. A.* for Oct. 2nd, 1915, in which the judge for the Western District of Tennessee practically upholds my contention.

In view of this court decision, it would appear that, so long as a physician complies with the literal interpretation of the provisions of Sec. 2, of the act, there is no limit to the quantity of the prohibited drugs he may prescribe.

Regardless of what final construction may be placed upon this section of the law, we are quite certain that the medical profession as a whole is desirous that the dispensing and distribution of these drugs by a physician should be restricted within the limits of common usage. And if the law, as it now stands, does not possess this power, it certainly should at the earliest possible moment be so amended that it may have such power. For it is entirely evident that the medical profession has in its ranks men whose moral and commercial depravity would make them only too eager to take advantage of any such weakness of the law.

Ignorance of the law is no excuse for its violation, but when those who enforce and those who sit in judgment do not agree as to the meaning of a law it is not too vulgar to say that those who need to comply with it are "between the devil and the deep blue sea." However, the only safe and desirable course for the profession to pursue at present is to adhere strictly to the

above mentioned rulings as expressed in Treasury Decision 2200. If we were to make any further comment on this section of the law we would suggest that the English language does not lack adequate terms to make clear any restrictions that the national law making body might have desired to place upon the use of these drugs by physicians, dentists, or veterinary surgeons.

HAND OF PATENT MEDICINE INTERESTS.

A paper of this character would be incomplete without some reference to Sec. 6, which declares: "The provisions of this act shall not be construed to apply to the sale, distribution, giving away, dispensing, or possession of preparations and remedies which do not contain more than two grains of opium, or more than one-fourth grain of morphine, or more than one-eighth grain of heroin, or more than one grain of codeine or any salt or derivative of any of them in one fluid ounce."

Why should there be any such exemptions? We will leave it to you for a moment to ponder the answer.

Treasury Decision 2213, issued June 7, 1915, by the Commissioner of Internal Revenue, reads: "The word, preparation, as generally used and understood, means ready made or prepared medicines, and the word, remedies, means that which cures or is efficacious in a specific disease or diseases under all conditions, while the term, prescription, is the written directions or recipe of a physician for the compounding or preparing of a medicine and directions for its use to meet the existing conditions in the case of a particular patient."

With this interpretation, the commissioner rules that physicians' prescriptions, no matter how small the quantity of the prohibited drugs they may contain, do not come under the exemptions of Sec. 6, unless such a prescription is written for a preparation or a remedy of the U. S. P., National Formulary, or other formula, or for a "remedy or preparation" prepared under a private or proprietary formula, carried in stock by a dealer, which may be dispensed without a prescription.

Since this part of the law does not apply to physicians' prescriptions, but does apply to "preparations and remedies," as defined in Treasury decision 2213, and since practically all such "preparations and remedies" are what are commonly termed "patent medicines," we must conclude that this section was inserted in the law in the interests of the Patent Medicine Industry. And it seems reasonable to believe that Sec. 6 of the Harrison Act represents the inability of the members of Congress to keep in mind the welfare of the public in the face of the political forces of the Patent Medicine interests. Obviously this section of the act should be eliminated.

That the law is not what it should be is ad-

mitted by those entrusted with its enforcement. While we are not versed in even the principles of law, it appears to us that the Harrison Act in some of its provisions, is discriminating in character, in others it falls short of expressing the purpose for which it was enacted, and, in its execution, unwarranted and unfair demands are made of the medical profession.

The purpose of the Act is heartily approved by the organized medical profession. If the law fails in any part of its purpose, it is a duty which the profession owes not only to the public but to itself as well, to lend its influence towards the correction of these failings.

We have learned that to stamp out malaria and yellow fever two things were necessary; first, to protect the infected individual from certain types of mosquito, and, second, to destroy these mosquitoes and remove as far as possible their breeding places. These things having been thoroughly done malaria and yellow fever have practically ceased to exist. Opium and cocaine have certain sources of production and the producer may be looked upon as the infected individual. We cannot conceive of the complete control of the evils of these drugs until the producer and the production is under absolute government control. This, then, so far as the United States is concerned, makes it a matter of international agreement. We predict, however, that the government officials entrusted with the enforcement of this Act will soon be able to weed out the offenders against the law among those duly registered under the Act.

GENERAL SUMMARY.

In view of the rulings made by the Commissioner of Internal Revenue and approved by the Secretary of the Treasury, the following brief summary expresses about all that is required of the physician to prevent him from becoming intimately acquainted with the agents of the law.

1. Every physician must on or before the first day of July of each year register with the Collector of Internal Revenue in his district and pay a special tax of one dollar per annum.

2. In purchasing any of the drugs included under the law he must give a written order to the dealer, using a blank form issued by the Commissioner of Internal Revenue, and he must keep a copy of such order for two years.

3. When dispensing any of these drugs he must keep a record of the kind, the amount, the date, and the name and address of the person to whom it is given, except such as may be given to a patient upon whom he personally attends. Personal attendance is construed to mean that he must personally visit and administer.

4. When writing a prescription he must sign his name in full to the same, his registry number, his office address, and the name and address of

the person for whom such prescription is written.

5. When he dispenses or writes a prescription for any of the drugs included under the law, in a quantity more than is apparently necessary to meet the immediate needs of a patient in the ordinary case, or where it is for the treatment of an addict to effect a cure, or for a patient suffering from an incurable or chronic disease, he should indicate on his records or prescription the purpose for which the unusual quantity of drug so prescribed is to be used.

6. When treating addicts his records or prescriptions should show a decreasing dosage or quantity prescribed from time to time, but in cases of chronic or incurable diseases, might show an increasing dosage or quantity.

The Therapeutic Value of the Hypophosphites.—At the request of the Council on Pharmacy and Chemistry, Dr. W. M. Marriott, Johns Hopkins University, has examined the evidence for and against the therapeutic value of the hypophosphites. Experiments were carried out to determine the "food" value of hypophosphites. The hypophosphites were introduced into medicine by Churchill in 1858 on the basis of an incorrect theory and utterly insufficient and inconclusive clinical evidence; their use has been continued without justification by any trustworthy evidence for their efficiency. By actual trial on human subjects Marriott shows that at least 85 per cent. of the ingested hypophosphites are excreted unchanged. Further, he holds that there is no proof that the remaining 15 per cent. is available to the organism. It is doubtful if there are any conditions in which the body suffers from lack of phosphorus. Marriott concludes that there is no reliable evidence that hypophosphites exert a physiologic effect; it has not been demonstrated that they influence any pathologic process; they are not "foods." If they are of any use, that use has never been discovered (Jour. A. M. A., Feb. 12, 1916, p. 486).

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Genoform.—Genoform, advertised as a remedy for rheumatism, gout, neuralgia, etc., is marketed with the claim that it is split up in the intestines into salicylic acid, acetic acid and formaldehyd. The statement of composition is too indefinite to permit any real insight into its possible reactions, but even if formaldehyd is liberated in the intestines, Genoform could not have the properties which are claimed for it (Jour. A. M. A., Feb. 26, 1916, p. 676).

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Oxybon Declared Fraudulent.—On January 15, 1916, a fraud order was issued by the postmaster-general against the Oxybon Company, Chicago. The Oxybon was one of the gas-pipe frauds, which included the Oxydonor, the Oxythor, and the Oxygenor (Jour. A. M. A., Feb. 12, 1916, p. 526).

The Treatment of Chronic Intestinal Intoxication*

By J. Henry Schroeder, M. D.,

Clinical Instructor in Medicine, University of Cincinnati, Cincinnati, Ohio.

OUR conception of chronic intestinal intoxication as a clinical entity is not new. Those of us who have followed the trend of medical literature upon this subject may have been impressed with the observation that this condition has been set forth as the cause of most ailments of obscure origin, including old-age itself, and for its certain cure the preponderance of claims seems to be evenly divided between Surgery and Patent Medicine.

When compared with some clinical terms that are frankly ambiguous and by which a few diseases are still known, there is a suggestion of definite meaning in the name "Intestinal Intoxication" that, unfortunately, is not justified by the results of pathologic research, or by clinical demonstration.

In our efforts to throw light upon otherwise obscure causes of disease we have come to know, that many disorders are accompanied by evidence of the absorption of putrefaction products from the bowel. Normally some degree of intestinal putrefaction is a biological incidence during a physiological process, and the decomposition products, if absorbed, are promptly rendered harmless, or they are not absorbed at all. When there is an undue increase of intestinal putrefaction, absorption of the toxic products does take place.

There is not a more thoroughly recognized principle in the practice of medicine than the care of the intestinal tract in the treatment of *all* diseases. What we do not know is the extent to which intestinal intoxication becomes *the* causative factor of chronic disease. Our lack of knowledge in this respect is the more to be deplored when we keep in mind the heroic efforts that have not only been suggested, but are actually being made, to overcome through dangerous surgical procedures the tendency to intestinal putrefaction, and to achieve thereby nothing short of a physical transformation, if not regeneration, of the patient.

The manifestations of the intestinal auto-intoxication depend undoubtedly, in a measure, upon a predisposition of the patient to certain disorders: I may mention the type in which the nervous system is the place of least resistance. In the best defined and most pronounced case of intestinal putrefaction that I have seen, in a vigorous man, the physical effect of the condition was confined to kidney irritation, causing albumen to appear in the urine with the presence of a microscopic haematuria. His own attention was attracted to the intestinal condition by the passage of flatus having a cadaverous odor, so

that he believed himself to be afflicted with a sloughing growth in the bowel. The pain in the back was so marked as to incapacitate him from his work as an engineer. The urine was loaded with indican. The removal of the putrefaction process in the bowel was followed by immediate subsidence of all symptoms, and they have not reappeared. In this case there were absolutely no signs of nervous disorder, not even headache.

Through such and similar observations the pathogenic influence that putrefactive processes in the bowel may have upon the body is clearly demonstrated, if we accept a well defined therapeutic result, in such cases, as confirming the correctness of the clinical observations as to the probable cause of the disorder in question. There are instances where toxic symptoms arise in an acute form, and in such cases prompt and thorough cleansing of the intestinal tract is followed by equally prompt relief. The treatment of chronic intestinal intoxication is essentially the arrest and prevention of putrefaction. It is not sufficient, however, that the bowel be purged of its contents, the conditions that predispose to putrefactive processes must be overcome.

One of the most constant concomitants of intestinal putrefaction is constipation. I would lay emphasis upon the fact that constipation, as such, is not synonymous with intestinal intoxication. It has been abundantly proved that faeces long retained in the colon show a greatly lessened number of putrefactive organisms. We all know patients who are habitually constipated, so that evacuations occur only every three or four days or even less frequently, and in whom no toxic effect whatever can be observed, and who show no evidence of increased intestinal putrefaction. I have had patients under observation in whom the colon was loaded with retained masses, notwithstanding daily enforced evacuations, who gave no evidence of either intoxication or excessive putrefaction. Constipation in itself is, therefore, not an invariable cause of intestinal intoxication. Since the causes that operate in conjunction with constipation must determine the treatment, I will briefly state the factors that, I believe, lead to systemic intoxication through local putrefactive processes.

It is clear that a filled colon must cause some stasis in the caecal region, because it is a mechanical hindrance to the passing forward of the food residue from the caecum. If such unabsorbed food residue that reaches the large bowel is unduly rich in partly digested proteid material, the putrefactive organisms flourish, putrefaction is increased, and the quantity of decomposition products that may become toxic, increases. I be-

*Read before the Medical Section, Ohio State Medical Association, in annual session at Cincinnati, May 4, 1915.

lieve that absorption of toxic products is facilitated by perhaps only mild inflammatory processes in the caecum and neighboring parts of the colon, and also, that the systemic effects depend largely upon the ability of the liver to render the poisonous products harmless, and that some of the rather acute attacks that such patients suffer, on the part of the nervous system, are perhaps directly due to this toxic effect upon the liver, an assumption not more arbitrary than our acceptance of the condition of "biliousness" in every day practice. In support of the assertion of this involvement of the liver in the process of toxemia, I would say that I have repeatedly seen cases with excessive intestinal putrefaction, that developed a mild glycosuria. In young individuals I have occasionally seen an acetonuria developed with the signs of an intestinal intoxication, and a very large number of all such cases show an excessive amount of urates in the urinary deposit.

This interpretation of the process of intestinal intoxication has the merit that treatment instituted upon this basis will enable us to abolish both the intestinal putrefaction and the intoxication arising therefrom.

By feeding the patient upon a diet that is largely free from meat we can, in a measure, control the source of putrefactive products. Such a diet is, therefore, indicated to the extent that the patient's digestive organs can manage a largely vegetarian diet. If only well cooked articles of food are permitted the process of digestion is facilitated, and the food itself is at least sterilized. Any proteid that is permitted must be easily digestible, and limited in quantity. Milk when tolerated, is not objectionable. It should be boiled. Buttermilk when made from previously sterilized milk by the aid of the Bulgarian *Bacillus* may form an agreeable substitute. Aside from its specific influence upon the putrefaction process, the diet must be considered as a large factor in the relief of the constipation. There is a widespread belief that raw fruits and certain uncooked vegetables are valuable as aids in overcoming constipation. It is true that by reason of their large proportion of undigestible residue they stimulate intestinal peristalsis, but only in a bowel that is capable of responding with peristaltic contractions upon perception of the stimulus, and that means a normal bowel, and a normal bowel with normal functions is very unlikely to become the hot-bed of putrefactive processes. The bowel from which a chronic intoxication arises is usually an incapacitated bowel, weakened by inflammatory conditions, inefficient because atonic, or more rarely, spastic; therefore to load such a bowel with the maximum of residue only increases the patient's discomfort by actual hindrance. If the indications point to the existence of inflammatory conditions of the colon, strict measures must be adopted, by local treatment, to relieve this con-

dition. The colon is very accessible to local treatment. In conjunction with a proper non-irritating diet, irrigation of the colon by alkaline or saline solutions, or if desired, the systematic introduction of oil, with moist hot applications to the abdomen, will yield gratifying results, unless grave inflammatory changes have become established.

In a large number of cases intestinal insufficiency is purely functional and only a part of a tendency to general systemic insufficiency, so to speak. I have seen good results in the treatment of this type of cases when a vigorous rest-cure was enforced, aided by the various methods of physical therapeutics that are helpful in bettering the functional capacity of the patient.

To this type belong the cases with a general habitus enteroptoticus, wherein an intestinal atony is further complicated by such mechanical difficulties as are caused by the enteroptosis itself. In this congenital disease, and more especially is acquired ptosis, a great deal can be done by recourse to a "Mast"-Cure, so that by replenishing the abdominal tissues with a generous deposit of fat the mechanical support that nature intended the organs to have, may be supplied or restored. When the abdominal wall is weak, a well adapted abdominal support is invaluable.

The question of the usefulness of drugs in the treatment of intestinal intoxication deserves some consideration. I have seen no definite result from any drug calculated to act as an intestinal antiseptic. The same holds true of the lactic acid forming bacilli, of which I have employed frequently the most active cultures. Buttermilk, however, is agreeable to many patients. It is valuable as a food, and we may well take advantage of whatever benefit it may bring. When drugs are desired for the treatment of the coexisting constipation, the indications for their use are practically the same as in simple constipation. I would warn against the continued use of the various brands of mineral oils for the relief of the constipation: the human stomach was not designed for a diet of greases. It interferes with, or partly inhibits, digestion and thus in the course of time causes new ailments. Laxatives, and in particular the saline cathartics, when ineffective, are harmful rather than beneficial. Saline solutions, by hindering absorption increase the opportunities for putrefaction. I have repeatedly seen patients who systematically took such salines, and who had been educated to judge of their status of presumptive intestinal intoxication by the indican report, become indican-free the moment the saline laxatives were stopped. By the methods that have been indicated, excessive putrefactive processes in the bowel can be readily stopped. In some patients relapses do occur; I have noticed this especially in cases where pain and local tenderness over the colonic region suggested inflammatory complications.

We are not as yet fully informed of the degree in which certain anatomic anomalies predispose to such relapses.

Through the use of the Roentgen Rays there has been made available for clinical use a great deal of information with regard to anatomical variations of the colon, so that today such terms as coloptosis, caecum mobile and redundant colon and insufficient ileocaecal valves have almost become bywords at the bedside. An uncritical acceptance of constipation, as such, as the source of most physical afflictions has led some to see in every variation of form, size and position of the colon, the source of constipation. The colon is surgically accessible, and if there is a form of surgical attack to which it has not been subjected, in an effort to rejuvenate a patient at one stroke, I do not know of it. The avowed object of the various methods of all so-called constructive and destructive surgery has been the establishment of drainage of the intestinal tract. Unless we are dealing with an organic obstruction of the lumen of the colon this drainage can be established quite as well by non-surgical as by surgical means. It is a matter of daily observation that form and position alone do not determine functional activity of the colon, or of any other organ. I have seen, for instance, a caecum mobile demonstrated in the operating room, incidental to the opening of the abdomen for other causes, where the patient did not suffer from constipation when otherwise in good health. After such a caecum was properly fixed, because of the favorable opportunity, the patient had to have recourse to colon injections to evacuate the bowel, even after the surgical period.

Surgical operations performed upon the colon always involve great risk for the patient. I do not know of a single disease, the pathology of which is definitely confined to the absorption of the toxic products from the bowel to such an extent that it warrants the dangers of grave surgical procedures in the effort to stop the toxic absorption through the relief of the constipation by such means.

Unfortunately there are certain diseases or deficient states of health wherein the underlying causes are obscure, that are associated with constipation and, sometimes, with evidences of internal putrefaction. Let me only refer to the various forms of neurasthenia and similar afflictions so frequently encountered. In many of its phases the disease itself suggests conditions of depression or instability in the *absence* of demonstrable toxic absorption from the bowel. It is in such patients that a certain "Minderwertigkeit" exists, in more than one respect, and this general insufficiency is the common cause of conditions that lead to intestinal putrefaction and coexisting disturbances. In the great majority of such patients, there exists no impediment to the complete

removal of the putrefactive conditions in the bowel by simple means. The good results that follow a healthier intestinal tract will be in the measure in which such putrefactive process constituted a menace.

It was my purpose in presenting this subject to call attention anew to the fact that we have very little definite knowledge of the specifically pathogenic action of the products of intestinal putrefaction upon the body. It is still within the province of clinical medicine to draw conclusions from observed facts, and to base treatment upon deductions from such observations. Such privilege should not constitute license, however, to create a fanciful pathology upon the altar of which a patient may be sacrificed.

19 W. Seventh St.

Coloboma of the Eye Lid

L. K. Baker, Cleveland, O.

E. K., nine years of age, reported February 8, 1916. She has a typical case of coloboma of the lid. Her mother says the eye has always looked just as it does now. These cases are so rare that it seemed worth while to call attention to this one.

The vision in the affected (right) eye is one fifth. With a plus 50 sphere, and a minus seventy-five cylinder, axis 180, she can read fifty-foot letters and some forty-foot letters at the distance of twenty feet.

The eye presents the following pathology. There is a macula on the cornea at three o'clock, which extends to the corneo-scleral margin. At the outer canthus, under the conjunctiva, and extending almost to the cornea, is a flat thin lipoma. What looks and feels like another lipoma is contained in a flap of skin, which extends downward and forward, covering a portion of the coloboma. The latter extends from the center of the lid upward to include the lid, inward and then downward to the lid border, five or six millimeters from the inner canthus. This short stretch of normal lid contains cilia and the puncta.

When first seen there was a moderate corneal inflammation in the region of the macula. She used atropia and smoked glasses for two weeks and the cornea cleared.

Her mother says that during dry and windy periods dust gets into the eye through the notch, keeping the eye sore.

Since she has photophobia rather frequently, I recommended Crook's glass for her lenses.

Her mother states she has no other defects, aside from those of the eye and that these have all existed since birth. In the followings ways this case is typical. But one lid is involved. It is the upper lid. At the lid margin the corners are rounded off. The entire thickness of the lid is involved. The coloboma is toward the nasal side of the lid. The eye lashes, as well as the

meibomian and sebaceous glands, are absent. The typical macula on the cornea and the lipoma, at the outer canthus, exist.

Both puncta are present and the lachrymal passages are in working order.

In contradiction to these typical features are the following, noted in other cases

As many as all four lids may be affected. The coloboma may look as tho it had been cut out with a punch, the lids being straight and the corners pointed. Sometimes a bridge of skin may fill the coloboma to a greater or lesser extent. When this extends to the cornea there are usually marked corneal opacities. This skin may interfere with the movements of the eye ball. Its under surface may have the appearance of mucous membrane.

Sometimes a tissue formation resembling pterygium is present when the outer commissure is absent. Now and then, in coloboma of the lower lids, puncta are found on either side of the defect. Sometimes the defect continues upward so that more or less of the eye brow is absent. It may be in these cases that a wedge shaped streak of hair may extend from the hairy border of the scalp toward the eye brow. There may also be present tags of skin on the lids or on the face on the affected side.

Prenatal pressure by amniotic bands is given by van Duyse as the cause of these deformities.

They are classed with cleft-palate, amputation of extremities, hare lip and macrostoma.

According to van Duyse the pressure of abnormal amniotic bands prevents the proper growth and development of the lids. Later the bands are absorbed but the damaged lid remains. Sometimes the amniotic strands, according to this theory, have remained in the form of dermoids, lipomas and bands, tags or bridges of skin.

On account of the exposure of so large an area of the eye ball to dust and other irritants, as well as for cosmetic reasons, an attempt should be made to fill the coloboma by means of some plastic operation. I hope the discussion of the case will develop the best method for doing this.

So far it has seemed to me that it can best be accomplished through a flap operation using the skin immediately above the coloboma. This consists in freshening the outer and inner borders of the coloboma, cutting the skin above the coloboma on each side, upward for a distance greater than the depth of the coloboma, then a transverse incision. After removal of the tumor the skin can be folded downward until the coloboma is filled, the cut edges being stitched to the freshened edges of the coloboma.

A skin graft from the inner surface of the upper arm can then be placed over the surface denuded of its skin by the lowering of the fold of skin to fill the coloboma.

Medical Fellowship, the Need of the Hour*

Burton R. Miller, M. D., Tiffin, Ohio

GR EAT men, to a certain extent, are the product and offspring of their age. They are made and molded by the times in which they live. While they influence, they are also influenced by their colleagues as well as by their contemporaries. Therefore great men organize themselves into a body for the purpose of mutual helpfulness and for the cultivation of the spirit of good-fellowship. They realize that mutual association on equal and amicable terms, indulgence in friendly professional intercourse, and appreciation of enjoyable companionship add much to the delightful amenities and useful endeavors of life.

There are few men from whom something may not be learned. Before a man decides it is time wasted to be with men who seem to fail in helpfulness, he should ponder well the words of Gladstone, who said that what is really necessary is to light up the spirit that is within a man; that in some sense and in some effectual degree, there is in every man the material for good work.

"If I knew you and you knew me; if both
Of us could clearly see,
And with an inner sight divine the
meaning of your heart and mine,
I'm sure that we would differ less and
clasp our hands in friendliness,
Our thoughts would pleasantly agree, if
I knew you and you knew me."

Phillips Brooks said that the man who has begun to live more seriously within begins to live more simply without; that life is not so short but that there is always time enough for courtesy; that the heart of man seeks for sympathy, and he craves a recognition of his talents and labors. But this craving is in danger of becoming morbid unless it is constantly kept in check by calm reflection on its vanity, or by dwelling upon the very different and far higher motives which should actuate him.

Gail Hamilton says that every thought and word and deed, of every man, is followed by its inevitable consequence; for the one he is responsible; with the other he has nothing to do.

Seasoned thoughts, associated with pleasant smiles and securely connected with happy hearts,

* Read before the Seneca County Medical Society, Thursday, February 17, 1916.

do much to add to the intimate relations of a physician and his colleagues. When a physician or his colleague voluntarily descends from the high level of professional dignity and mutual helpfulness, and sees the other only as an unwelcome interloper in his own individual field of practice, he does almost irreparable injury to the spirit of genuine medical fraternity. It is better to look for admirable traits in the character of a colleague.

Ruskin says that such help as a man can give his fellow-worker in this world is a debt; and the man who perceives a superiority or a capacity in a subordinate, and neither confesses nor assists it, is not merely the withholder of a kindness, but the committer of injury. Nothing is ever done beautifully, which is done in rivalry; nor nobly, which is done in pride.

The practice of medicine is not Utopian; it is of present usefulness and application. No other field of endeavor calls for so great personal sacrifice and responsibility, as the effort to cure the mental and physical ailments of humanity.

In this twentieth century, competition in medical practice is keener than ever before, yet it is true that fewer patients consult physicians. The laity is constantly flocking to the offices of the various representatives of alluring fads and cults, and, notwithstanding the vigorous anti-nostrum crusade, people are buying more patent medicines and using more druggists' prescriptions than ever before. Concentrated effort, upon the part of national, state, and local organizations, is greatly improving sanitary conditions, and educating the public to an appreciation of preventive measures, and observance of the principles of hygiene and dietetics.

Physicians themselves are almost wholly responsible for conditions which confront them today. They are the original promoters of the glorious doctrine of preventive medicine; they inaugurated the grand system of sanitation, and promulgated the exalted principles of hygiene and right living. The physician himself has been an instrument of great good to the public at large, but the good he has done has gradually tended to lessen both his income and sphere of practice.

Another cause of the present status of medical affairs is the utter lack of unanimity of purpose and action among the physicians. There has been a growing spirit of denunciation, a desire to attack and to annihilate somebody or something in the medical profession. An iconoclastic spirit, an agnostic tendency, a nihilistic attitude seems to prevail in the medical fraternity more today than ever before in the history of medicine.

Hypercriticism is retroactive and denunciation frequently proves to be nothing less than an effective boomerang. It is far easier to condemn and denounce a fault than to suggest a desirable remedy. The radical is ever eager to tear

down, but is often impotent to build up. The cynic's definition of a critic, "One who finds fault with that done by others, which he cannot do himself," should ever be kept in mind by physicians.

The cardinal virtues of the practice of medicine, from its inception, have been those of faith, hope, and charity, and the utter ignoring of any of these, by a physician, is sure to engulf him with dishonor and self-conscious infidelity with regard to the purpose of his calling in life.

"Most earnestly and truly I believe

The human heart is beautiful and good.
Let us keep clear until the end of life

My faith in sweet humanity's fair flower;
Old age that sits with all the glamour gone,
Cynical, cold, and infidel, and sour,

Is something to be shrunk from; but the light
Of youth's departed glory hovers still
About the one who keeps thru winter's time

The thoughts that hearts are good and seldom
ill.

Yet will I trust, for better 'tis to fail

Thru trusting much than trusting not at all."

A pleasant and profitable means of furthering and cultivating a spirit of good-fellowship between a physician and his colleague is the spending of an hour, occasionally, in open, friendly, social intercourse in each other's offices. It is indeed too true that physicians do not visit one another as frequently as they should; they are too prone to while away their hours of leisure in their own offices. It would be an excellent innovation, if every physician would have a visiting hour, once or twice a week, on the program of his duties which are to be most faithfully performed.

One of the greatest hindrances to the complete development of the spirit of faith and good-fellowship, thru the medium of office visiting, is the common tendency on the part of each physician to continually talk "shop." Were they to converse very frankly and truthfully about their individual failures, rather than their brilliant successes; were they to remember that it is most unkind and palpably ungenerous to speak of their wonderful and amazing achievements in practice; were they to forget entirely the failures and short-comings of their colleagues, and speak of them only in a spirit of real kindness and commendable good-will, there would be more mingling of physicians in the way of cordial, helpful social intercourse in one another's offices.

It is not at all indicative of the right spirit in a physician, when he invariably questions his colleague with regard to their practice, in order that he may inform them that he was never so busy in his life; that he was very recently called to the bedside of a patient whom he told that he had called him just in time to save his life; that he had been called to see a patient, just yesterday, whom a colleague had been treating, and

who had shown great wisdom and common sense by discharging the colleague and employing him instead; that he had just returned from seeing a dead man, who had been treated by another colleague, and that he had informed the sadly bereaved ones that he was lamentably sorry, for had they called him but fifteen minutes sooner the man's life would have been saved; that the way to fame and renown in medical practice is thru the medium of newspaper items, relating his very notable successes—but never the failures; that it is wise, and so profitable, to use the columns of the newspapers in conveying the really necessary information to a deeply interested public, of the exceedingly awful and terrifying nature of the disease afflicting a patient; that it is wholly and unpardonably wrong, and undoubtedly contrary to the customary tenets of professional ethics, for a physician to use the columns of the newspapers for the purpose of informing the public with regard to just what he can do in the treatment of the sick, but it is not at all unethical for a physician to almost daily use the columns of the newspapers with the avowed intention of informing the deeply interested public with regard to just what had been done to effect a cure. 'O Consistency, thou art a precious jewel! Inconsistency, thou art consistency's sister, but only when the relationship can not be clearly determined!

The unpleasant thing about detailing this information with regard to the acts and sayings of a thoughtless and somewhat unethical physician, is that in the main the allegations are absolutely true; and the unfortunate part of it all is the indisputable fact that there never has lived a physician, from the beginning of medicine to the present time, who could honestly and conscientiously refuse to plead guilty to an indictment, which would include at least some of the things just enumerated.

An aggravating source of ill-will among physicians is the disregard, by some, of the requirements of an equitable fee bill, which had been approved and accepted by every physician in a community, as just and fair to both physician and patient. There can be no better proof of a physician's loyalty to his pledged word, than the exact fulfilment of his promise. A physician's word should always be as good and substantial as his legal bond, and any act of his which should tend to lessen the faith and honesty within him, would necessarily prove to be most disastrous to his future welfare. Nothing is gained in the end by departing from the rigid requirements of an equitable fee bill, but the utter contempt of the medical profession at large.

The physician fee cutter soon earns the ignominious appellation, a cheap doctor, and the ignoble consequence of his unethical way of con-

ducting his practice is invariably a loss of faith and confidence in him by both clients and fellow-practitioners. An equally pernicious custom is the discounting of a bill.

A helpful and effective measure to aid physicians in their practice and to assist them in the elimination of undesirable clients, would be the formation of a list of "dead-beat" patients. Such a list, of course would have to be strictly confidential.

With regard to the admission of physicians to membership in The Seneca County Medical Society, there seems to be no valid or really justifiable reason why every physician in the county should not be enrolled as a member of the organization. The medical society should be the nucleus for the betterment of the social, professional, and financial aspects of medical practice. Physicians should always work in harmony, and be ever ready to assist one another in every way.

A little thought and candid reflection will often prevent a physician from being displeased and discontented at not meeting with the gratitude which he had expected. If he were only to measure his expectations of gratitude by the extent of benevolence which he has expended, he would seldom have occasion to call his colleagues ungrateful. Someone has said that a physician, of all men, should be the most happy and grateful, for whatever success he has, the world is sure to proclaim it, and what faults, or mistakes, he makes, the earth covereth. The secret of success in the practice of medicine is for a physician to be ready for the opportunity, which is sure to be his sometime.

Someone has said that there is no instinct in human nature that has made greater growth, than the instinct of a broader humanity. Humanity means brotherhood—the spirit of the family. Men are brothers. And they should have for each other that fellow-feeling of sympathy and oneness, that brothers have. Men have all come from the same great womb of life, and all have the same susceptibilities of pleasures and pain, the same frailties, and all are slowly but surely advancing to the same ultimate destiny. Men should take each other by the hand, they should be comrades. Humanitarianism is the final goal of human sympathy, and the physician who is truly a humanitarian will be able to look back over his years of useful service, with keen appreciation, as he sinks in life's twilight to his eternal rest.

"We meet at one gate

When all's over. The ways they are many and wide,

And seldom are two ways the same.

Side by side may we stand at the same little door when all's done!

The ways they are many, the end it is one."

Physicians Who Registered Locally in 1915

The following is a list of physicians who registered with the judges of the Probate Court in their respective counties during 1915. The law requires every physician to register his certificate as soon as he locates in a new county. This list is continued from page 202 in the March Journal:

Hocking—Thurman B. Haas, Rockbridge; Le-roy L. Imes.

Huron—Robert C. Gill, Norwalk; Martin L. Stehley, Charles R. Newton, Bellevue; James S. Van Norman, Norwalk.

Jefferson—Ellis L. Hawthorne, Mt. Pleasant; Harvey A. Harding, Amsterdam; Harry W. Mayes, Steubenville, R. F. D.; Walter R. Mills, E. Springfield; Hugh T. McLaughlin, Steubenville; Jay I. Thompson, Mingo Junction.

Knox—Jay D. Thomas, Mt. Vernon.

Lawrence—Herman L. Crary, Miller.

Licking—Frank D. Sickles, Frumenti W. Winters, James L. Cannon, Lee A. Hays, J. H. Williams, Wilbur F. Tiemann, Newark.

Logan—Frank W. Jewett, Lake View; Clyde K. Startzman, William H. Carey, Bellefontaine.

Lorain—Henry R. Zeller, Lorain; Thomas A. Bieterstaph, LaGrange; William H. Hull, Elyria; Ralph W. Faus, LaGrange; Martin L. Stehley, Albert B. Frazee, Elyria; Diego Delfino, Lorain; Frank A. Lawrence, Elyria; Russel F. Vaughn, Oberlin.

Lucas—George D. Black, Daniel C. Bell, Ralph Brown, Kurt C. Becker, Z. H. Ballmer, Jarry A. Bennett, Adam J. Dauer, Geo. Thomas Hannah, Howard R. Hartman, Roy A. H. Knisely, Frank G. Krift, Armin Lowen, Carl S. Mundy, Joseph C. Metzger, James Bell Orwig, Jr., Walter E. Smith, John A. True, Wilber A. Taylor.

Mahoning—Francis R. Fitzpatrick, David E. Montgomery, Arthur C. Tidd, Elliot H. Metcalf, George S. Nutt, A. F. Hagemeyer, Edward J. de Lew Pettitt, Samuel H. Sedmitz, Wilbur K. Black, Albert V. Wilson, Arthur P. Smythe, Albert B. Frazee, all of Youngstown.

Marion—Bret B. Hurd, Columbus D. Benner, Marion.

Medina—Carrie I. Hyatt, Lodi; John R. Gleason, Medina.

Mercer—Wm. A. Forrester, Wm. A. Lieser.

Miami—Martin L. Stehley, Francis W. Thomas, John Frederick Beachler, Michael R. Haley.

Montgomery—Wm. I. Schaffer, Albert H. Nesbitt, Henry L. Meckstroth, Abner T. Wills, Jesse C. Bohl, Frederick M. Stanton, Leonard E. Stutsman, Zackary T. Penhorwood, Henry W. Burnett, Donald E. McPhail, Joe Funderburg.

Morgan—F. S. Simms, Beavertown.

Morrow—Frank Deane Sickles.

Muskingum—Joseph R. H. McDaniel, E. Ful-tonham; R. E. Wells, Nashport; Loren E.

Grimes, Frank L. Sargent, Maurice Loebel, Zanesville.

Noble—George L. Weinstein, Summerfield.

Ottawa—Everett E. Brauhwastle, Carsten C. Starks.

Paulding—Ray L. Davis, Payne.

Perry—Neville H. McNerney, Corning.

Pike—Elmer E. Clark.

Portage—Hiram R. Keep, John F. Hill, Frank L. Largen, Upton M. Carnes.

Putman—O. L. Mapes, Leo C. Neiswander.

Richland—Jesse A. Spence, Frank D. Sickles, Fredericktown; James A. Conrad, Mansfield; Francis A. McCullough, Mansfield; Jacob Y. Salzman, Mansfield.

Ross—Harrison L. Brehmer, Chillicothe; Russell E. Lightner, Kingston; Trevoanian Depuy, Sulphur Lick Springs.

Sandusky—Homer R. Crossett, Helena; M. L. Stehley, Bellevue.

Scioto—Daniel J. Webster, Lucasville; Herbert M. Keil, Portsmouth.

Seneca—Virgil J. Truth, Fostoria; Martin L. Stehley, Tiffin; Bryce A. Miller, Attica.

Shelby—O. L. Mapes, John F. Conner.

Stark—James A. Conrad, Alliance; Samuel A. Zwick, Ralph F. Girgorius, Massillon State Hospital; Wm. E. Higbee, Canton; James S. Williams, Massillon; Chester M. Peters and Samuel J. Feingol, Canton; Levi A. Zerns, Massillon; Frank M. Sayre, Canton.

Summit—George N. Watson, Clinton; Galen Oderkirk, Cloyd F. Wharton, Edwin W. Grubb, Robert A. Browne, Akron; Frank J. Lehman, Hudson; William E. Higbie, Akron; Jephtha M. Oline, Cuyahoga Falls; Frank E. Deeds, Rey V. Luce, Arthur D. Frank, David W. Stevenson, Edson A. Freeman, Benjamin H. Gillespie, Clyde C. Roller, Wesley F. Stoneburner, James L. Cannon, George McI. Campbell, George B. Stillman, Akron; Sidney J. Heeley, Clinton; Thomas P. Crawford, Northfield; E. Townsend Jones and Harvey A. Finefrock, Barberton; Andrew W. McCaulders, John L. Bricksede, Carl R. Steinke, Akron; Wm. S. Hutchins, Barberton; Charles R. Merton, Harry A. Minthorn, Sanford B. Barrett, Akron; Derwin D. Daniels, Barberton; Will R. Dabney, Cuyahoga Falls.

Trumbull—Wm. Armstrong, Lindsay, A. T. Hagemeyer, Frank L. Sargent, James A. Conrad, Levi A. Zerns, LaFayette Van Amburg, James Jay Tyler, Rupert R. Rogers; Chester C. Waller, of Warren.

Union—Fred C. Galloway, Marysville.

Van Wert—Wm. A. Forrester.

Vinton—Elmer E. Clark, Allensville.

Warren—Carl C. Borden, Springboro; Bennie L. Englerth, Morrow.

Washington—Windham C. Sparling.

Wayne—Fred Blenkner, Frederick Wm. Der-sheimer, O. L. Mapes.

Lympho-Blastomata of the Gastro-Intestinal Tract, With a Report of a Case of Hodgkin's Disease of the Stomach*

By Ernest Scott, B. Sc., M. D. and Jonathan Forman, B. A., M. D., Columbus

THERE has been much confusion concerning the exact nature of the pathological process described by Hodgkin in 1832. From time to time a variety of terms have been applied to the condition. For instance, anaemia lymphatica (Sir Samuel Wilks, 1856), lymphatic enlargement with cachexia, but without leukemia (Bonfils, 1856), pseudo-leukemia (Mosler, 1878), scirrhus type of lymphoblastoma (Mallory). The work of Sternburg indicated that the disease was related to tuberculosis. This has not been confirmed, but it has been established that tuberculosis is associated in about 10% of cases. The studies of Frankel and Much, Bunting and Yeates, Rosenow, and others, have brought forth evidence to show that the causative agent is a diphtheroid micro-organism. Zinsser (1), however, has recently summed up the whole of this evidence as follows: "Reviewing critically, then, the present status of the bacterial etiology of Hodgkin's Disease, we do not feel that acceptance of the diphtheroid organism as the etiological factor is as yet justified. In fact, were it not for the definite conviction based upon histological study of such an experienced pathologist as Bunting, we would summarize the bacterial evidence as rendering such etiological relationship unlikely."

Ewing (2) feels that a transition from a granulomatous process to a neoplastic one has been observed in certain cases. Other workers as Gibbons (3), Coley (4), Martin (5), Oliver (6), Mallory (7), consider the disease as frankly neoplastic in its nature.

Under the term lymphadenomata Basch (8) has recently discussed a peculiar form of gastric tumor due to an overgrowth of the normal lymphoid tissues. "The growth may be widely disseminated and frequently there is a general enlargement of the lymphatic glands similar to that occurring in Hodgkin's disease. The pyloric region appears to be singularly free from these growths."

Warfield and Kristjansen (9) have recently reported a case of Hodgkin's disease primary in the small intestine. They were able to collect from the literature nine other cases which had arisen primarily in the gastro-intestinal tract. Cunningham (10) has expressed the opinion that two of the cases in this series classed as retro-peritoneal were primary in the alimentary tract.

The following case, therefore, appears worthy of study and record.

CLINICAL NOTES—ABSTRACTED.

J. F. aet. 53, married, laborer, native of Ohio.

*From the Department of Pathology and Bacteriology, Ohio State University.

Entered the medical service of the Protestant Hospital on November 13, 1913, referred by Dr. Rush Robinson.

Patient complained of weakness and pain in the upper abdomen. Family history negative. Previous history is that of a healthy, hard-working man, presenting nothing worthy of note except a typhoid infection at 18, and at times the excessive use of alcohol.

Physical examination: Patient emaciated. Mucous membranes pale. Chest not remarkable except for some increase in tactile fremitus in upper right side—both anteriorly and posteriorly. Abdomen flat. Muscles rigid. Tenderness in epigastrium 5cm. above and 2cm. to left of umbilicus. No tumor palpable. Inguinal gland size of pea on each side.



Fig. 1. The stomach

Urine, negative. Feces negative. Gastric contents after test meal showed no free HCl, no lactic acid, and no occult blood.

A diagnosis of gastric carcinoma was made. Operation was advised, but refused. Patient left the hospital on Dec. 5th, 1913, and returned April 23, 1914, saying that his pain was more severe. Patient weaker and more emaciated. Blood, HB 85%, r. b. c. 5,360,000. Leucocytes 7,800.

Differential count 70-24-2 with 4% eosinophiles. Urine negative. Feces showed occult blood. Gastric analysis: No free HCl, lactic acid present, and occult blood test positive.

Patient transferred to the surgical side to the service of Dr. W. J. Means, who made an exploratory operation on April 28, 1914. Adhesions around the gall bladder were found together with an enlargement at the head of the pancreas. The stomach was not opened and no specimen obtained. Patient made a prompt recovery and left the hospital on the 14th of May. During

this residence it is to be noted that the patient was never free from a slight elevation in temperature. Patient entered the hospital for the third time on September 24, 1914. He was now confined to bed nearly all of the time. His pain was almost constant with excruciating attacks beginning in the epigastrium and radiating upwards and to the left. Emaciation extreme. No tumor palpable. Temperature is usually normal in the morning and 99.6 to 100.6 in the evening. Patient requested another operation, which was performed by Drs. W. J. and J. W. Means on Oct. 20, 1914. A small stomach infiltrated and bound in by adhesions with a chain of enlarged nodes along the lesser curvature was the finding. A node was removed and sent to the laboratory. Microscopical diagnosis was that of a malignant lymphoblastoma. Incision closed. Patient died on October 22.

AUTOPSY PROTOCOL—ABSTRACTED.

Sixteen hours later a complete autopsy was held by one us (E.S.). The body in the meantime had been embalmed and so bacteriological studies were not carried out. The ulceration described below would no doubt have rendered worthless any results which might have been obtained had the autopsy been held before the embalming took place.

The stomach is smaller than normal. Its external surface is smooth and glistening, its wall is thick and firm. The mucous membrane is greatly thickened (6-15mm.) and is rough and irregular in its appearance. Its surface shows several erosions which resemble shallow ulcers. The thickening of the mucosa stops abruptly at the pyloric orifice, but at the cardiac end, it extends 3 to 5 cm. into the esophagus. The thickening of the stomach wall is limited for the most part to the mucous membrane. Along the lesser curvature are several greatly enlarged lymph nodes—the largest measuring 10x15 mm. They are yellowish in color moderately firm and show small necrotic areas upon the cut surface. These nodes while forming an embedded mass are easily dissected out and are entirely separate from the wall of the stomach. A similar group of enlarged nodes is seen about the head of the pancreas and along its upper margin. Near the cardiac orifice, the wall of the stomach is adherent to the upper pole of the spleen and with it to the diaphragm. In removing the spleen, this portion of the stomach is taken with it leaving a ragged opening in the wall of the cardiac end of the stomach about 6 cm. in diameter.

The spleen presents extensive necrosis in its upper one-third. The remainder of the organ appears normal.

A careful search thruout the body failed to reveal any further evidence of lymphoid overgrowth either in the lymph nodes or the mucous membranes.

There is nothing else in the protocol worthy of note here.

HISTOPATHY.

The thickening of the gastric wall is due to an infiltration with cells of the lymphocytic series. These cells present great variation in size. All

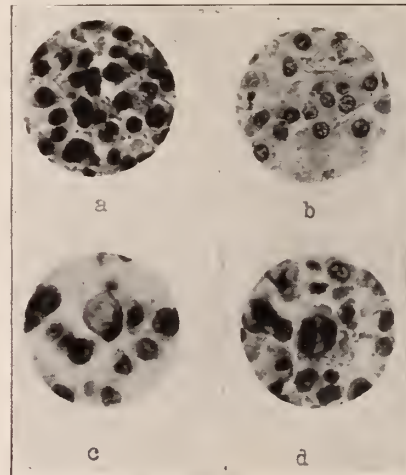


Fig. 11. Photomicrographs to show varieties of lymphoid cells

gradations can be traced from typical lymphocytes (Fig. 2a) to cells which correspond to the large cells seen in the germinal centers of a normal node—i. e., lymphoblasts (Fig. 2b)—and on to larger cells with a more abundant, but faintly staining cytoplasm and large vesicular nuclei which are sometimes single (Fig. 2c) and sometimes multilobulated (Fig. 2d). This cellular infiltration has replaced the mucosa and submucosa for the most part. Figure 3 shows how this infiltration has surrounded and obliterated the glands of the stomach, while Figure 4 is taken from an area adjacent to the musculature. There is apparently a slight diffuse increase in the connective tissue which is especially marked in the deeper layers of the mucosa. The blood vessels which pass thru this mass have been invaded and in some instances lymphoid cells of the lymphoblastic and giant cell types can be seen within the lumina. An examination of sections taken from the lymph nodes reveals an accumulation of exactly the same types of cells as were seen infiltrating the stomach wall. The germinal centers have become obliterated. Thruout the nodes numerous small irregular areas of necrosis may be seen. The reticulum is but slightly increased in amount and occasional foreign body giant cells may be seen. The sinuses and lymph spaces are filled with all the varieties of lymphoid cells mentioned above and in addition endothelial cells (Fig. 5). The capsule of the nodes is richly infiltrated with lymphoid cells.

DISCUSSION.

The clinical symptoms are much the same as

those of an ulcerated gastric cancer which does not involve the pylorus.

In no simple inflammatory process is there seen such a series of lymphocytes. There are no plasma cells present. The lymphoid cells which compose this mass are characterized by their lack of differentiation, which of itself points to a neoplastic process. In some areas, the infiltrating cells appear to stimulate the proliferation of the connecting tissue cells of the part. The infiltration around and the invasion of the lymphatics, the overgrowth of the adjacent lymph nodes by these same cells presents a striking resemblance to the behavior of cancer of this region.

The histological and anatomical findings together with the clinical record of the case would appear, therefore, to place the disease among the neoplasms composed of lymphoid cells, regardless of what the causative agent may ultimately prove to be.

CONCLUSIONS.

1. This is a case of Hodgkins disease of the stomach.

2. The disease presents much the same clinical and gross pathological pictures as do malignant gastric tumors in general.

3. It appears to come within the definition of a neoplasm arising in lymphoid tissue.

For permission to use their clinical notes on this case the authors are indebted to Drs. Means and McGavran.

Mr. Carl C. Hugger of the Department kindly made the Photomicrographs.

REFERENCES.

1. Hans Zinsser. Editorial. Jour. Lab. and Clin. Med. Nov. 1915. p. 149.
2. Ewing. Endotheliomata of Lymph Nodes. Jour. Med. Res. xxviii p. 1.
3. Gibbons. The Relation of Hodgkins Disease to Lympho-sarcoma. Am. Jour. Med. Sci. 1906. cxxii. p. 692.
4. Coley. Hodgkins Disease, a Type of Sarcoma. N. Y. Med. J. 1907. lxxxv. p. 577.
—Further Evidence in Support of the Theory that Hodgkins Disease is a Type of Sarcoma. Surg. Gyn. and Obst. 1908. vi. p. 649.
5. Martin. On some undescribed Lesions in Lympho-sarcomatosis (Hodgkins Disease). Jour. Med. Res. 1901. vi. p. 249.
6. Oliver. The Relation of Hodgkins Disease to Lympho-sarcoma and Endothelioma. Jour. Med. Res. xxix. p. 191.
7. Mallory. Principles of Pathologic Histology. Phila. p. 328.
8. Warfield and Kristjansen. Hodgkins Disease of the Intestines. Bull. Johns. Hopkins Hosp. 1916. p. 24.
9. Basch. Primary Benign Growths of the Stomach. Surg. Gyn. Obst. Feb. 1916. p. 165.
10. Cunningham. Hodgkins Disease, a study of 25 cases. Am. Jour. Med. Sci. 1915. p. 868.

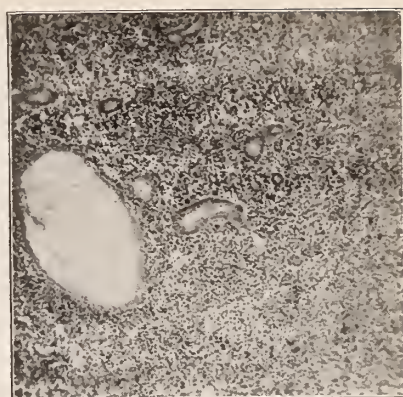


Fig. III. The gastric mucosa

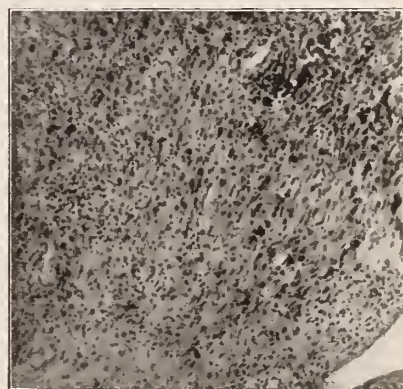


Fig. IV. The sub-mucosa of the stomach

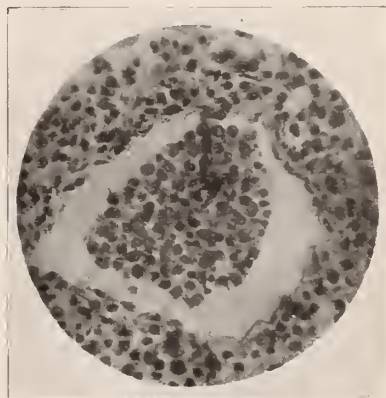


Fig. V. A lymphatic vessel filled with cells

others is essentially the well-known Labarraque's solution or solution of chlorinated soda. The claims as to the efficiency of the various modifications which are being used in France are decidedly contradictory. The one conclusion which all results with the various hypochlorite solutions appear to justify is that hypochlorites, whether applied in an acid solution, in an alkaline solution or in a neutral solution, are of genuine value in the treatment of infected wounds (Jour. A. M. A., Feb. 5, 1916, p. 430).

Hypochlorites in Infected Wounds.—Dakin points out that he claims no credit for the "discovery" of the "new antiseptic." He explains that the "new antiseptic" was discovered by Berthollet in 1788. The solution used by Dakin and

What Constitutes the Ideal Method for the Admission of Mental Patients to State Institutions*

By Edgar L. Braunlin, M. D.,

First Assistant Physician, Dayton State Hospital.

IN THE majority of cases of mental disease, the patient either has no insight into the nature of his condition or if he has, he is unwilling or unable to make up his mind to place himself under care or treatment. Accordingly, it becomes necessary for friends or relatives to place him under care against his will either in his own interest or for the sake of the public. There are certain fundamental principles of law such as the constitutional provision that no person shall be deprived of his liberty, except by due process of law. It was therefore found necessary that various statutes had to be passed to protect this class of individuals, the court assuming a paternalistic attitude as it were.

This is the natural outgrowth of the act passed in England in 1342, conferring upon the king jurisdiction over "lunatics" and "idiots." Later, as the duties of the crown became more arduous, this authority was conferred upon the courts in whose hands it has largely remained to this day. In the United States this duty belongs to various courts such as the Probate, Circuit, and District Courts, depending on the individual state statutes.

The commonest method of admitting patients to a state hospital for the insane is by means of the Legal Commitment. The legal commitment procedure in Ohio is as follows: "A resident citizen of the proper county must file with the probate judge of the county an affidavit in prescribed form alleging the insanity of the person and that he is dangerous to the community if allowed at large and stating his legal settlement. Within five days after the affidavit is filed the probate judge must issue a warrant for the apprehension of the alleged insane person, fix a day for the hearing, and summon witnesses, two of whom must be reputable physicians. The probate judge may examine the person out of court, and the proceedings required may then be held in his absence. After hearing all the testimony and being satisfied that the person is insane, the judge must cause a certificate to be made out by two medical witnesses of the person's insanity. The medical certificate must be in the form prescribed by the state board of charities, with the advice of the superintendents of the several hospitals. Upon receiving the medical certificate, the probate judge must at once apply to the Superintendent of the Hospital situated in the district in which the patient resides, transmitting at the same time all the papers in the case. The Superintendent must immediately state whether the patient can be admitted."

*Read before the Montgomery County Medical Society at Dayton on January 28, and submitted at request of the Publication Committee because of its valuable suggestions.

In making out the medical certificate, as in all his professional acts, the physician makes himself liable to an action at law if he has not sufficient justification for the step he takes. The examination should be of such character as to enable him to make a positive diagnosis of mental disease otherwise he should unquestionably refuse to sign the certificate of mental incapacity. His answers should be concise and yet to the point inasmuch as this medical certificate forms a valuable addition to the Hospital physician in his study of the case. Unquestionably, there is much to be done outside of the Institution, in the care of the insane; and much of the information necessary to an understanding of mental disease cannot be obtained in a hospital. The doctor whose time is already filled with examination and treatment of patients and clinical research work has not the time to make any systematic effort to obtain the facts of the patients' past lives, and present environment beyond what can be learned from relatives or friends who visit the Hospital and who often do not come for weeks and sometimes never.

VOLUNTARY COMMITMENT.

In many of the states there are provisions of law for voluntary or self commitment of the insane. Such legislation enables a person in an incipient stage of mental derangement to apply for admission to the state hospital in the district in which he resides, subject to the judgment of the superintendent thereof.

Relative to voluntary commitments Dr. E. R. Southard, Director Psychopathic Hospital of Boston, states "It is certainly but semi-civilized for a state to remain without the mechanism for voluntary admission of insane persons to public institutions. One of the most important and far reaching steps in divorcing the medieval legal interference in the care and handling of the mentally diseased has been the recent change in the insanity law expediting and facilitating the admission of the mentally sick to the psychopathic wards."

I might at this point quote article No. 1972 of the General Code of Ohio relative to Voluntary Commitments: "A person in an incipient state of mental derangement may apply for admission to the State Hospital in the district in which he resides. The superintendent of the Hospital may receive the applicant for not more than sixty days, if, upon his own examination and the state of a reputable physician familiar with his condition, he is satisfied that the applicant is in need of hospital treatment, and will be benefitted by it."

In this state, voluntary commitment does not

include alcoholics or drug users, it being necessary for these cases to be legally committed. Provision is made for these cases under voluntary commitment in several states, especially in Massachusetts.

The question of proper detention before admission into the State Hospital is a very important one. The usual procedure in the majority of these cases has been to detain these patients in the county jails.

This has been very unsatisfactory as the impression is given the patient that he is considered a criminal and that he is later sent to the "asylum" as he calls the Hospital, as a matter of punishment. I can cite you any number of cases in this institution who were confined in jails when absolutely unnecessary and who became maniacal in these surroundings. The "minions of the law" are not infallible to the common superstition of the laity that all insane persons are dangerous and in spite of the pathetic condition of the patient, one often cannot help feeling how ludicrous are the efforts used for his restraint. I have one special case in mind of a patient, (a foreigner) who was brought into the office of this institution a short time ago, with cuffs on his wrists and ankles and about 10 yards of clothes line wrapped around his trunk and arms and accompanied by four patrolmen. On removal of the restraint he calmed down from his state of excitement and went quietly to our receiving ward. At no time during his stay of about 90 days was any restraint required.

Manifestly, the jail is no place for the detention of these unfortunates except under very exceptional circumstances. On looking over the statutes of the various states, only 3 instances are found where detention of insane persons in jails is prohibited except under extremest necessity; these states and the maximum duration of detention being Massachusetts—12 hours, New York—10 days, and Colorado—10 days.

Provision has been made in several states whereby the superintendent may detain an individual in a state hospital without legal procedure, for a short period of time ranging from 3 to 10 days, on the recommendation of one or two reputable physicians when it is impossible legally to immediately commit such individuals.

Probably, the ideal method of detention is in a Psychopathic Hospital such as is maintained in several states, such hospitals to be connected along the lines of general hospitals "for the study and treatment of patients and for scientific research," also to receive insane who cannot be cared for at home pending the legal formalities preliminary to commitment and patients in incipient stages of mental disease who might never have to enter an insane hospital if they could obtain temporary relief from unusual stress. The patients may come to such an institution voluntarily, or at the request of a physician, or

be sent by the court or the police. Such an institution could also act as a clearing house where cases could be studied and an absolutely correct diagnosis be made before committing them to the proper institutions, for how many physicians are there who can examine the average borderland mental case in a single visit and say absolutely whether that patient is insane, feeble minded, or what not.

Before drawing any conclusions it might be well to mention a very unpleasant factor with which state institutions for the mentally afflicted have to contend in admitting patients. It is an un concealed fact that intrigue and deceit are employed upon practically every patient before his admission to an institution. At the beginning of his illness when he is best able to withstand the shock of knowing his condition, his delusions and ideas are humored by his relatives. As his mental condition progresses the deception is increased until it is necessary to commit him. Whereupon he is brought into court and charged with being "insane" or being a "lunatic" instead of being classified as mentally disordered or diseased.

Even after the legal formalities have been finished, he is often deceived, being told that he is to be taken to see a physician, or to be taken to a hotel, etc., etc. The shock which now comes to him when he is least able to withstand it is often enough to turn the balance to the hopeless side. Assuredly we are told that this method was practiced in order that everyone concerned might get along with the patient but does it conduce to the patient's own welfare? Manifestly the only way of correcting this condition is by a system of education for everyone from the relatives of the patient to the sheriff who brings him to the hospital.

The laws of the states present a veritable chaos, each one of the 48 states having its separate code of laws governing the commitment of the insane. It is a well known fact that the legal aspect of the insane reflects with marked reliability the status of public care of the insane in any given state.

The states may be roughly classified into seven main divisions according to the methods used in admitting patients. This classification has been made on a Summary of Laws relating to the Commitment of the Insane in the United States, published by the National Committee for Mental Hygiene and while there have been some minor changes in a few states since it was compiled, this classification may be considered to be as accurate as it is possible to be made.

1. In this division of states patients may be committed voluntary or legally by the court on the evidence of two physicians or be detained temporarily in psychopathic hospitals. Maryland, Massachusetts, Michigan, Minnesota, New York, Pennsylvania.

The most important of the psychopathic hospitals are: Massachusetts—Boston Psychopathic Hospital. New York—Psychiatric Institute of the New York Lunacy Commission. Maryland—Phipp's Psychiatric Institute of John Hopkins University. Michigan—The Psychiatric ward of the Hospital of the University of Michigan.

2. In this division, patients may voluntarily commit themselves or be legally committed by the court on the evidence of two physicians. California, Connecticut, Colorado, Illinois, New Jersey, North Carolina, Ohio, Rhode Island, Vermont, Wisconsin. Of these states, Ohio is the only one in which the number of voluntary commitments is limited—Article No. 1974—General Code of Ohio stating "No Hospital may care for more than five voluntary patients at one time." Compare this with 636 voluntary patients admitted to the Boston Psychopathic Hospital in 1913.

3. In this division, the patient may be legally committed by the court on the evidence of two physicians either with or without jury trial or may be temporarily detained by the Superintendent on the evidence of two physicians without legal proceedings. No provision for voluntary admissions. Mississippi, Missouri, Tennessee.

4. In this division, the patients are legally committed by a board of three persons called the Lunacy Commissioners, one member of which is a physician and all three of whom are appointed by the court, said commitment to be made on the evidence of two reputable physicians. No provision for voluntary patients. Iowa, Nebraska, North Dakota, Oklahoma, South Dakota.

5. In this division the patients are legally committed by the probate judge on the evidence of two reputable physicians. No provision is made for voluntary patients. Arizona, Arkansas, Delaware, Florida, Indiana, Kansas, Louisiana, Maine, Montana, New Hampshire, South Carolina, Utah, Virginia, Washington, West Virginia. It is a very interesting fact that in Louisiana one of the two medical witnesses must be the family physician and the other the coroner of the county.

6. In this division the patients are legally committed by the court on the evidence of one physician. No provision is made for voluntary commitments. Alabama, Georgia, Idaho, Nevada, New Mexico, Oregon, Texas. It is an unusual and interesting fact that in Georgia a white patient may demand a jury trial whereas a negro may not.

7. In this division the only commitment is the legal commitment, the hearing for which being always held before a jury of six or twelve men. Kentucky and Wyoming. In Kentucky the hearing is before the Circuit Court or County Court and in Wyoming, before the District Court.

Probably the foremost state in the Union as regards the admission of the insane into institutions is Massachusetts. Her scheme is as follows:

- (a) Legal commitments may be made by a judge with or without a jury on the testimony of two reputable physicians.
- (b) Emergency cases can be admitted to the Psychopathic Hospital without legal procedure by the Superintendent on the request of two physicians. Legal commitment must be made of these cases within seven days.
- (c) Special arrangements are therefore made in regard to emergency or temporary care, it being absolutely illegal to hold any but the most violent cases in jail and then not more than twelve hours.
- (d) Any patients in the incipient or acute stages of mental disorder may be admitted on approval of the Superintendent. These cases cannot receive their discharge before they have given three days' notice of their intention to leave. Thus giving ample time for legal commitment if necessary.
- (e) Inebriates and drug habitues may be admitted as voluntary commitments.

Conclusion—The matter of voluntary admissions to hospitals for the insane is one of primary importance. This has been found to be the most expeditious method of commitment and one involving practically no delay. It is especially valuable in acute cases and it brings infinitely less embarrassment upon the patient, his family and his friends. Moreover, the legal status of such patient remains unchanged and no formal proceedings are necessary following his discharge.

Provisions should be made to include in the eligible list for voluntary admissions, alcoholics, and drug habitues.

The need of a Psychopathic Hospital cannot be emphasized too strongly; if its value were even only to distinguish borderland cases, as almost the only recourse in this state, as well as in many others, in determining absolutely whether a patient is insane is to adjudge him insane and release him afterwards if a mistake has been made.

Provision should be made for proper temporary care for insane patients until they can be legally committed to state institutions as the jails offer absolutely unfit surroundings for these patients.

Although the Lunacy Commission plan has not been thoroughly tried as yet, it seems that it would be much more desirable to have patients committed by such a commission rather than by a Probate Judge as the more completely we can eliminate the appearance of a criminal hearing from our commitments, the sooner we shall get our patients to realize that their condition is considered an illness and not a crime.

Last, but not least, there should be more co-operation between the family physician and the hospital physician, especially as regards the medical certificate. Complete and thorough histories are needed for scientific research in the correlation of social disorders and mental disorders.

(a) Legal commitments may be made by a

Office Practice in Rectal Diseases

S. Englander, M. D., Cleveland

It is due to the excellent work of Gant in New York, Hirschman in Detroit and Thomas C. Martin of Washington, formerly of Cleveland, that minor surgical operations on the rectum (and according to one of these up to 80 per cent) can be done under local anesthesia. The ardor of that particular author, I believe, has recently cooled somewhat, but it is a fact that in the great majority of minor rectal operations the patient can be relieved during one's consultation hours and the necessity of hospital residence for one or more weeks avoided. The laity, too, largely through the influence of quackery, has become imbued with the idea that practically all rectal operations can be done at one's house or at the physician's office and therefore hesitates when the subject of general anesthesia is mentioned and residence in the hospital. This hesitancy has both good and bad points; imagine a patient with a large pelvic tumor causing stasis of the hemorrhoidal veins, hemorrhoids and operation under local anesthesia, or a carcinoma of the rectum, interference with circulation in the rectum, operation under local anesthesia and later, perhaps, hemorrhages or metastasis and death. Such occurrences can happen only when a careless rectal examination has been made or by the desire of a quack to gain his end.

On the other hand, what an advantage it is to the business man, to the mother with her family, etc., to have done what can be done under local anesthesia, necessitating only a short stay from one's vocation and after a short rest, a return thereto.

The choice of local anesthetic depends to a great extent upon the individual operator, each using that which has given him the most satisfactory service. Alypin, stovain, cocain, novocain, beta-eucain, salt solution, as well as sterile water have given good results. In the hands of most proctologists, cocain and its various derivatives have given most satisfactory results, probably because of the fact that they are the oldest and best known of these drugs. However, the alarming symptoms sometimes caused by cocain and the fact that it is non-sterilizable have forced those interested in this field of medicine to look elsewhere for suitable agents. A 1 or 2 per cent solution is usually used to anesthetize the sphincter, a 1-10 to 1-4 solution to anesthetize the parts to be operated upon. Beta-eucain has been of late substituted very often for the more dangerous cocain. It further possesses the advantage of being sterilizable.

Sterile water as an anesthetic has been recommended by Gant, but its introduction to the point of anesthesia has been rather painful and has not been generally adopted. It acts by pres-

sure and so much of the solution is required that it distorts the tissues and makes the operation rather difficult. The same may be said of the salt solution, except that the sodium chlorid does seem to possess some anesthetic effect. Of late years the use of quinin urea hydrochlorid has met with considerable success and is highly recommended, particularly by Hirschman of Detroit.

In a paper published in the Buffalo Medical Journal in '96, Griswold gave the results of numerous experiments and claimed for quinin a local anesthetic action. Later (1907), Thibault in the Journal of the Arkansas Medical Society, called attention to the local anesthetic effect of quinin and urea hydrochlorid. It was found that in 1 to 3 per cent solution the anesthesia sometimes lasted for several days, but it caused an oedema of the tissues which interfered with healing and often left an induration for a considerable length of time. It must also be remembered that quinin urea is absolutely non-toxic, but probably its greatest advantage is the prolonged anesthesia and its prevention of the agonizing pain produced during and after the first bowel movements after an operation. According to Hertzler, who has done considerable work with this agent, when used in solution of 1 per cent or stronger, it has a pronounced hemostatic effect by causing the deposition of fibrinous exudate about the vessel walls and thus preventing post operative oozing. Doctor Martin, of Philadelphia, has used the drug as an ointment (of a strength of 10 or 20 per cent) after major operations on the rectum. It has prevented post operative pain and also the itching in analpruritus, but not the pain. In opposition to operative procedure in ano-rectal conditions under local anesthesia and according to his own words "belittling his specialty" stands Doctor Joseph Matthews, the dean of American proctologists. He believes that all operations on the anus and rectum are important enough if properly and painstakingly done to require the use of general anesthetic. I am now using to a great extent a preparation after the formula of Doctor Metzenbaum, who has used it considerably in nose and throat work and found it perfectly satisfactory. This preparation in addition to 1-10 per cent quinin urea and a very small per cent of cocain and chloretone contains adrenalin solution about 1:50000, and produces very satisfactory and prolonged anesthesia.

The technique as formerly employed by Tuttle and quoted in Earles' Diseases of Anus, Rectum, and Sigmoid is as follows: "The patient is given a brisk cathartic 24 hours before the operation; and on the morning of the operation and several hours before he is given a large soap enema un-

til the bowel contents are washed clean; one-half hour before he is given morphin by mouth. The patient is put in the Sims' left lateral or extreme lithotomy position. A drop of pure phenol or ethyl chlorid spray is placed in a spot one-half inch behind the posterior commissure of the anus and a few drops of the solution are quickly injected subcutaneously through a thin and very sharp hypodermic needle about two inches long. The index finger of either hand is then introduced and hooked around the internal sphincter, thus dragging it down into apposition with the external. The needle is then slowly pushed upward, outward and forward, being careful to avoid the wall of the rectum, meanwhile slowly injecting along the track of the needle until the sphincters are reached at a point about one-half inch in front of the posterior commissure, where about five to ten minims of the solution are injected. The needle is then withdrawn as far as the skin and the procedure is repeated on the opposite side. After two or three minutes Earles' single blade speculum is introduced into the anterior commissure of the rectum and with this as a point of resistance the sphincters are gently massaged and stretched to any desirable extent.

I do not claim that the sphincters can be divulsed or the perirectal tissues torn by this method without pain, but I do maintain that the sphincters can be sufficiently stretched for all practical work under local anesthesia. After the sphincter is stretched the hemorrhoids or ulcers are anesthetized with a mild solution (one-eighth to one-tenth per cent cocain or beta-eucain) as the anesthesia has not extended to the cutaneous margin of the anus in the anterior quadrants. In fissure no second puncture is necessary, as the first usually suffices. The propriety and advisability of doing many of these operations under local anesthesia in the office is very questionable unless the patient is allowed to recline for an hour or more after the operation.

In their writings upon local anesthesia in ano-rectal diseases, the various authorities have stated that only the conditions of the mucocutaneous junction can be operated successfully without stretching the sphincters, but in using quinin urea I have operated in not too extensive internal hemorrhoids without sphincter stretching and the first bowel movement was not accompanied with a great deal of pain.

External hemorrhoids can and I believe should always be operated under local anesthesia and without anesthetizing the sphincter. The hemorrhoids are injected to the point of blanching and after waiting two or three minutes, the hemorrhoid is then excised.

In all cases of hemorrhoid, whether external or internal, it is a good plan to mark the outward border of involved tissue before infiltration, with iodine or methylene blue or some other such agent as the anesthetizing fluid distorts the field of

operation so as to make it difficult to recognize the outer limits. The acute thrombotic hemorrhoid may simply be shelled out after anesthetizing.

Whether a fistula in ano should be operated under local anesthesia or not is often a very hard matter to decide. Simple straight fistulae which extend about the sphincters, or fistulae with more than one cutaneous opening or with multiple branches, should be operated under general anesthesia. Where there is the least doubt as to the course or number of branches, local anesthesia should never be attempted. The external opening may be injected with bismuth and then X-rayed. This may help us out of a ticklish situation. Methylene blue injected into the fistulous tract may be seen coming out through multiple openings in the rectum. This, however, helps only as an affirmative sign; the fact that the dye does not appear through multiple openings does not exclude the possibility of another blind tract. Fistulae communicating with other organs should never be operated under local anesthesia.

Perineal abscesses of limited area and not too long duration only, can be operated in the office and under local anesthesia. When the pus has burrowed into the none too resistant tissues of the ischio-rectal space or below the Levator Ani muscle, the condition is no longer suitable for operation under local anesthesia.

Cryptitis: As the inflammation extends away from the region of the sphincters it is advisable to anesthetize them. Anesthetize the crypt and if there be a sentinel pile, that too. Then excise or cauterize the entire inflamed area. Inflamed or hypertrophied anal papillae, the saw-tooth-like affairs at the ano-rectal junction, when hypertrophied often give the sensation of an unfinished bowel evacuation. They may also give rise to indefinite pains and be cause of very persistent pruritus. The papilla is thoroughly anesthetized at its base, then snipped, snared, or removed by the cautery.

Fissure in Ano: Should the fissure be only a superficial one, it is sufficient to anesthetize and stretch the sphincter, but when the fissure has been of long standing and the edges have become hard and indurated, it is necessary to anesthetize the fissure itself and dissect out the indurated area.

Simple or single ulcers of the anal canal when not due to some systemic condition can be operated under local anesthesia. The mucous membrane around and beneath the ulcer is infiltrated and the ulcer is then excised, the excision being made into the healthy surrounding tissue.

In all operations about the anal canal one should always be careful to make the internal extremity of the wound shallower and narrower, so that healing may begin there and spread slowly outward towards the surface. This

little precaution will often save one a long and tedious, complicated convalescence.

The removal of not too extensive scar tissue about the rectum comes within the limits of the office treatment of rectal diseases.

In conclusion, I believe that local anesthesia has earned for itself a well-deserved place in

anal surgery, particularly in the feeble and the old, whose local trouble is not very grave, but whose general condition does not permit of general anesthesia. But before operating under local anesthesia one must be sure that the condition is purely local and not due to some pathological condition further up in the intestinal tract.

ACCOUNTANTS CONDENSED REPORT

of

OHIO STATE MEDICAL JOURNAL

For the year ended December 31, 1915.

SURPLUS

Cash in Bank.....	81.04	
Accounts Receivable.....	553.04	634.08
Furniture and Fixtures.....		630.76
Total Assets		1,264.84

LIABILITIES

Advertising paid in advance.....		43.56
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ASSETS

Balance at Credit of Surplus.....	982.04	
Profit for year ended December 31, 1915.....	239.24	
Surplus at December 31, 1915.....		1,221.28
Total Liabilities and Surplus.....		1,264.84

REVENUE

Advertising	5,988.30	
Subscriptions from Circulation.....	3,427.49	
Received from Dr. C. D. Selby, Treasurer.....	1,300.00	10,715.79
Less Discount and Allowances.....		103.43
Net Revenue		10,612.36

EXPENSES

Journal Printing	4,852.76	
Journal Postage	352.75	5,205.51
Administration		
Salary Officers and Clerks.....	2,670.00	
Commission	344.50	
Traveling Expenses of G. V. Sheridan.....	468.46	
Rental of Office.....	180.00	
Stationery, Postage, Office Supplies & Expenses.....	684.61	
Miscellaneous	314.26	4,661.83
Total Expenses		9,867.34
Profit from Operation.....		745.02
Less Bad Debts and Depreciation Written off.....		505.78
Net Profit for the year ended December 31, 1915.....		239.24

I have audited the books and accounts of the State Medical Journal for the year ended December 31, 1915, and hereby certify that the statement as shown above correctly states the financial condition at December 31, 1915 and the resultant profit and loss for the year ended that date.

Columbus, Ohio, March 27, 1916.

H. A. Keller,
Certified Public Accountant.

Program for the Seventy-first Annual Meeting of the State Association, to be Held in Cleveland, May 17, 18, and 19

The following is the completed program for the seventy-first annual meeting of the Ohio State Medical Association which will be held in Cleveland Wednesday, Thursday and Friday, May 17, 18 and 19.

Convention headquarters will be established at the Hotel Statler. All section meetings, and the exhibits, will be on either the parlor or mezzanine floor of this hotel.

It should be particularly noted that the time indicated on this program is Eastern time, which is one hour faster than Central Standard time.

CONDENSED SUMMARY OF THE PROGRAM

Wednesday, May 17, 1916.

Wednesday Morning.

10:00 A. M.—Opening session, annual address of the President, at Hotel Statler.

11:00 A. M.—House of Delegates, Opening Session for Annual Reports, Hotel Statler.

Wednesday Noon.

12:00 M.—Annual luncheon of the One Hundred Per Cent Club, Hotel Statler.

Wednesday Afternoon.

1:00 to 1:45 P. M.—Pediatric clinic at the Babies' Dispensary and Hospital.

2:00 P. M.—Medical Section, Hotel Statler.

2:00 P. M.—Surgical Section, Hotel Statler.

2:00 P. M.—Eye, Ear, Nose and Throat Section, Hotel Statler.

2:00 P. M.—Obstetrics and Pediatrics Section, Hotel Statler.

2:00 P. M.—Dermatological G. U., and Proctological Section, Hotel Statler.

2:00 P. M.—Hygiene and Sanitary Science Section, Hotel Statler.

2:00 P. M.—Section on Nervous and Mental Diseases, Hotel Statler.

Wednesday Evening.

7:15 P. M.—Second Session, House of Delegates, University Club, Euclid Avenue.

8:30 P. M.—General Smoker, University Club: Oration in Medicine, Frederick T. Lord, M.D., Boston; Oration in Surgery, John H. Gibbon, M.D., Philadelphia.

Thursday, May 18, 1916.

Thursday Morning.

9:00 A. M.—Joint session of the Medical and Surgical Sections, Hotel Statler.

9:00 A. M.—Eye, Ear, Nose and Throat Section, Hotel Statler.

9:00 A. M.—Section on G. U. Surgery, Hotel Statler.

9:00 A. M.—Section on Nervous and Mental Diseases, Hotel Statler.

Thursday Noon.

12:00 M.—Auxiliary Committee on Medical Defense, Luncheon Conference at Hotel Statler.

Thursday Afternoon.

1:00 P. M.—Third Session, House of Delegates, Hotel Statler.

2:30 P. M.—Medical Section, Hotel Statler.

2:00 P. M.—Surgical Section, Hotel Statler.

2:30 P. M.—Eye, ear, nose and throat section. Clinics at City, Charity, and Lakeside hospitals.

2:00 P. M.—Section on nervous and mental diseases, at Cleveland State Hospital.

2:00 P. M.—Reception for visiting ladies, at College Club. Autos will leave East side entrance of Hotel Statler at 2:00 P. M.

1:00 P. M.—Pediatric clinic at the Babies' Dispensary and Hospital.

Thursday Evening.

7:30 P. M.—Annual Banquet, Hotel Statler.

Friday, May 19.

Friday Morning.

Pediatric Clinic at Lakeside Hospital.

9:00 A. M.—Medical clinics at City, St. Luke's, Lakeside and Charity hospitals.

9:00 A. M.—Surgical clinics at Lakeside, Charity, City and St. Luke's hospitals.

9:30 A. M.—Gynecological clinic at Lakeside hospital.

9:30 A. M.—Orthopedic clinic at Lakeside hospital.

Friday Afternoon.

Inspection trip to the Cooley Farm, the Van Sweringen Farm and Belle Vernon Dairy Plant.

The time indicated on this program is Eastern Time, which is one hour faster than Central Standard time.

OPENING SESSION

Wednesday, May 17, 10:00 A. M.

(Ball Room, Hotel Statler, Mezzanine Floor)

1. Call to order by the President of the State Society, William E. Lower, M.D., Cleveland.
2. Address of welcome on behalf of the City of Cleveland, by Hon. Harry Davis, the Mayor.
3. Address of welcome on behalf of the Academy of Medicine of Cleveland, by W. E. Bruner, M.D., the President.
4. Annual address of the President of the Ohio State Medical Association.
5. Announcement of the general details of the program, C. E. Ford, M.D., Chairman of the local Committee on Arrangements.

LUNCHEON MEETINGS

Wednesday Noon.

Annual luncheon of the Hundred Per Cent Club of the State Association will be held Wednesday, May 17, at 12 M. in the Hotel Statler. This luncheon is given by *The Journal*, in compliment to those county society officials who have been particularly active in important work of county membership. Those who are invited to be guests of *The Journal* on this occasion are the presidents and secretary-treasurers of those county societies which, on or before May 1, 1916, had a total paid-up membership equal to or greater than the total paid-up membership of 1915. Dr. Lower will preside at this luncheon. There will be snappy three-minute talks by several live wires in the membership work. Admission by card.

Thursday Noon.

Auxiliary committeemen for co-operative medical defense, one of which has been appointed by each county society to act with the State Committee on Co-operative Medical Defense, will hold their first annual conference and luncheon at Schuster's Cafe, Cleveland, on Thursday, May 18, at 12 M. Dr. J. E. Tuckerman, chairman of the State Committee on Medical Defense, will preside. The conference will take up the details of instituting co-operative medical defense by the State Association. Auxiliary committeemen will be the guests of the State Association at this luncheon.

The time indicated on this program is Eastern Time, which is one hour faster than Central Standard time.

HOUSE OF DELEGATES

First Session—Wednesday, May 17, at 11:00 A. M.

(Ball Room, Mezzanine Floor, Hotel Statler.)

1. *Call to order by the President.*
2. *Miscellaneous business:*
 - (a) Selection of a special committee to act on recommendations embodied in President's address.
 - (b) Consideration of minutes of previous meeting.
3. *Nomination and election of the Nominating Committee.*
(Nominations from the floor, with one representative to be elected from each district.)
4. *Report of officers:*
 - (a) Secretary-Treasurer. (Financial statement printed in *The Journal* for March, 1915, Page 190.
5. *Reports of special and standing committees:*
 - (a) Public Policy and Legislation, J. H. J. Upham, M.D., Columbus, Chairman.
 - (b) Publication, C. D. Selby, M.D., Toledo, Chairman.
 - (c) Public Health Education, J. H. Landis, M.D., Cincinnati, Chairman.
 - (d) National Legislation, J. H. J. Upham, M.D., Columbus, National auxiliary committeeman for the American Medical Association.
 - (e) Committee on Medical Defense (special), J. E. Tuckerman, M.D., Cleveland, Chairman.
 - (f) Committee on Auditing and Appropriation, Wells Teachnor, M.D., Columbus, Chairman.
 - (g) Committee on Medical Education (special), Robert Carothers, M.D., Cincinnati, Chairman.
 - (h) Committee on Workmen's Compensation (special), C. F. Bowen, M.D., Columbus, Chairman.
 - (j) Committee on First Aid (Special), William E. Lower, M.D., Cleveland, Chairman.
 - (k) Committee on Social Service and Membership (special), C. E. Ford, M.D., Cleveland, Chairman.

Second Session—Wednesday, May 17, 7:15 P. M.

(University Club, Euclid Avenue)

(Joint Session with the Council of the State Association)

1. *Reports from Councilors as to the condition of the societies in their respective districts.*
2. *Final consideration of proposed amendments to Constitution and By-Laws, which were introduced at 1915 meeting, and laid over under the rules.*

- (d) Explanation of the crisis.
 - (e) Recognition of complications.
 - (f) Causes of death.
 - (g) Treatment by serum and quinine.
- (7) Concerning pleural diseases:
- (a) Relation to tuberculosis.
 - (b) Examination of pleural fluids.

Oration in Surgery: "Gall Bladder Infections, by John H. Gibbon, M.D., of Philadelphia.

Thursday Evening.

The annual banquet will be given at the Hotel Statler Thursday evening, May 18, at 7:30 P. M. Instead of usual after-dinner toasts, the program will be limited to one speaker, Mr. John Kendrick Bangs. His subject will be "Some Salubrities I Have Met."

Tickets, at two dollars, may be secured in advance at Registration Desk. Ladies are invited. Formal or informal.

MEDICAL SECTION

John Phillips, M.D., Cleveland.....Chairman
H. B. Blakey, M.D., Columbus.....Secretary

Wednesday, May 17, 2:00 P. M.

(Lattice Room, Mezzanine Floor, Hotel Statler.)

1. The question of treatment and curability of syphilis, Louis A. Levison, M.D., Toledo. Discussion, C. L. Cummer, M.D., Cleveland.
2. Deductions from the treatment of syphilis with salvarsan, H. N. Cole, M.D., Cleveland. Discussion, M. L. Heidingsfeld, M.D., Cincinnati.
3. Why is early tuberculosis so often not diagnosed, C. O. Probst, M.D., Columbus. Discussion, Charles S. Rockhill, M.D., Cincinnati.
4. Two intimate experiences with aortic aneurisms, Ralph Updegraff, M.D., Cleveland. Discussion, V. C. Rowland, M.D., Cleveland.
5. The need of greater appreciation of foods, T. Herbert Infield, M.D., Zanesville. Discussion, Homer Davis, M.D., Newark.
6. Characteristic X-Ray findings in secondary sarcoma of the lung, Sidney Lange, M.D., Cincinnati. (Demonstration with slides of four cases with differential diagnosis from other pulmonary lesions, and pathological explanation of the peculiar shadows.)

Thursday, May 18, 9:00 A. M.

Joint session of Medical and Surgical Sections.
(Ball Room, Mezzanine Floor, Hotel Statler)

1. Symposium on Goitre:
 - (a) Medical paper, J. P. Sawyer, M.D., Cleveland. Discussion, Richard Dexter, M.D., Cleveland.

(b) Surgical paper, George W. Crile, M.D., Cleveland. Discussion, André Crotti, M.D., Columbus.

2. State Health Insurance for Ohio, M. B. Hammond, Ph.D., Dept. of Economics and Sociology, Ohio State University, Columbus.
3. Symposium on congenital stenosis of pylorus:
 - (a) Medical paper, E. W. Mitchell, M.D., Cincinnati. Discussion, H. J. Gerstenberger, M. D., Cleveland.
 - (b) Surgical paper, Dudley W. Palmer, M.D., Cincinnati. Discussion, Frank Emory Bunts, M.D., Cleveland.

Thursday, May 18, 2:30 P. M.

(Lattice Room, Mezzanine Floor, Hotel Statler)

First order of business, election of Chairman and Secretary for ensuing year.

1. The value of functional analysis of gastric secretion, Harold Feil, M.D., Cleveland. Discussion, Andrew S. Robinson, M.D., Cleveland.
2. Medical Practice—past, present and future, George H. Matson, M.D., Columbus. Discussion, Robert H. Bishop, Jr., M.D., Cleveland.
3. Common circulatory disturbances, Frank Winders, M.D., Columbus. Discussion.
4. Disassociation jaundice, C. F. Hoover, M.D., Cleveland. Discussion, Royal S. Morris, M.D., Cincinnati.
5. Indications for and value of stomach lavage as a therapeutic agent, E. S. Jones, M.D., Painesville. Discussion.
6. Constitutional conditions resulting from tonsillar infection, Harry B. Harris, M.D., Dayton. Discussion.

SURGICAL SECTION

J. C. Oliver, M.D., Cincinnati.....Chairman
Earl M. Gilliam, M.D., Columbus.....Secretary

Wednesday, May 17, 2:00 P. M.

(Ball Room Mezzanine Floor, Hotel Statler)

1. The surgeon, industrial economist and sociologist, C. D. Selby, M.D., Toledo. Discussion, S. M. McCurdy, M.D., Youngstown.
2. Intra-abdominal injuries without external evidence, C. A. Howell, M.D., Columbus. Discussion, Frank Warner, M.D., Columbus.
3. Experience with Murphy's operation for prolapse of the uterus, Mark Millikin, M.D., Hamilton. Discussion, L. G. Bowers, M.D., Dayton.
4. The relation of uterine fibroids to hypertrophy and dilatation of the heart, Ben R. McClellan, M.D., Xenia. Discussion, J. H. Jacobson, M.D., Toledo.

5. Post-operative ileus, George Goodhue, M.D., Dayton. Discussion, Joseph Ransohoff, M.D., Cincinnati.
6. Pathology of tuberculosis hip, and what it teaches, S. D. Foster, M.D., Toledo. Discussion, Robert Carothers, M.D., Cincinnati.
7. Some unfortunate surgical experiences, Wm. E. Ranz, M.D., Youngstown. Discussion, Rufus B. Hall, M.D., Cincinnati.

Thursday, May 18, 9:00 A. M.

(Ball Room Mezzanine Floor, Hotel Statler)

Joint session of the Medical and Surgical Sections. See program of second session of Medical Section.

Thursday, May 18, 2:00 P. M.

(Ball Room, Mezzanine Floor, Hotel Statler)
First order of business—Election of Chairman and Secretary for ensuing year.

1. Some phases of breast tumors, J. W. Means, M.D., and Jonathan Forman, M.D., Columbus. Discussion, Julius H. Jacobson, M.D., Toledo.
2. The closure of large breast wounds, J. Louis Ransohoff, M.D., Cincinnati. Discussion, J. F. Baldwin, M.D., Columbus.
3. Some suggestions in surgical cases, including anesthetic, technique, and after treatment, Walter R. Griess, M.D., Cincinnati. Discussion, H. T. Sutton, M.D., Zanesville.
4. Cholecystectomy versus cholecystostomy, Harry S. Noble, M.D., St. Marys. Discussion, Fred Fletcher, M.D., Columbus.
5. Treatment after drainage of the appendiceal abscess, Dan Gray, M.D., Ironton. Discussion, S. S. Halderman, M.D., Portsmouth.
6. The appendix: A resume of original research, Chester C. Waller, M.D., Warren. Discussion, Cleon W. Colby, M.D., Wellsville.

EYE, EAR, NOSE AND THROAT SECTION

R. D. Gibson, M.D., Youngstown.....Chairman
Charles L. Minor, M.D., Springfield.....Secretary

Wednesday, May 17, 2:00 P. M.

(Rooms 243 and 245, Hotel Statler, Floor above Parlor Floor)

1. Maxillary Antrum, diagnosis, pathology and treatment, W. O. Bonser, M.D., Toledo. Discussion, F. W. Alter, M.D., Toledo.
2. The intra-nasal tear sac. Operation, with report of cases, William Mithoefer, M.D., Cincinnati. Discussion, J. E. Brown, M.D., Columbus.

3. The practical value of stereo-Roentgenograms of the head, J. M. Ingersoll, M.D., Cleveland. Discussion, Sidney Lange, M.D., Cincinnati.
4. Roentgenology of the head, W. C. Hill, M.D., and G. F. Thomas, M.D., Cleveland. Discussion, Harry Dachtler, Toledo.
5. A plea for the use of the electro-cautery in tuberculosis of the larynx, Samuel Iglauer, M. D., Cincinnati. Discussion, T. R. Hubbard, M.D., Toledo.

Thursday, May 18, 9:00 A. M.

Short business session.

Election of Chairman and Secretary for ensuing year.

Report of committees.

1. Conservation of vision, George C. Schaeffer, M.D., Columbus. Discussion, W. H. Snyder, M.D., Toledo, S. M. Hartzell, M.D., Youngstown.
2. The medical aspects of glaucoma, Arnold Knapp, M.D., New York.
3. Foreign bodies in the eye, W. E. Shackleton, M.D., Cleveland. Discussion, Victor Ray, M.D., Cincinnati.
Luncheon at Hotel Statler at 12:30.

Thursday, 2:30 P. M. Clinics.

City Hospital—J. N. Lenker, M.D., Malignant diseases of the larynx.
Charity Hospital—S. H. Large, M.D., Bronchoscopic demonstrations.
Lakeside Hospital—J. M. Ingersoll, M. D., and W. C. Chamberlain, M.D. Clinics on complications of mastoid infections.
W. E. Bruner, M.D., and others will demonstrate several cases of tuberculosis of the eye.
Dr. Arnold Knapp will hold a clinic.

SECTION ON OBSTETRICS AND PEDIATRICS

Andrews Rogers, M.D., Columbus.....Chairman
John Gardiner, M.D., Toledo.....Secretary

Wednesday, May 17, 2:00 P. M.

(North Foyer, Mezzanine Floor, Hotel Statler)

1. (Subject later), F. H. Lamb, M.D., Cincinnati. Discussion, H. J. Morgan, M.D., Toledo, E. G. Horton, M.D., Columbus.
2. Status praesens breast milk stimulants, W. G. Dice, M.D., Toledo. Discussion, H. H. Snively, M.D., Columbus, G. W. Allen, M.D., Cincinnati.
3. Effects of obesity on pregnancy and labor, W. Porter, M.D., Cincinnati.

- Discussion, J. J. Thomas, M.D., Cleveland, G. W. Brehm, M.D., Columbus.
4. Relation of organs of internal secretion to pregnancy, D. Marine, M.D., Cleveland.
 5. Symposium on operative delivery:
 - (a) The use and abuse of forceps, Wm. Gillespie, M.D., Cincinnati.
 - (b) Cesaerean section, classical and extra-peritoneal, E. J. March, M.D., Canton.
 - (c) Pubiotomy, symphysiotomy and perforation, G. B. Farnsworth, M.D., Cleveland.
 Discussion—(a) S. J. Goodman, M.D., Columbus; (b) A. J. Skeel, M.D., Cleveland; (c) W. W. Brand, M.D., Toledo.
 6. Case report: Cancer of uterus complicating pregnancy, M. A. Tate, M.D., Cincinnati.
 7. Three most difficult labors, and how they were treated. A. H. Bill, M.D., Cleveland, and W. D. Inglis, M.D., Columbus.
 8. Election of Chairman and Secretary for ensuing year.

CLINICAL NOTICE

(a) Demonstration in the preparation of a modified food adapted to human milk, at the Babies' Dispensary and Hospital, 2500 East 35th Street, 1:00 to 1:45 P. M., Wednesday, May 17.—H. J. Gerstenberger, M.D., and H. O. Ruh, M.D.

(b) Demonstration in the preparation of a modified food adapted to human milk, at the Babies' Dispensary and Hospital, 2500 East 35th Street, 1:00 to 1:45 P. M., Thursday, May 18.—H. J. Gerstenberger, M.D., and H. O. Ruh, M.D.

(c) Pediatric clinic at Lakeside Hospital with demonstration of infants fed with a modified food adapted to human milk, Friday morning, May 19. H. J. Gerstenberger, M.D.

SECTION ON HYGIENE AND SANITARY SCIENCE

J. R. McDowell, M.D., Springfield.....Chairman
A. O. Peters, M.D., Dayton.....Secretary

Wednesday, May 17, 2:00 P. M.

(Parlor B, Parlor Floor, Hotel Statler.)

1. An Epidemiological Survey of Typhoid Fever, F. G. Boudreau, M.D., Columbus.
Discussion, A. L. Light, M.D., Dayton.
2. The problem of infection, Sidney M. McCurdy, M.D., Youngstown.
Discussion, C. D. Selby, M.D., Toledo.
3. Health promotion of school children, Wm. H. Peters, M.D., Cincinnati.
Discussion, E. A. Peterson, M.D., Cleveland.
4. The present status of water purification in Ohio, W. H. Ditto, C.E., Columbus (Director of Division of Sanitary Engineering, Ohio State Board of Health).

- Discussion, Louis Kahn, M.D., Columbus.
5. *Paper Subject Later*—R. G. Perkins, M.D., Cleveland.
 6. The relation of stream pollution to public health (with lantern slide demonstration), Wade H. Frost, M.D., United States Public Health Service.
 7. Election of Chairman and Secretary for ensuing year.

SECTION ON DERMATOLOGY, PROCTOLOGY, AND G. U. SURGERY

E. O. Smith, M.D., Cincinnati.....Chairman
Charles J. Shepard, M.D., Columbus.....Secretary

Wednesday, May 7, 2:00 P. M.

(Parlors C, D, and E, Parlor Floor, Hotel Statler)

Dermatology.

1. The Roentgen Ray treatment of acne. A resume of fourteen years' experience, W. I. LeFevre, M.D., Cleveland.
Discussion, Charles F. Bowen, M.D., Columbus.
2. Ductless gland therapy and dermatology, Edwin B. Tucker, M.D., Toledo.
Discussion, A. Ravogli, M.D., Cincinnati.
3. Why venereal diseases should be under the control of specialists, C. J. Broeman, M.D., Cincinnati.
Discussion, H. N. Cole, M.D., Cleveland.
4. The laboratory diagnosis of syphilis, M. L. Heidingsfeld, M.D., Cincinnati.
Discussion—H. M. Brundage, M.D., Columbus.

Proctology.

1. Proctitis, Chas. E. Howard, M.D., Cincinnati.
Discussion, John M. Frick, M.D., Toledo.
2. Local treatment of inflammatory diseases of rectum and colon, Wells Teachnor, M.D., Columbus.
Discussion, C. T. Souther, M.D., Cincinnati.

Thursday, May 18, 9:00 A. M.

(Parlors C, D, and E, Parlor Floor, Hotel Statler)

Genito-Urinary Diseases.

- Election of Chairman and Secretary for ensuing year.
- Symposium—Factors interfering with the urinary flow:
- (a) Ureteral obstructions, Henry L. Sanford, M.D., Cleveland.
 - (b) At the neck of the bladder, Hugh A. Baldwin, M.D., Columbus.
 - (c) In the urethra—anterior to the prostate, Charles Melvin Harpster, M.D., Toledo.

Discussion—

- (a) C. A. Coleman, M.D., Dayton.
- (b) A. W. Nelson, M.D., Cincinnati.
- (c) S. Englander, M.D., Cleveland.

SECTION ON NERVOUS AND MENTAL DISEASES

Charles H. Clark, M.D., Lima.....Chairman
Frank D. Ferneau, M.D., Toledo.....Secretary

Wednesday, May 17, 2:00 P. M.

(Room 246, Parlor Floor, Hotel Statler.)

1. Spinal draining in paresis, C. C. Kirk, M.D., Toledo.
Discussion, K. S. West, M.D., Cleveland.
2. The medico-legal significance of trauma as an etiological factor in Basedow's disease, H. H. Drysdale, M.D., Cleveland.
Discussion, Andre Crotti, M.D., Columbus.
3. The graver forms of chorea, G. T. Harding, Jr., M.D., Columbus.
Discussion, Carl W. Sawyer, M.D., Marion.
4. Lues resembling pseudo-sclerosis, Louis Miller, M.D., Toledo.
Discussion, G. T. Harding, Jr., M.D., Columbus.
5. Dual personality, Charles W. Stone, M.D., Cleveland.
Discussion, E. E. Gaver, M.D., Columbus.
6. Localization of function in the cerebellum, David I. Wolfstein, M.D., Cincinnati.
Discussion, Walter B. Laffer, M.D., Cleveland.

Thursday, May 18, 9:00 A. M.

First order of business election of Chairman and Secretary for ensuing year.

1. Confusing factors in the diagnosis of mental diseases, E. E. Gaver, M.D., Columbus.
Discussion, H. C. Eyman, M.D., Massillon.
2. Epilepsy and epileptics, G. G. Kineon, M.D., Gallipolis.
Discussion, E. J. Emerick, M.D., Columbus.
3. Scientific work in state hospitals, Arthur G. Hyde, M.D., Cleveland.
Discussion, George R. Love, M.D., Toledo.
4. Problem of delinquency, A. F. Shepherd, M.D., Columbus.
Discussion, H. H. Drysdale, M.D., Cleveland.
5. The education of the public concerning state hospital conditions, E. A. Baber, M.D., Dayton.
Discussion, C. F. Gilliam, M.D., Columbus.

Mental clinic will be held Thursday afternoon at the Cleveland State Hospital, Dr. A. G. Hyde and staff. The Hospital is located at Broadway and Miles Avenue, Newburgh.

PROGRAM FRIDAY, MAY 19

Friday, May 19, will be devoted entirely to clinics, and to a trip arranged to give the visitors a comprehensive view of modern methods in producing and distributing milk.

More definite details regarding the exact nature of the clinics will be posted on Thursday, May 18, at Registration desk in the Statler Hotel lobby.

The following general details have been arranged:

Medical Clinics — Friday, May 19, 1916.

City Hospital—9 o'clock—E. P. Carter, M.D.
City Hospital—9 o'clock—Richard Dexter, M.D.
St. Luke's Hospital—9 o'clock—M. J. Lichty, M.D.
Lakeside Hospital—9:30 to 11:00—C. F. Hoover, M.D.
Charity Hospital—9:30 o'clock—John P. Sawyer, M.D.

Surgical Clinics — Friday, May 19, 1916.

Lakeside Hospital—9 to 11 o'clock—George W. Crile, M.D.
Lakeside Hospital—9 to 11 o'clock—William E. Lower, M.D.
Charity Hospital—10 to 11 o'clock—Frank E. Bunts, M.D.
City Hospital—10 o'clock—C. A. Hamann, M.D.
St. Luke's—9 o'clock—R. E. Skeel, M.D.

Gynecological Clinic

Lakeside Hospital—9:30 o'clock—William H. Weir, M.D.

Orthopedic Clinic.

Lakeside Hospital—9:30 o'clock—Gordon Morrill, M.D.

AUTOMOBILE TRIP TO CITY FARMS, THE VAN SWERINGEN FARM AND THE BELLE VERNON DAIRY PLANT

Automobiles will leave Hotel Statler at an hour to be announced for the Cooley Farm, the Van Sweringen Farm and Bellè Vernon Dairy Plant. This will afford an exceptional opportunity to observe modern methods of caring for a city's dependents and the study of the operation of a modern Tuberculosis sanitarium maintained by the City of Cleveland. At the Van Sweringen Farm will be found a modern plant for the production of high grade milk. The Belle-Vernon Dairy Plant for the distribution of milk is probably the finest of its kind in this country.

Physicians will appreciate this opportunity of observing the production and distribution of this most important human food.

The time indicated on this program is Eastern Time, which is one hour faster than Central Standard time.

PROGRAM FOR THE LADIES

Thursday afternoon there will be a reception for visiting ladies at the College Club, preceded by an auto ride over the city. Autos will leave East side entrance of Hotel Statler at 2:00 P. M.

Ladies are expected at the banquet Thursday night.

Ladies are invited to participate in the auto trip, Friday afternoon, to the Van Sweringer dairy farm, the City Farm, and to inspect the Belle-Vernon dairy plant.

FACTS OF INTEREST

Registration.

General registration for all visitors and guests will be conducted on the mezzanine floor, Hotel Statler, just above the main lobby. A badge will be issued on registration to every member and guest, and admission to all sections and general meetings, and to the special entertainments in connection with the meeting will be by badge only. This year there will be door-keepers at every meeting of every section, and those failing to show membership or guest badges will be excluded. In years past members who were in arrears with their dues—and were no longer members, in consequence—have been admitted to the various sessions. It has been decided to strictly enforce the provisions of the constitution on this point this year, so it behooves every member to see that dues for 1916 are paid in advance of the meeting.

The time indicated on this program is Eastern Time, which is one hour faster than Central Standard time.

NOTICE.

To conserve the time of the House of Delegates the annual reports of the standing committees of the Association are presented in this issue, in advance of the Cleveland meeting, and will not be read at Cleveland. Chairmen and members of these committees will be present at the Wednesday evening session when these reports are up for consideration, and will be prepared to answer questions about any feature. Reports should be studied in advance, as the work of the committees is the most important work of the Association.

COMMITTEE ON ARRANGEMENTS

Representing the Academy of Medicine of Cleveland in arranging for, and directing the local details for this meeting is the following committee:

C. E. Ford, M.D., Chairman.

SUB-COMMITTEES.

Publicity—H. W. Masenhimer, M.D., Chairman.
Entertainment—H. L. Sanford, M.M., Chairman.
Hotels and Meeting Places—C. L. Cummer, M.D., Chairman.

Badges and Buttons—E. D. Sanders, M.D., Chairman.

Finance—W. J. Manning, M.D., Chairman; E. F. Freedman, M.D.; Lester Taylor, M.D.

Exhibits—Lester Taylor, M.D., Chairman.

Delegates to the State Meeting at Cleveland

The following have been appointed delegates to the Cleveland meeting of the State Association:

Champaign—Delegate, C. D. Houser; alternate, E. R. Earle.

Delaware—Delegate, A. H. Buck; alternates, O. W. Bonner and C. W. Chidester.

Lucas—Delegates, W. J. Stone, John J. Keller, J. L. Watson; alternates, C. W. Waggoner, H. W. H. Nelles, H. G. Morgan.

Sandusky—Delegate, E. M. Ickes.

Stark—Delegates, G. L. King, L. A. Buckman; alternates, C. A. LaMont, J. D. Holston.

Seneca—Delegate, R. R. Hendershott; alternate, Edwards H. Porter.

Wayne—Delegate, J. W. Irvin; alternate, H. M. Yoder.

Additional lists were published in the March and April issues.

Exhibitors at the Cleveland Meeting

The following firms have reserved space in the Commercial Exhibit at the Cleveland State meeting: Borden's Condensed Milk Co., New York; Hynson-Westcott Co., Welch Grape Juice Co., New York; Reed & Carnrick, Pharmaceuticals, Jersey City; Tillotson & Wolcott, H. H. Hessler Co., Surgical supplies, Cleveland; Teter Mfg. Co., Gas oxygen machinery, Cleveland; Elgeln Electric Co., Cleveland, New York; C. V. Mosby Co., Publishers, St. Louis; Kress-Owen Co., Glyco Thymoline, New York; Horlick's Malted Milk Co., Racine, Wisconsin; Philips Chemical Co., New York; Mellins Food Co., Boston; Schuermann-Jones Co., Surgical supplies, Cleveland; Radium Chemical Co., Pittsburgh; Denver Chemical Co., Antiphlogistine, New York; Louis Heister, Prescription and Pharmacal Specialties, Cincinnati; L. C. White Co., Wappler Electric Co., Chicago.

ANNUAL REPORTS

Publication Committee Reviews the Work of The Journal During the Year and Announces its Plans for 1916-1917

There is little necessity for an annual report by the Publication Committee. Its reports are made monthly to the members of the Association in the form of THE JOURNAL. However, we welcome this opportunity to bring to your attention certain important facts.

First, we want to thank those members who have rendered THE JOURNAL real assistance by patronizing JOURNAL advertisers, and informing the firms with which they deal that such advertising patronage is sincerely appreciated. During the past year many of our members have made it very plain to supply and drug houses that their advertising in THE JOURNAL brings results. In consequence our net average income from advertising for the year ending with the April 1916 issue was \$4,256.00. For the preceding twelve months we netted \$3,406.00.

If our members will continue to support our advertisers, and will make it plain to all manufacturers that JOURNAL advertisers are given preference, we can materially increase our income from this source, and consequently furnish a much better JOURNAL. This, therefore, is our main plea.

Permit us to again point out that you are protected in dealing with JOURNAL advertisers by the Publication Committee. If every statement made in the advertising columns of this JOURNAL is not substantiated, the Publication Committee will make good the loss, and will deny that advertiser future admittance to our columns.

The excellent financial statement of THE JOURNAL, prepared by a certified public accountant who spent an entire week checking our receipts and disbursements, is printed on page 331 of this issue. It shows that despite the unusually heavy expense, and despite the material increase in costs due to the war we were able, with the help of the special assessment of one dollar, to finish 1915 with a small net profit. In this connection it should be pointed out that the \$505.78 charged to "bad accounts" represents an accumulation of several years. The auditor decided to remove them from the books. For the past two years THE JOURNAL'S collections have been almost 100 per cent.—a rather remarkable record in view of the number of accounts handled.

We desire to call your attention to some of the more important services rendered during the past year by THE JOURNAL:

In the first place much time and energy has been devoted in an effort to raise the standard of the scientific matter printed. That we have accomplished this is indicated by the fact that our scientific articles are being quoted rather extensively. The foremost medical libraries have

in the past year requested files of our publication, and asked to be placed on our mailing list.

We have endeavored in our news columns to keep the physicians of Ohio in close touch with the movements and happenings that have had a direct influence on medical practice. We have endeavored to present those facts which physicians of Ohio are unable to secure from any other source. For example: In reporting the news of the State Medical Board we have given the details of the registration of "limited practitioners." Before licenses were issued to these applicants, complete lists were published in THE JOURNAL in order to give our members an opportunity to file their protests in specific cases. Had it not been for these advance lists, the State Medical Board would not have received much of the information that later was used by them to deny certificates to the more unprincipled among the applicants.

We have kept our members in full touch with the development of the new nurse registration system and its consequent influence upon the hospitals of Ohio. Had it not been for this JOURNAL, many of our members who are directly affected would have been in complete ignorance of this important movement.

In giving full publicity to the work of the State Health Department, and to the activities of city health departments, we have endeavored to report those actions which would enable other health departments to institute similar meritorious procedure. For example: If the Springfield health department finds that instructive district nurses can to advantage supplant sanitary policemen, we hold that this information has a distinct value to other city health departments. Further, if a campaign for cleaner milk or better meat inspection is instituted in Hamilton, we hold that the publication of that fact may stimulate other small city health departments to similar activity. By giving full publicity to the State Health Department and its varied work, we have endeavored to make it possible for local departments and members of the profession to co-operate intelligently.

THE JOURNAL is, of course, the most important propaganda medium of the Association. During the past year we have used this power to accomplish many timely things. For example: When the Insurance Commissioner ruled against malpractice insurance, THE JOURNAL led the fight to have that order rescinded. After the Governor had practically decided to make an appointment that would have left the State Board of Administration without a medical member, THE JOUR-

NAL led the movement to impress upon him the seriousness of the error.

In these, and in many other similar instances, publicity was successful.

THE JOURNAL during the past year has given much publicity to the illegal encroachments by the osteopaths, and has been a factor in preventing them from entering upon the unrestricted practice of medicine.

We have endeavored to keep our members in touch, so far as possible, with the rather obscure rulings that have been issued under the Harrison anti-narcotic law. We feel that through this feature of our work we have been partially instrumental in saving many of our members from unintentional violations—acts that might have brought upon them very serious trouble.

A very important field for THE JOURNAL, and one that we will develop more extensively during the coming year, lies in giving full publicity to the acts of the Industrial Commission. With state sickness insurance in prospect, it is vitally necessary that the medical features of the industrial accident compensation plan be developed satisfactorily. Full publicity is undoubtedly the remedy, and this only can be secured in the medical press.

A strong journal is vital to the success of our various Association activities. Our complete reports of county society meetings have greatly stimulated this work throughout the state, and have given other societies many valuable suggestions. THE JOURNAL will be very valuable in developing a plan of cooperative malpractice de-

fense. The success of the University Extension movement is in a measure dependent upon the publicity given it in THE JOURNAL.

Next year will be the most important legislative session, from a medical standpoint, ever held in Ohio. During the last session we reported the medical phase of legislative work in detail, and this will be elaborated during 1917. With the assurance that this legislature will consider state sickness compensation, it will be absolutely necessary to have our JOURNAL equipped to keep every member in the closest possible touch with this situation.

The size of THE JOURNAL has been materially extended, as will be shown by the following statistics covering the issues from May, 1915, to April, 1916:

Number of articles printed.....	62
Editorials	137
County society reports	413
Pages of news matter.....	26

The Committee promises the development of many new lines of work during the next twelve months. Increased revenue has made it possible to increase our operating staff, and this will make it possible in turn to issue a better journal.

THE PUBLICATION COMMITTEE,

C. D. Selby, M. D., Toledo.

L. L. Bigelow, M. D., Columbus.

Geo. S. Mytinger, M. D., Portsmouth.

J. E. Tuckerman, M. D., Cleveland.

G. V. Sheridan, Secretary.

April 15, 1916.

Committee on First Aid Reports on Questionnaire Issued in Effort to Standardize Emergency Equipment

To the Members of the House of Delegates:

Your Committee on First Aid was appointed to cooperate with the National First Aid Conference in its endeavor to standardize first aid methods in this country. To accomplish this end it was deemed advisable to secure expressions of opinion and experience from the surgeons all over the state who are doing the emergency and industrial work. Those procedures upon which the majority agree may be considered essential, those upon which there is considerable disagreement, unessential.

To this end, your Committee has sent to 130 surgeons throughout the state a questionnaire which was suggested by the National Conference. It is to be regretted that even in spite of the importance of this work, it has been very difficult to get replies from many who are doing this kind of surgery.

Only 26 replies have been received so far, answering in whole or part the questions given.

Your Committee is not yet through with this

work, and is therefore not ready to give any general deductions based on these replies.

The questions and a summary of the answers received are as follows:

Question 1: What has been your experience with the most available first aid package and dressing for small and large wounds?

All of the 26 replying, except one, believe in the distribution of first aid packages, although ten have had no actual experience. They advocate the greatest simplicity. Ten give in detail the contents of a proposed package, nearly all enumerating gauze, bandages and cotton, with the addition of vaseline, iodine, iodine and alcohol in equal parts, pyroligneous acid, bichlorid solution or aseptic ointment. One would also include benzine for cleaning the skin surrounding the wound. The iodine should be put up in ampule form. Several would have the employees taught not to cleanse the wound but merely to cover it with sterile gauze and fasten the gauze on with bandages. It was suggested by one that the pack-

age be placed in the hands of the employer, and that one person only be taught to employ it properly until medical aid arrived.

Question 2: What has been your experience with the immediate employment of antiseptics in accidental wounds?

What antiseptics have you used, in what strength, and how applied?

Have you employed tincture of iodine? If so, how and what have been the results?

Nine of the 26 recommend the immediate use of antiseptics, while two oppose their use, believing they delay healing. One declares that daily dressings are sufficient to prevent infection, and one protests against "any tampering" with the wound. Aside from tincture of iodine, bichlorid is the most frequently advocated antiseptic, being applied in various strengths, 1-1000, 1-2000, 1-3000, 1-5000 and even 1-10,000. The users find that splendid results follow its use, especially in accidents and in cases where iodine would be too painful. Four advise the use of normal salt solution to prevent infection, and two a 5% carbolic acid solution. One believes chinsol, 1-1000 to 1-2000 is better than bichlorid because non-toxic. Two recommend soaking an extensive wound for 10 minutes in liquid cresol. Many other antiseptics were suggested, including alcohol, 50-70%, alum acetate, 4%, silver nitrate, 10%, pyroligneous acid, 1-200, 1-500 or 1-1000, camphorated oil, aristol, iodosyl, hydrosol or Oschner's solution, and hydrogen peroxid. Powdered calomel was recommended by one, while all powders were opposed by several others.

Twenty-two of the 26 speak highly of the results following the use of tincture of iodine, three using it as a routine procedure in all wounds, some using it only in small, soiled or unexposed wounds, others in extensive wounds only, and still others for septic operative wounds. Five use it undiluted, two with equal parts of alcohol, the others using it in varying strengths from 3 to 50%. The general opinion is that little infection follows its use, and that it does not interfere with healing, but rather hastens it. It is applied with a swab of sterile gauze.

Question 3: What in your experience has been the most efficient and most readily applied method of fixation for injuries of (a) the lower extremity; (b) the upper extremity?

Practically all answered the two questions as one. Seven rely on plaster of paris casts or dressings, while only one opposed their use. Three had found card board very satisfactory and one was enthusiastic over the use of corrugated card board, which is light, strong and easily adapted. Eight use yucca, bass or other light woods for splints, only one recommending a wire splint for the upper extremity and two for the lower. In all cases the splint is padded and ap-

plied with adhesive. Five have had no experience. Only one speaks of an extension, Buck's being recommended for the lower extremity with lateral splints and counter weights. A fracture box was suggested for transporting fractures of the lower extremity until a suitable permanent fixation can be made. In accident cases, however, it is generally necessary to use whatever is available, depending upon necessity.

Question 4: Have you considered the construction of a stretcher, which in addition to serving as a means of transportation of injured, will have appliances for the fixation of the upper and lower extremity, somewhat along the lines of a Bradford splint, or the Gihon naval splint?

Only three of those replying have had any experience with a stretcher, and none use or know from experience the appliances suggested in the question. One felt their use would not be practical, since they would never be at hand when wanted, and if so, could not be properly used by any except the surgeon. They are too expensive, also, for general distribution.

Question 5: Please state your views on some liquid ointment dressing, which would be available for first aid in large wounds and burns, with the object of preventing the usual dry-gauze dressing adhering to the wound, and rendering subsequent dressings painless.

Two admit they have found nothing which does not interfere with drainage, favor infection and retard healing, one of them advocating the open wound method. Five use liquid vaseline, each with the addition of camphor, carbolic acid or some of the essential oils. Two recommend sterile olive oil, one paraffin oil in selected cases, one animal fats with vaseline, and one vegetable oils. Ten per cent. carbolic acid in glycerine on paraffined gauze, as well as paraffined gauze over a dressing of thin vaseline or liquid paraffine, are also suggested. Camphorated oil on gauze may be used in the same way, the whole being covered with paraffin paper. Among the ointments suggested are Dr. Garaud's antiseptic, Mg. dischylon comp., unguentine, phenichthol of Parke, Davis and Co., iodized chondin in tubes, and bland ointment. One and one-half per cent picric acid added to sterile ungt. zinc oxid is good for a first dressing. Gauze saturated with 4% alum acetate, and kept wet by the addition of water from time to time is recommended to keep the wound moist. For granulating surfaces, cargile membrane may be used since it clings to the surface and prevents the dressing from adhering.

Respectfully submitted,

COMMITTEE ON FIRST AID,

William E. Lower, M. D., Chairman.

Robert Carothers, M. D.

Sidney McCurdy, M. D.

April 14, 1916.

Legislative Committee Calls Attention to Proposed Plan for System of State Sickness Insurance

To the members of the House of Delegates:

The Committee on Public Policy and Legislation of the Ohio State Medical Association submits the following report for the year ending April 15, 1916:

The eighty-second session of the Ohio General Assembly will convene in Columbus next January. At that session of the legislature the plan for state sickness insurance will be considered. This is the biggest problem with which your Committee on Public Policy and Legislation has to deal.

Candidates for the General Assembly which convenes in Columbus next January will be nominated at primaries to be held in August. This fact should not be overlooked, and great care should be taken in every county, and in every Senatorial district, to secure the nomination of honest and intelligent men.

Members of the next General Assembly must be intelligent as well as honest if the medical profession is to secure a square deal. The problems of medical licensure and protecting the public through medical license are essentially educational. Your committee, charged with serving the interests of the association in matters of medical legislation, finds that it can almost always appeal successfully to the intelligent, and particularly to the educated members of the General Assembly. Its trouble develops in dealing with those whose vision is narrowed by ignorance. For this reason your committee feels that medical societies throughout the state should—this year at least—make a real effort to nominate and elect *educated* men to the General Assembly.

Pay particular attention to the nomination and election of Senators. Under our bicameral system, the Senate with its thirty-three members is as powerful as the House with its 124, and it is much more difficult, frequently, to deal with the Senate, for the reason that its members, because they represent larger districts, are not as closely in touch with their constituents as the county representatives in the House.

Make it a point before the coming primaries to know definitely the character and general qualifications of the men who are candidates for the Senate in your district. If they measure to a high standard, do everything possible to bring about their nomination and election.

Do not infer from the above that your committee undervalues the importance of the House of Representatives or the importance of electing good men thereto. It emphasizes the importance of the Senate because in the past this feature has been, in a measure, overlooked.

In our last annual report, the committee set forth in detail the favorable legislation which was enacted by the legislature which adjourned

in June, 1915. The work accomplished in that session, through our affiliation with the Ohio Public Health Federation, proved the value of this form of organization. We are glad to report that the Federation is to be continued and strengthened. Committees are now at work revising the constitution with a view of making the Federation permanent. The Ohio Hospital Association and the Ohio Association of Graduate Nurses, and possibly one or two other similar organizations, will be added to the present list of affiliated organizations.

It is too early to comment upon the value of the legislation secured by your committee in the last General Assembly. The Platt-Ellis law providing for the licensing of cult practitioners has been discussed widely throughout the country, and many authorities agree that it is the best solution for this situation. Through THE JOURNAL members of the Association have been kept in close touch with the procedure of the State Medical Board in inaugurating the administration of the law, and issuing the exemption licenses.

The wisdom of placing nurse registration under the supervising control of the State Medical Board has already been demonstrated. Even under the present system considerable dissention has arisen among the hospitals affected. This, it seems, is inevitable, and it would have been materially increased had not this committee won its fight to give final control of this situation to the medical profession rather than to the nursing profession. At the same time, your committee desires to again emphasize the obligation which the medical profession owes to the nursing profession, and which demands that we do everything possible to raise the educational ideals of the latter.

Aside from the moral effect, the Hoy bill, which was passed by the last legislature, and which materially strengthens the machinery of the State Medical Board, has not been generally used. The presence on the statute books of the "anti-fee splitting" provision has been effective in diminishing the extent of this pernicious practice. The Medical Board, during the coming year, hopes to utilize other features of the law.

For several months your committee has been studying the possibilities of a plan of state sickness insurance. The American Association for Labor Legislation has made it clear that its model bill will be introduced in Ohio, as it has been in New York, Massachusetts and New Jersey. Your committee is not ready to make a definite recommendation on this point, further than to advise that every member of the profession in Ohio give this subject personal consideration, and that this Association, as the guardian of the col-

lective interests of the profession in the state, perfect its organization so that its maximum influence may be felt in the legislature during the consideration of the proposed law. Undoubtedly this is the most important problem that has ever faced medical practice in Ohio.

Your committee promises to keep members of the Association fully advised as to the progress of this legislation, and to present, through THE JOURNAL, and through bulletins, information which may have a bearing on the question. The committee has had two special meetings this year for the consideration of this matter. We have met with representatives of other interests affected, and plan further meetings. In the June issue of THE JOURNAL a draft of the salient features of the model bill prepared by the American Association for Labor Legislation will be presented.

In closing, this committee has one recommendation which it hopes to strongly impress upon each county society: *Use the utmost care in the selection of your auxiliary legislative committee-men. Do not make the position an honorary post, but select the representative of your county society with a view of picking the man who will have the greatest influence with your Representative and Senator.*

The committee recommends that following the state election to be held November 4, every county society terminate the term of the present legislative committeeman, and in those cases where it is deemed expedient, elect new representatives to serve on the state auxiliary committee.

The reason for this is easily understood. Your legislative committeeman during the past year or two may have been the best possible representative for your society during that term, but he may be absolutely useless in dealing with the next General Assembly. For example, he may be a Republican, and active in the Republican organization in the county, while the Representative and Senator who are to be elected from your district next November may be Democrats, or it is possible your next Senator may be the close personal friend of one of the members of your society, and in that event, that man should be the auxiliary committeeman from your county. By paying careful attention to this detail, the legislative machinery of the Ohio State Medical Association may be materially improved.

COMMITTEE ON PUBLIC POLICY AND LEGISLATION,

J. H. J. Upham, M. D., Chairman.

G. V. Sheridan, Secretary.

April 17, 1916.

Committee on Appropriations Institutes Modern Budget System For the Association's Business

Mr. President and Members of the House of Delegates:

Your Committee on Auditing and Appropriations to which was referred the duties of apportioning the funds of the Association as set forth in Section 6, Chapter VIII of the By-Laws, begs to report that we have considered carefully all the estimated expenditures for the year of the various activities of the Association and recommend the following distribution, of the estimated income, for the year 1916:

We have chosen to distribute the \$3.00 annual dues on a basis of 3000 members which is a definite amount received by the Association rather than indefinite membership.

The State Medical Journal.....	\$1.10
Salary and expenses of Secretary Treasurer	.40
Salary of Executive Secretary.....	.70
Expense of Executive Secretary.....	.15
Expense of President .....	.03
Expense of Council .....	.20
Expense of Auditing and Appropriation Com.	.07
Expense of Legislative Committee.....	.05
Expense of Public Health Committee.....	.03
Expense of Annual Meeting State Society including program .....	.05
*Medical Defense Fund.....	.20
Stationery and Supplies.....	.02

Total due from each member.....\$3.00

This apportionment, with the additional feature of medical defense which was not included in last year's distribution of funds, will make a total expense of \$9,000 for the ensuing year, which is a decrease of \$1562.24 from the expenditures for the year 1915.

We have had a complete audit of the accounts of the Journal and of the Treasurer of the Association, by a certified public accountant, and have also prescribed a method of accounting for the officers which will greatly facilitate matters in the future.

Respectfully submitted,

Wells Teachnor, Chairman,

J. S. Rardin,

Chas. W. Moots.

*The treasury balance of the State Association will be used to reinforce this fund.

With dentists and the board of education co-operating, a dental clinic has been established in the Findlay public schools. A room in one of the school buildings has been equipped for the clinic and dentists will give at least half a day each month to the work. The clinic is controlled by a board consisting of a member of the board of education, the superintendent of schools, one grade teacher appointed by the superintendent, one dentist, selected by the dentists, and a supervisor of the clinic, who is a dentist, appointed by the school board.

Committee on Medical Education Plans to Extend Plan for Post-Graduate Instruction

To the Members of the House of Delegates:

The work of the Committee on Medical Education has been brought to the attention of the members of the Association very recently through the columns of *THE JOURNAL*. Therefore, your committee feels that an extended report at this time is unnecessary.

On a suggestion of our president, Dr. Lower, the committee, several months ago commenced consideration of a general plan designed to offer some sort of educational work to members of the profession—in a measure, to meet the demand for post-graduate instruction.

After careful consideration it was decided to take up this work by considering one general subject at a time. For several reasons, the subject of fractures and dislocations was selected for the first series of lectures.

After surveying the field, the committee selected Dr. Charles Edwin Briggs, of Cleveland, as the man best qualified to be placed in charge of the work. Through a very considerable sacrifice of time, Dr. Briggs prepared, and is now delivering the initial lecture and demonstration.

It was manifestly impossible for Dr. Briggs to deliver this lecture in every county. Therefore, it was decided to select certain geographic

centers and to hold these meetings for the benefit of from five to eight counties adjacent thereto.

The first of these meetings was held in Marion, and was very successful. The interest manifested indicated that the profession approves of the movement. At this time meetings have been scheduled for Steubenville and Dayton, and others will be arranged as soon as possible.

This educational movement on the part of our State Society is a new venture, which is apparently meeting the approval of our profession and should be continued. There are many subjects of vital interest to us all which could be handled in the same manner Dr. Briggs is handling the subject of fractures and dislocations.

If the House of Delegates sees fit to continue this work through a committee, it seems from the discussions that have been had in a friendly way, that the next subject to be taken up will be the cancer problem.

The committee takes this opportunity to again express its appreciation of the splendid work by Dr. Briggs. Whatever success this movement attains will be due almost entirely to his efforts.

Respectfully submitted,

Robert Carothers, M.D., Chairman.

April 20, 1916.

Committee on Public Health Education Has Regularly Reached Nearly Half a Million People Through Newspapers

House of Delegates Ohio State Medical Association:

The Committee on Public Health Education submits the following report for the year 1915-1916.

Reports from county societies have not been received, and for that reason the Committee report is not as complete as is desirable.

In May letters were written to all county societies asking them to appoint committees on Public Health Education. Forty-six counties responded. Letters were then sent, giving suggestions in regard to methods of education.

In August two outlines for talks to be given by physicians to laymen were prepared by members of the committee and one was secured from Dr. Lamb. These outlines were: "General Prophylaxis of Diseases of Childhood," by J. R. McDowell, M. D., Springfield; "Prenatal Care," by Eleanor S. Everhard, M. D., Dayton; and "Infant Feeding," by Frank Lamb, M. D., Cincinnati. The outline on Infant Feeding was accompanied by a folder issued by the Health Department of Cincinnati, giving ad-

vice in regard to feeding and general care of infants.

In November letters were sent to all chairmen of committees in county societies and to secretaries of societies where there were no committees, urging co-operation in the efforts at education during Tuberculosis week, December 6th to 12th. Fourteen counties replied by sending the names of about one hundred and fifty physicians who would be glad to assist in the free examinations. One county replied that such examinations were not considered expedient in that county.

A letter giving detailed plan for examination and the general conduct of the work was sent to each of the physicians offering to assist. No full report has been received from those examinations, but one society in a medium sized city reports finding several unsuspected cases of tuberculosis and having advised more to put themselves under observation.

Soon after the appointment of the Committee, arrangements were made for a weekly bulletin service to be furnished daily newspapers. This

was accomplished through the co-operation of Mr. George V. Sheridan of the State Medical Journal.

Short articles, dealing as nearly as possible with health topics of current interest, have been supplied and (basing our calculations on the circulations of the papers) have reached every week about 500,000 people outside of Cincinnati. These articles have been used by the six Cincinnati dailies, and the Committee estimates that an additional 500,000 readers have been reached in this way.

The Committee desires to express its appreciation to Mr. Sheridan, Dr. John A. Thompson, of Cincinnati, and Dr. F. G. Boudreau of the State Department of Health, for their aid in preparing articles for publication.

From June 24, 1915, to April 13, 1916, inclusive, forty-two bulletins have been furnished to the following papers:

<i>Paper.</i>	<i>Number Times Used.</i>	<i>Circulation.</i>
Akron Journal.....	40	20,596
Bellefontaine Examiner.....	27	2,410
Coshocton Tribune.....	12	4,095
Canton News.....	28	11,327
Cambridge Jeffersonian.....	22	6,111
Dayton News.....	39	33,061
Delaware Gazette.....	31	1,779
Greenville Tribune.....	13	1,500
Hamilton News.....	27	6,226
Lima News.....	17	9,057
Marysville Tribune.....	26	1,018
Mansfield News.....	34	7,114
Marion Tribune.....	35	4,281
Marietta Leader.....	25	5,000
Portsmouth Times.....	15	8,711
Sandusky Star-Journal.....	33	5,577
Springfield News.....	32	11,531
Wooster News.....	8	2,722
Youngstown Telegram.....	14	15,053
Zanesville Signal.....	7	8,480

At present twenty good sized dailies are using this service with fair regularity. Owing to the fact that the State Association does not subscribe for these papers, checking up has been incomplete and the probabilities are that the service has been used oftener than the above report would indicate.

It is the opinion of your Committee that this service should be extended to include at least one paper in each community, and weekly, as well as daily papers.

Your attention is respectfully directed to the good work that may be accomplished through the various life insurance companies doing business in the state. Inserts, to accompany life insurance due bills, on some seasonable health topic could be distributed to many thousands of policy holders and would not only have a marked effect in prolonging life, but would be of vast influence

in securing the friendly interest of the policy holders in the work of the Ohio State Medical Association.

The splendid work done by the Ohio State Board of Health through its traveling public health exhibit, deserves special mention. Your Committee, through THE JOURNAL, has co-operated in giving this exhibit full publicity, and in closing desires to express its appreciation to the State Board of Health for its aid and hearty co-operation in the work of the Committee.

Respectfully submitted,

COMMITTEE ON PUBLIC HEALTH EDUCATION,

John H. Landis, M. D., Cincinnati, Ch'm.

Eleanora Everhard, M. D., Dayton.

J. R. McDowell, M. D., Springfield.

April 13, 1916.

PUBLIC HEALTH NOTES

Dr. Andrew McShane, Kenosha, Wis., became city health officer at Akron on May 1, succeeding Dr. A. A. Kohler.

The city council has adopted a resolution providing for the appointment of a city physician by the city board of health.

A campaign has been inaugurated in Toledo to stop dry sidewalk sweeping. As a health measure, sweepers are urged to sprinkle the walks before sweeping.

Dr. H. L. Sanford, Cleveland, discussed the need of better health protection in an address delivered in the Trinity Reformed Church at Canton, on April 3.

Physicians are cooperating with the Portsmouth board of health in an extensive educational campaign for better milk. Dairy owners and consumers are being shown the latest methods of reducing the bacteria count.

Cleveland is the healthiest of the six leading cities of the United States, according to a health survey report just issued by the Pittsburg health department. The report gives Cleveland's death rate as 13.4 per 1,000.

In discussing the Harrison anti-narcotic law at a recent conference of physicians and druggists in Cincinnati, Mr. A. C. Gilligan, internal revenue collector for Southern Ohio, declared that the Treasury Department up to the present time has been very lenient in enforcing the provisions of the act, but that a more stringent enforcement may be expected in the near future.

Committee on Medical Defense Submits Detailed Plan Ready for Operation If Delegates Change the Constitution

To the House of Delegates:—Your committee on medical defense begs to submit the following report:

As you are well aware plans for medical defense have been before the House of Delegates or its committees since May, 1910. In that year at Toledo, at the request of President W. H. Snyder, Dr. W. J. Stone gave a special address upon medical defense. It was here pointed out that many state societies had found this to be of great value to their members, and it was shown that the Lucas County Society had, as it now has, an effective medical defense. The House of Delegates appointed Drs. J. E. Monger, W. J. Stone and Wells Teachnor to consider the address and to make recommendation to the House of Delegates. This the committee did. The House of Delegates continued the committee and directed them to place the matter before the component county societies for their consideration.

At Dayton, May, 1912, this committee made a report to the House of Delegates and asked to be discharged. The report was received and the committee discharged.

At the Columbus meeting, May, 1914, the House of Delegates passed a resolution directing the president-elect to appoint a committee of three to arrange the details of a working plan for medical defense, the same to be submitted to the council for consideration.

At Cincinnati, May 4, 1915, the report of the special committee was transmitted to the House of Delegates by the secretary of the council with the recommendation that Chapter VII of the By-Laws be amended to provide for the election by the House of Delegates of a standing committee of three to "devise plans for, institute, and direct, medical defense." This year the amendment comes up for final action. At the same time the special committee was continued as a committee of the House of Delegates and has, since, presented to the council the tentative rules as published in *THE JOURNAL*, January, 1916, page 31.

Most of the counties have elected local committeemen, the central committee has taken up the legal questions involved and has further considered the rules of procedure and other details so that upon the adoption of this plan and the election of a standing committee on medical defense at this meeting of the House of Delegates (Cleveland, May 18, 1916), medical defense will become operative for the members of the state association.

The committee has been guided in its deliberations by the experience of other states and no provision has been incorporated in the tentative rules that has not been tried out and found essential in other states having medical defense in successful operation.

The following are the revised rules adopted by

the committee, which are always subject to change when the need of such is indicated:

1. A member sued or threatened with suit for alleged malpractice shall at once fill out an application blank which can be secured either from the secretary of his county society, the local defense committeeman, or the Executive Secretary of the state association. The association will not assist in the defense of any member unless within ten days after the service of summons his application be sent to the Executive Secretary, 25 Ruggery Building, Columbus.

2. In case a member is threatened with suit he should not wait for suit to be filed, but should immediately notify the Executive Secretary by filling out and mailing to him the application blank. This will then be placed immediately in the hands of the committee on medical defense in order that if possible suit may be avoided.

3. A member to be entitled to assistance in defense must be at all times in good standing (dues fully paid up) in his county society, and therefore in good standing in the state association. A member in arrears is not in good standing. A member will not be defended in case of suit if the alleged cause of suit occurred or the suit was filed during a period for which the member is or was in arrears. A member will not be defended in case of suit the alleged cause for which occurred previous to membership in the association.

4. To be in good standing throughout the year for the purposes of assistance in medical defense a member must pay his dues on or before January first. The records of the secretary-treasurer shall be final as to record of standing. (This rule becomes operative January 1, 1917.)

5. A member desiring medical defense must sign an agreement vesting in the committee on medical defense sole authority to supervise the defense of his suit, and must agree to make no compromise or settlement of the case without written consent from the chairman of the committee.

6. The association will not contribute to the defense of any member who, after investigation by the committee, is believed to be guilty of criminal abortion, feticide, homicide, or any criminal act, or who has not conformed to the recognized ethical laws in regard to these cases. The association will only contribute to the defense of suit brought in course of legitimate professional work.

7. The association will not contribute to defense of a suit if brought on cross complaint where the physician has sued to collect his bill within one year of the termination of his services.

8. The association will not contribute to defense of a suit in any case of fracture or like injury where X-ray plate was not taken and kept on file

unless it can be shown that at the time and place it was impossible to secure an X-ray plate.

9. The association will not contribute the expense of witnesses residing within the county, nor will it contribute judgment or fine awarded or imposed by the jury or court.

10. The association will not contribute any attorneys' fees incurred in the defense of any member, except those of attorneys approved by the committee on medical defense.

11. It should be understood by members of the association that the amount for medical defense is not large and consequently it should be conserved by every effort on the part of the membership of the association.

12. It should be understood that members of the local society will be expected to give not only their moral support but also active participation in the conduct of the trial in any way they may best assist, such service to be without thought of pecuniary returns.

13. A member holding an indemnity insurance

or any defense insurance in any company shall decide which shall take charge of his defense, the company or the committee on medical defense. Where the defense is conducted by an indemnity insurance company under the provisions of a policy held by a member with the company, the association will not contribute any expense, but will give all other aid possible.

14. Medical defense shall become operative in case of suits, the alleged cause of which occurred on or after the adoption of the medical defense amendment to the By-Laws by the House of Delegates.

The committee purposes to retain a firm of attorneys at Columbus for general counsel. There will be a central office at Columbus, but the committee will work through the local committeemen, and local attorneys will be employed as occasion arises.

Respectfully submitted,

COMMITTEE ON MEDICAL DEFENSE.

J. E. Tuckerman, M. D. (Chairman.)

April 17, 1916.

***** * NEWS OF INTEREST * * FROM OHIO HOSPITALS * *****

Editorial Note.—This Journal has been made the official publication of the Ohio Hospital Association, and will print monthly news and announcements of interest to its members. Items should be forwarded to the News Editor, at Columbus, or to Mr. Howell Wright, 308 The Ansfield Bldg., Cleveland.

Good Samaritan Hospital at Sandusky will receive \$30,000, according to the terms of the will of the late Rosa Baubach, which has been approved by the court of appeals.

Bids have been received for a proposed addition to the Massillon city hospital which will cost between \$50,000 and \$75,000. The addition will provide 40 beds and is expected to be ready for use next fall.

Dr. H. C. Eyman, superintendent of the Massillon State Hospital, was recently elected secretary-treasurer of the American Medico-Psychological Association at its annual meeting in New Orleans.

Plans have been drawn for 12-bed addition to Monnett Memorial Hospital at Bucyrus. The plans are now in the hands of the board of trustees of the hospital and bids for the remodeling work will be received at an early date.

An addition to the Buffton Sanatorium at Buffton, which would accommodate 25 patients, is being planned by the owners of the institution. The proposed addition would include modern operating and sterilizing rooms and a laboratory.

A bronze tablet in memory of Dr. Daniel Drake, founder of the old Commercial Hospital, Cincinnati, was unveiled at the General Hospital of that city, April 22. The Commercial Hospital later became the City Hospital.

Construction of a county hospital in Madison county has been possible by gifts of money and land recently accepted by the County Commissioners. Under the terms of the will of Sarah J. Johnson, \$30,000 was given toward the erection of a hospital building and 12 acres of land in London was bequeathed the county by Adah Bertha Coover, to be used as a site for the proposed building.

The forty-second annual report by Dr. F. W. Langdon, medical director of the Cincinnati sanitarium, show that 223 patients were admitted during 1915. Of these, recoveries were recorded in 29-57 per cent, which considering the condition of many patients is an excellent record. Dr. B. A. Williams is the senior resident physician, and Dr. E. A. North is director of the clinical laboratory.

Contending that the Physicians' Hospital Association, which maintains Grace Hospital at Cleveland, is organized for profit, P. C. O'Brien, treasurer of Cuyahoga County, has carried to the Ohio supreme court the suit in which the association seeks to prevent the treasurer from collecting taxes on its property amounting to \$367. On the ground that the hospital is not operated for profit and, therefore, is exempt from taxation, the association secured favorable verdicts in the lower courts.

On April 15 Only 24 Counties Had Qualified in One Hundred Per Cent Club; Others Came in Later

As the pages for the May issue of The Journal were closed early, we are publishing the standing of counties in the One Hundred Per Cent list as of April 15. On that date the membership stood at 2976, with only twenty-four counties in the One Hundred Per Cent Class.

Inasmuch as the lists were held open until midnight on May 1, the revised report makes a much better showing. In the closing days of the race, many counties which are low in the present rating made material gains.

SECRETARY-TREASURER'S REPORT.

The membership report of the Secretary-Treasurer for the year 1915, including a detailed analysis of the membership in each county, and by districts, appeared in the April number of the Journal, Pages 238 and 239.

The annual financial report of the Secretary-Treasurer appeared in the March Journal, Page 190.

Every effort will be made to place the State Association in the One Hundred Per Cent Class by May 17, when the seventy-first annual meeting opens in Cleveland.

The following is the standing of April 15, 1916

	Qualified	1915	1916
Paulding	Feb. 25	23	21
Huron	Jan. 6	13	18
Preble	Feb. 2	12	16
Richland	" 5	31	48
Geauga	" 21	9	9
Meigs	" 29	11	14
Marion	Mar. 1	29	36
Defiance	" 3	6	15
Madison	" 4	9	17
Holmes	" 6	8	11
Hocking	" 16	11	12
Lorain	" 18	50	62
Pike	" 18	13	13
Henry	" 20	19	21
Belmont	" 28	55	58
Jefferson	" 29	40	42
Ross	" 31	21	28
Franklin	Apr. 7	315	325
Muskingum	" 1	38	42
Lake	" 10	16	16
Washington	" 13	40	49
Morrow	" 13	15	17
Athens	" 15	51	51
Delaware	" 15	26	26

Total 967

STANDING ON APRIL 1, 1915.

	Number in	
	1915	1916
Allen	83	24
Auglaize	26	16
Brown	18	5
Butler	57	44
Champaign	29	1
Clark	64	61
Clinton	24	18
Coshocton	21	14
Columbiana	39	22
Crawford	28	1
Cuyahoga	523	389
Darke	57	40
Erie	25	23
Fairfield	44	23
Fulton	26	8
Gallia	31	18
Guernsey	29	20
Hamilton	474	337
Hancock	37	36
Hardin	29	25
Highland	24	1
Licking	35	26
Lucas	214	146
Mahoning	100	96
Medina	21	12
Mercer	29	20
Miami	46	29
Montgomery	168	159
Morgan	16	8
Ottawa	15	14
Portage	28	22
Putnam	32	2
Seneca	37	23
Stark	126	95
Summit	160	114
Trumbull	28	23
Tuscarawas	43	34
Union	13	6
Vinton	9	7
Warren	34	28
Williams	34	20
Wayne	25	18
Wood	30	26

Total 2054
In 100% counties..... 967

Total to date..... 3021

Doctor—Have you an Underwood Inspirator that you wish to dispose of? If so, please send full particulars to W. I. Gordon, M. D., 2236 East 105th St., Cleveland, Ohio.

 * NEWS OF CLEVELAND *
 * ACADEMY OF MEDICINE *

(Report by J. E. Tuckerman, M. D., Correspondent)

The one-hundred and twenty-eighth regular meeting of the Academy was held at 8 p. m. Friday, March 17, at the Cleveland Medical Library. Program:

1. "The Involvement of the Nervous System in Early Syphilis"—Udo J. Wile, Professor of Dermatology, University of Michigan.

2. "Intraspinal Treatment of Neuro Syphilis with Standardized Salvarsanized Serum"—Willard C. Stoner.

3. "The Importance of the Early Recognition of Syphilis and Its Treatment During the First Six Months After Infection"—W. T. Corlett.

A special meeting of the Academy was held Friday, March 31, at the Cleveland Medical Library. Program: "The Theory and Practice of Making Vaccines and Serums"—Severance Burrang Biologist of Ely Lily & Company, (Formerly Professor of Sanitary Science, Purdue University.) The lecture was illustrated by lantern slides and by moving pictures showing the important steps in the preparation of vaccines, antitoxins, serums, etc.

CLINICAL AND PATHOLOGICAL SECTION.

The one-hundred and sixteenth regular meeting of the Clinical and Pathological Section was held Friday, April 7, at the Cleveland Medical Library. Program:

1. "Regional Hypertonus" — Lester Taylor.
2. "A Test of the Visual Acuity as Part of Every Physical Examination" — W. E. Shackleton.
3. "The Value of X-ray Treatment for Uterine Fibromyomata, also Menorrhagia and Dysmenorrhea"—G. F. Thomas.
4. "Some Thoughts on Gynecological Surgery" — W. H. Humiston.
5. "Some Clinical Notes on Hydronephrosis": Lantern Slides—F. C. Herrick.

The one-hundred and fourteenth regular meeting of the Clinical and Pathological Section was held Friday, March 3. Program:

1. "Some Psychoses Connected with Pregnancy"—C. W. Stone.
2. "Congenital Club Feet"—George Bauman.
3. "First Aid in Wounds from Rabid Animals"—L. W. Childs.
4. "Carcinoma of Cardia." Report of three cases with specimen of one—F. C. Oldenburg.
5. "Birth of Twins by Caesarian Section." Report of case—E. P. Monaghan.
6. Report of G. U. Cases:
 - (1) Foreign Body in Penis for 26 years;
 - (2) Dribbling in an adult cured by circumcision;
 - (3) Report of two cases of diverticulum of urethra;
 - (4) Report of two cases of psoriasis mucosa urethrae—S. Englander.

NEW APPLICATIONS.

The following are applicants for active mem-

bership: Geo. A. Allison, C. S. Bogart, S. H. Franks, D. Handmacher, L. E. Heabler, J. E. Linden. Non-resident membership: A. M. Painter, Youngstown, O.; Carl W. Sawyer, Marion, O.

OPHTHALMOLOGICAL SECTION

The eighty-fourth regular meeting of the Section was held Friday, March 24, at the Cleveland Medical Library. Program:

1. Presentation of Patient with Coloboma of the Eyelid—L. K. Baker.
2. Endonasal Operations on the Lachrymal Sac, with Report of Cases—Wm. B. Chamberlin.
3. Presentation of Two Patients Showing Result After Removal of Steel from Eye with Magnet—Edward Lauder.
4. Impressions from Ear, Nose and Throat post-graduate work in Eastern Schools—C. L. McDonald.

Dr. Baker's case report appears on page 318 of this number. His case was discussed by Edward Lauder and W. H. Tuckerman.

Dr. Chamberlin prefers West's operation to the later modifications by Yankauer and Mosher.

In discussing the paper Dr. Lauder asked if all these cases had been given a thorough trial with the use of probes. He thought this always ought to be done before any more radical operation is undertaken. Dr. Chamberlin in closing said that they had all been given a thorough trial and that he was recommending the operation only for those cases which failed of cure by the use of probes, and thought it was preferable to the operation of total extirpation of the sac.

Dr. Lauder proceeded to the discussion of the two patients, showing results after removal of steel from the eye. The patient, who was present, showed the ease with which a penetration of the eyeball with a small piece of steel can be overlooked. In this patient it was not until about a week after the injury, when pain began to develop in the eye, that the foreign body was suspected. Up to this time the doctor had interpreted the adherence of the iris to the cornea at the lower margin of the lens as a small posterior synechia due to a previous iritis. The presence of steel was determined by the magnet and definitely located by X-ray prior to removal by scleral incision.

The second patient, who was not present, was one who had presented himself two and one-half months after an injury to the eye. The only external evidence of injury was a dilated pupil, with pain and loss of vision. This steel was located by X-ray imbedded in the posterior portion of the sclera. After two different attempts at removal by magnet with scleral incision, removal of the eye was advised, but it was not until several months later that the patient consented. At this time the doctor made another attempt to remove by magnet, and failing, enucleated the

eye. We then attempted to see if it were possible to pull the steel from the enucleated eye, but it was so firmly imbedded in the sclera that he was unable to dislodge it with the magnet. This shows that in certain cases, where the piece of steel is small and firmly imbedded in the sclera, it is almost useless to make repeated attempts at removal.

Dr. C. L. McDonald's paper covered the subject well. He was especially impressed with Mosher's method of curetting out the etmoid cells, although in using this method an X-ray always should be had prior to operation, as there is some danger to the oribiform plate in opening the frontal sinus if it happens to be shallow. He considers that Dr. Yankauer's method for closing the eustachian tube when used in the cases for which it was originally devised is a distinct success. The primary blood clot closure in simple mastoiditis is being quite extensively used with claims for good results, although he could not personally follow the cases sufficiently closely to pass judgment on how many healed directly and how many broke down, necessitating later drainage. He reported also that one of the operators was doing all his submucous resections without the use of any packing. He was not ready at this time to advocate this method. The paper was discussed by Dr. Wm. B. Chamberlain and W. H. Tuckerman.

EXPERIMENTAL MEDICINE.

The eighty-eighth regular meeting of this Section was held Friday, April, 14, at the Cleveland Medical Library. Program: -

1. Studies in Infarction: Experimental Bland Infarction of the Myocardium, Myocardial Regeneration and Cicarrization—Howard T. Karsner and J. E. Dwyer, Jr.

2. The Titration of Diphtheria Toxin in Unilaterally Nephrectomized Guinea Pigs—H. R. Wahl.

3. The Preservation of Erythrocytes for Immunological Purposes—Stanley P. Reiman.

4. Papillary Tumors of the Renal Pelvis—C. W. Burhans.

5. Pathological Alterations Produced by Cholesterol Feeding—M. L. Richardson.

6. The Enzyme Theory of Life—L. T. Troland.

NEWS OF THE COLUMBUS

ACADEMY OF MEDICINE

(Report by L. L. Bigelow, M. D. Correspondent)

March 27.—Regular meeting of the Columbus Academy of Medicine, Auditorium room, Columbus Public Library, the president, H. M. Platter in the chair.

C. D. Morgan, Galion, was elected to non-resident membership.

R. R. Kahle reported a case of intussusception of the small bowel in an adult male. The operation was successful. A portion of the gut was excised and found upon a histological examination a lympho-sarcoma.

S. B. Taylor read a paper entitled "Hemorrhoidal Therapeutics." Discussion by Wells Teachnor and C. W. McGavran, Dr. Taylor closing.

Hugh A. Baldwin gave a lecture, illustrated by lantern slides, on "The Worship of Priapus, Ancient, Mediaeval and Modern." Dr. Baldwin's paper embodied the results of several months' study. A unanimous vote of thanks was extended him for his entertaining paper.

Attendance, 200.

April 3rd.—Regular meeting of the Columbus Academy of Medicine.

A. A. Peasley and R. G. Noble were proposed for active membership. J. W. Brobst was elected to active membership.

W. D. Inglis presented specimen of double extra-uterine pregnancy successfully operated upon by F. F. Lawrence.

I. G. Clark read a paper entitled "Restoration of Vision in the Congenitally Amblyopic by Intensive Methods. Discussion was opened by C. F. Clark and continued by Drs. Davis, Alcorn, W. K. Rogers and Platter, Dr. Clark closing.

F. F. Lawrence read a paper entitled "Extra-uterine Pregnancy." Discussion W. D. Inglis, Dr. Lawrence closing.

Attendance, 69.

April 10th.—Regular meeting Columbus Academy of Medicine.

E. R. Hayhurst read a paper entitled "The Physician in Relation to Health Insurance." The speaker analyzed the bill to be introduced into the Ohio Legislation concluding with his estimate of the effect of this legislation upon the medical profession. J. W. Clemmer opened the discussion which was continued by J. H. J. Upham. Dr. Upham moved that the Council as a committee take up the study of the proposed bill and report from time to time to the Academy for its information so that it may instruct its delegates what attitude to assume in this matter at the meeting of the State Association. Motion seconded and carried.

E. G. Horton presented a paper entitled "Convulsion of Early Life." Discussion by E. J. Gordon, G. T. Harding and J. F. Baldwin.

Attendance, 61.

In Marietta, the Federation of Women's Clubs, cooperating with Miss Viola Fell, the city's public health nurse, has started a campaign to rid the city of disease. Special attention is being given to the work of stamping out tuberculosis.

 ** NEWS OF CINCINNATI **
 ** ACADEMY OF MEDICINE **

(Report by W. R. Abbott, M. D., Correspondent)

Meeting of March 27.—W. D. Haines presented a patient in whom a partial gastrectomy for carcinoma of the stomach had been done. This man had suffered for several months with a complication of symptoms, and it was only after the most careful and painstaking examinations that a diagnosis was reached.

A patient was also presented by Dr. Haines who had just recently submitted to a fourth abdominal operation. The first one was in 1893, for stricture of the pylorus, a gastrostomy being done. At the next operation, a gastro-jejunostomy was performed. When the patient came to Dr. Haines there were present signs of cancer of the stomach, a mass being felt half way between the zyphoid and the umbilicus and to the right of the median line. Upon operation, the following interesting conditions were revealed: The pyloric end of the stomach had been resected, and the margins of the stomach walls, which had failed to unite throughout, were adherent to the inner surface of the abdominal wall at the site where the mass was felt during the physical examination. The neural peritoneum, connective tissues and muscularis of the abdominal wall had been destroyed by the influence of the gastric juice, leaving only the aponeurosis of the external oblique fascia and the skin covering the opening in the pyloric end of the stomach. The edges of the stomach, which were found to be in good condition, were sutured, and a second gastro-jejunostomy performed. Dr. Lange discussed Dr. Haines' paper.

Two cases of uterine polypi following labor were reported by Magnus A. Tate. Fortunately, these cases are uncommon, but when they do occur, may cause an alarming and often an extremely dangerous secondary post-partum hemorrhage, which requires the prompt removal of the tumor to control. As a rule, if pregnancy occurs when there are polypi, an abortion is the usual sequela.

Dr. Johnston, in discussion, said that sepsis frequently occurs in these cases and is a very grave complication.

A specimen of a large intra-ligamentous fibroid was presented by Howard Schriver, showing the difficulty of diagnosing from an ovarian cyst. Tumor had been of slow growth.

J. Edw. Pirrung showed a picture of a newborn monster, with two heads and two spines. In one head there was a cleft palate. Following the delivery, eclampsia occurred in the mother. Dr. Pirrung discussed the probable etiology. Dr. Goosman showed X-rays of this case, while Geo.

Orebaugh spoke of a similar case which he had presented some time ago.

Two cases of pyonephrosis presented by E. D. Smith were of interest in that it would have been impossible to diagnose this condition without functional tests and the use of the cystoscope. In discussion of the technique of the operation, Dr. Pirrung believes leaving a clamp on the stump is safer than ligation. Dr. Smith thinks this advisable when the parts are fragile. In both these cases the ureters were obliterated on the affected side.

Sidney Lange showed a series of plates of cases covering a period of three years in which the very earliest manifestations of malignancy were shown.

April 3.—A Ravogli discussed "Elephantiasis of the External Genitalia," illustrating the subject with excellent lantern slides. He entered deeply into the pathology, concluding that in the majority of instances the condition is preceded by either syphilitic or tuberculous ulcers. He reported a case in which the woman had phthisis pulmonalis, terminating in tuberculous peritonitis, from which she died. She had unmistakable evidences of syphilis. Elephantiasis of vulva was marked. Dr. Ravogli spoke of ulcers due to mixed infection. He emphasized the fact that many cases of elephantiasis were preceded by profuse gummatous infiltration. Heavy scar tissue was common. The skin breaks down and stubborn ulcers result. Chronic hypertrophic lymphangitis ensues, producing elephantiasis.

Dr. Ravogli showed on the screen how the syphilitic process gives rise to lymph stasis and explained the succeeding steps in the production of elephantiasis.

As for treatment, Dr. Ravogli had found arsenic of no avail. He achieved the best results from mild specific treatment: gray oil and tonics. External applications were of no benefit. To relieve irritation, a solution of bicarbonate of soda was grateful to the patient. A weak bichlorid solution had been used advantageously. Iodoform or bichlorid gauze locally had been employed. Ulcers have been curetted. Surgically, he advised the removal of as much as possible of the redundant growth. In men, amputation of the organ may be necessary. Occasionally skin grafting may be required.

Dr. Heidingsfeld thought cases might occur commonly. In regard to etiology, he concurred quite commonly. In regard to etiology, he concurred, either lymphatic, arterial, or venous, was the prime factor in the production of elephantiasis of the genitalia, secondary edema resulting. He had seen the same secondary changes in erysipelas, however. He thought the underlying cause to be more than mere stasis. He was led to the conviction that secondary infection played a greater role in the production of elephantiasis of the genitalia than was usually

assumed. Hence, it follows that keeping the surfaces clean with peroxide of hydrogen gets rid of any cocci regardless of their character.

Dr. Crisler reported four cases he had observed. Dr. Ricketts showed a photograph of a native of Samoa in which the redundant growth weighed eighty-two pounds. Drs. Scholtz and Broeman also reported cases.

April 10.—The paper of the evening was read by Walter Griess, who recited his "Personal Experiences with Anoci-Association," giving in detail the technique he uses. Novocaine should be administered as carefully as though it alone were to be given, thus decreasing to a minimum the amount of gas or ether necessary. In practically all cases mentioned nitrous oxide gas was used, chiefly for analgesic effect. The advantages of this method are: (1) Eliminates shock; (2) consciousness almost immediately after operation; (3) lessening to a great degree the severity of the after-pains. (4) elimination of post-nausea and vomiting; (5) rapid and smooth convalescence; (6) great factor of safety for border-line cases.

In the second part of this paper, Dr. Griess demonstrated some points of surgical technique. Dr. Ricketts believes many cases can be done with novocaine alone. Dr. Ransohoff considers the main advantage of anoci-association to be the relaxation which gas alone is not able to produce.

Dr. Salzer says morphine is a great factor in the prevention of asphyxia. Nitrous oxide is contraindicated in children. The paper was discussed by Dr. Siegel, who gave the anesthetics which were the basis of the paper.

James Bentley spoke of the lectures to be given shortly in the auditorium of the General Hospital, under the auspices of the University Medical School, along this same line.

Dr. Drury again calls attention of delinquent members to their *dues*.

Magnus Tate read resolutions on the death of Dr. William H. Campbell, who died March 15.

Joseph Ransohoff presented three patients with inoperable cancer, two having cancer of the floor of the mouth, the third with the anterior part of the tongue involved. In all three cases the glands of the neck were affected. The use of radium has been followed by marked improvement. Dr. Haines believes these cases should be subjected to radium treatment earlier than they usually are.

Dr. Wilms presented a patient who had taken seven and one-half grains of bichlorid and who recovered in three days, following the use of calcium sulphide, administered both intravenously and by mouth. Dr. Wilms made a strong plea for the trial of this treatment; similar good results were reported by Drs. Ricketts, Nelson and Johnston.

R. W. Hart and Wm. C. Shriner elected to membership.

COUNTY SOCIETIES

FIRST DISTRICT.

ADAMS COUNTY Medical Society met in regular session April 19, at West Union. The following papers were presented: "Some Complications of La Grippe," T. Stephenson, Winchester; discussion opened by G. F. Thomas, Peebles. "Treatment of Gall Stone Diseases," Woodson H. Taulbee, Maysville, Ky. Discussion opened by R. W. E. Irwin, Manchester.—O. T. Sproull, Correspondent.

CLINTON COUNTY Medical Society met at Wilmington, Thursday, March 31. By a unanimous vote the delegate to the state meeting was instructed to vote against medical defense by the State Association.

Kelley Hale presented a most interesting paper on gangrene, which was followed by a lively discussion. G. M. Austin reported a case of systemic poisoning from pyorrhea. The patient had suffered for months with poor digestion and rheumatism. After the whole dentition was removed, his symptoms entirely disappeared. He also reported a case of goitre in a boy eight years of age. It was about one-half the size of an orange, but has almost entirely disappeared under iodine treatment.

The next meeting will be held in Wilmington, Thursday, April 27, at 7:30 P. M. Program: Blood Pressure, C. E. Kinzel; discussion, Robert Conard—Henry M. Brown, Correspondent.

SECOND DISTRICT.

MIAMI COUNTY Medical Society met at the Troy Club, Troy, on Thursday, April 6, at 2:30 P. M. About twenty members were present. After a business session and the election of two doctors to membership in the society, A. J. Bausman, of Piqua, read a very instructive paper on "Purpura." An interesting discussion followed. Warren Coleman, of Troy, reported two cases, one of gangrene and one of peritonitis of obscure etiology, probably from tonsillitis.

Chas. Baker, West Milton, formerly of Darke County Medical Society, was elected to membership in Miami County Medical Society.

T. H. Troute, of Tippecanoe City, was also elected to membership in the society.

Dr. Pearson, of Ann Arbor, Michigan, formerly of West Milton, Ohio, and a former member of Miami County Medical Society, died recently.
R. D. Spencer, Correspondent.

GREENE COUNTY Medical Society met April 6, 1916, in the rooms of the Business Men's Association, at 11 A. M., with 16 members present and the following guests: Dr. W. J. Means, Co-

lumbus; Miss Holtz, of the State Blind Commission, Columbus; Dr. Jessie T. Bogle, Yellow Springs, O.; and Dr. Dodds, this city.

In the absence of President W. S. Ritenour and Vice President R. R. Richison, W. O. Whitaker was elected temporary chairman.

Under Case Reports, W. O. Whitaker, New Burlington, reported a case of umbilicis, also an epidemic of "Ring-worm" disease in his vicinity which condition he was combating with daily applications of ichthyl 25% and iodine 10%. W. C. Hewet of the O. S. & S. O. Home referred to a series of 200 cases of ring-worm treated by him successfully through the use of Tr. iodine locally applied followed by freezing with ethyl chloride. Dr. Hewet stated that one or two treatments by this method resulted in complete cure.

Dr. W. J. Means presented the topic of the day, "Fractures of the Elbow and Wrist," in his usual practical and able manner. Afterward he was the honored guest of the society at luncheon. Dr. Means emphasized the great importance of the X-Ray used prior to manipulation and attempted reduction, especially in the two joints where ankylosis is most common. In speaking of transverse supra-condyloid, inter-condyloid, and "T" fractures of the elbow, Dr. Means condemned forceful manipulation, and upper pressure at upper part of elbow or ulna and advised dressing in a position of acute flexion, without splints.

In Colles' fracture Dr. Means favors moulding the bones into place over the flexed knee of the operator in preference to hyper-extension and counter-extension, thus maintaining reduction by the use of an anterior moulded splint which supports the palm of the hand and leaves the fingers free.

The ensuing discussion was entered into by all members present. Society adjourned to luncheon at the Grand Hotel.—Harold C. Messenger, Correspondent.

MONTGOMERY COUNTY Medical Society met at the court house, Dayton, April 6, with an attendance of 100. The principal address of the evening was delivered by Dr. Case, of Battle Creek. His subject was "The X-Ray in the Diagnosis of Intestinal Diseases." The lecture was illustrated with a collection of slides.

Dayton Academy of Medicine met Friday evening, March 24. L. G. Bowers discussed the subject "Clinical Significance of Abdominal Pain."

DARKE COUNTY Medical Society held its regular monthly meeting in Greenville on April 13. The following program was presented:

The Accessory Sinuses of the Nose—"In Health and in Disease"—Lantern Demonstration—Christian R. Holmes, Cincinnati. "Prevention of Insanity," A. F. Shepherd, Dayton. "Syphilis and the General Practitioner," Louis F. Ross, Rich-

mond, Ind. J. Edward Allport, Akron, talked on hospitals. "Treatment of Goitre," J. S. Niederkorn, Versailles, Ohio.—A. F. Sarver, Correspondent.

THIRD DISTRICT.

MARION COUNTY Medical Society still bears with characteristic modesty the signal honor and high compliment the Ohio State Medical Association bestowed recently, in singling out this county society to produce the initial meeting for the University Extension Movement so wisely and judiciously advocated by our esteemed president, Dr. Lower. We sincerely trust that this initial meeting met with the high favor of all who attended.

The regular monthly meeting of the Society was held Tuesday, April 5, at 7:30 P. M., in the Carnegie Library. A splendid program was rendered, topic, "Pregnancy from Conception Until Birth, with Care of the Mother. Drs. Wend Bull and G. E. Mahla, were the essayists. Two new members were taken into full membership, namely C. J. Altmaier, formerly of Columbus, Ohio, by withdrawal card from the Columbus Academy of Medicine, and J. S. Lunger, of this city.

Our society has now attained the highest membership in its history.—Dana O. Weeks, Correspondent.

LOGAN COUNTY Medical Society met in Bellefontaine Friday afternoon, April 8, with an attendance of 21 members and two visitors. Two papers were presented—"Pneumonia and Bronchial Diseases," by J. W. Croft, of West Liberty, and "Eclampsia," by W. S. Phillips, of Bellecenter. The fee bill committee reported on about one-half of the fee bill, and recommended a general advance in most of the items that came under consideration. The final report of the committee will be submitted at the May meeting.

MERCER COUNTY Medical Society met Tuesday afternoon, March 28, in the mayor's office, Celina. No program was prepared for this meeting, and the time was given over to business. J. E. Hattery, of Celina, was appointed auxiliary committeeman for medical defense. Drs. Hageman, Simon, Brumm, Rawers, and Wilson were appointed on the auxiliary board of programs for the different sections of the county.

HARDIN COUNTY Medical Society met Thursday, April 13, in regular monthly session, at Kenton. The program was as follows:

Sterling B. Taylor, Columbus, "Rectal Therapy." Fred Fletcher, Columbus, "The Diagnosis and Management of Localized Infections in the Female Pelvis." R. C. McNeill, Bellecenter, "Middle Ear Diseases." A. F. Wisely, Ada, "Disturbances of Nutrition in Infants."—W. A. Belt, Correspondent.

HANCOCK COUNTY Medical Society held an interesting meeting, Wednesday evening, April 5, in the office of J. V. Hartman, with a symposium on "Blood Pressure." Dr. Beachler of Cleveland gave a demonstration of a sphygmomanometer.

Papers were given by Dr. Hartman on "Blood Pressure in Surgery," by J. P. Baker, "In Life Insurance;" by N. L. MacLachlan, "In Nephritis;" A. J. Reycraft of Fostoria, "In Tuberculosis." Several interesting cases were reported by different physicians.

Members attending the meeting from out of town were: J. H. Varnum, Benton Ridge; A. J. Reycraft, Fostoria; M. A. Derbyshire, McComb; J. L. Schrote and W. M. Metzler, Vanlue; E. George, Van Buren. E. H. Shade, Benton Ridge high school teacher, was a guest of Dr. Varnum. A report from the state society showed the Hancock county organization a 100 per cent society according to membership.

The next meeting will be in Dr. MacLachlan's office May 3, when a symposium will be held on "Anaesthesia." The following papers will be given: "In Major Surgery," by J. C. Tritch; "In Confinements," by M. A. Darbyshire; "In Nose and Throat," by W. J. Fishel; "In Minor Surgery," by Dr. Varnum; "In Eye and Ear," by W. J. Zophi.

Preparations are being made to attend the state meeting in Cleveland May 17, 18 and 19. Dr. Tritch is the delegate, Dr. Reycraft the alternate, and Dr. Baker will represent Findlay on the state liability committee.—Nelia B. Kennedy, Correspondent.

VAN WERT COUNTY Medical Society met Monday evening, April 3, at the City hall, Van Wert. B. W. Rhamy of Ft. Wayne presented a paper on "Bacteriology of the Urine," and M. E. Reeder, of Ohio City, gave a paper on "Pain." A general discussion followed the reading of the papers.—C. G. Church, Correspondent.

FOURTH DISTRICT.

SANDUSKY COUNTY Medical Society held a splendid meeting in Fremont on Tuesday evening, April 18. The session was preceded by a delightful banquet at the Hotel Fremont. Louis Miller, of Toledo, was the essayist of the evening, delivering an interesting and practical talk upon the use of psychotherapy and allied procedure in the treatment of the neuroses. The address elicited many inquiries, and developed a practical discussion. Charles W. Moots, councilor of the Fourth District, made his initial visit to the society, and in a brief address outlined some of the work of the State Association.

Mrs. Van Norstrand, of Elyria, representing the Gates Memorial Hospital for Crippled Children, which is extending its scope to include counties adjoining Lorain, read a delightful paper dealing with the need of co-operation between the

physician and the social worker. Martin Stamm, president of the society, in commenting upon her remarks, emphasized the point that medical practice must in the future give more careful attention to this work.

Mr. G. V. Sheridan, of Columbus, Executive Secretary of the State Association, spoke briefly upon proposed legislation, urging the need of thorough organization in each county. He outlined the provisions of the proposed sickness insurance bill and pointed to the necessity of organizing adequately to cope with this situation.

Sandusky county physicians are thoroughly alive to the need of medical organization, and are planning the maintenance of a strong society. With several excellent towns and villages in the county, and about thirty practitioners, it will be possible to maintain one of the best societies in the state. An immediate effort will be made by D. W. Philo, secretary, and M. O. Phillips, the treasurer, to enlist those physicians who are not now affiliated with the Association.

DEFIANCE COUNTY Medical Society met Wednesday, April 12, at the home of G. E. Winn, Defiance. Papers were presented by J. J. Reynolds on "Diagnosis of Heart Affection," and by J. D. Westrick, on "Public Health Service in Relation to Physicians."

FIFTH DISTRICT.

LAKE COUNTY Medical Society held its regular monthly meeting at the city hospital, Monday evening, April 3. The president, A. P. Brady, called the society to order, and in the absence of the secretary, E. S. Jones was appointed secretary pro tem.

The committee, M. H. Carmedy, E. S. Jones, and C. O. Hudson, to revise the fee bill, made its report, in part, as follows:

Ordinary visit in town, \$1.50 minimum; ordinary visit in town, night, \$2.50 minimum; for each additional person from 8:30 P. M. to 6 A. M., 50 cents extra; for each mile outside of corporation, 50 cents extra; office consultation, \$1.00 minimum; consultation, \$5.00 minimum; normal obstetrics, \$15.00; forceps delivery, \$25.00; administration of anaesthetic, \$5.00; reducing dislocation of knee, shoulder, ankle or jaw, \$10.00; fracture of arm or clavicle, \$15.00; fracture of ankle, leg, femur, jaw or patella, \$25.00; fracture of ribs, \$5.00; urinary analysis, \$1.00; vaccination, \$1.00; telephone consultation, 50 cents.

The fee bill will be completed at the next meeting.

A. P. Brady gave his annual address, speaking of the great progress in medicine the past decade—the mutual helpfulness of the society, better service to the community, honest compensation, loyalty of the hospital, the work of the society, and its lasting benefit to the members.

C. H. Quayle, Madison, was made a member.

The following physicians were present: A. P. Brady, E. S. Jones, V. M. Marsh, M. H. Carmedy, L. H. Tillotson, C. O. Hudson, C. H. Quayle. Society adjourned to meet April 10 to complete the fee bill.

The society met in special session at the hospital, April 10, and put in effect the fee bill as reported above. The physicians of the county were out in full force, and had a very enthusiastic meeting. John J. Orton resigned as secretary-treasurer, on account of his removal to Randolph, Ohio, where he will continue the practice of medicine at his old homestead. E. S. Jones, of Painesville, was elected in his stead, for the unexpired term. The fee bill was ordered printed in all the county papers, and also framed to be put up in each physician's office in the county. C. H. Inagle, V. H. Tuttle and J. V. Winans, of Madison and also H. D. L. Spence, of Painesville, paid their dues for 1916. The next regular meeting will be held at the city hospital, Monday evening, May 1st, at eight o'clock, at which time E. S. Jones will read a paper.—E. S. Jones, Correspondent.

ASHTABULA COUNTY Medical Society held its last regular meeting at the Ashtabula General Hospital, on Tuesday evening, April 4, 1916, with President Hogan presiding. The purpose of the meeting was to formulate plans for instituting an annual clinic to be held under the auspices of the society, and to which all practitioners in the county should be invited. The idea met with general approval, and although the attendance was small, the enthusiasm was great.

It was planned to hold the clinic this year at the Ashtabula Hospital sometime early in June, and beside the local talent, to invite one or two men of prominence in the profession outside the county, to assist. The following committee was appointed to take charge of the arrangements: S. H. Burroughs, chairman; E. E. Crockett, S. S. Leet, R. B. Wynkoop, J. J. Hogan, ex-officio.—R. B. Wynkoop, Correspondent.

LORAIN COUNTY Medical Society met at Lorain, Elks Hall, Tuesday, April 11, 1915, at 5 P. M. Following the usual 5 o'clock dinner, the Society listened to a most interesting and instructive address by E. A. Hamilton, Columbus, on "Hospital Experiences in Warring Germany." This address held our attention every minute, and was so full of good things that we all felt most grateful for the opportunity of hearing Dr. Hamilton's talk. Twenty-two members were present and we again enjoyed a most profitable evening.—C. O. Jaster, Correspondent.

ERIE COUNTY Medical Society met Thursday evening, March 23, at the Sunyendeand Club, Sandusky. Mrs. C. Van Norstrand gave two addresses on the conservation of the human family

from the economic viewpoint, and on mental testing by the Binet system.

SIXTH DISTRICT.

SUMMIT COUNTY Medical Society met Tuesday evening, April 4, with an attendance of 50 from Akron, Barberton, Cuyahoga Falls, Rittman, Cleveland, and Doylestown.

The chair was occupied by E. W. Barton, vice president.

New members admitted are: C. R. Newton, D. D. Daniels and F. W. Riley, of Akron.

The library now numbers 617 volumes and is for the first time in its history modern, useful and one of which any medical society might be proud. The 271 bound volumes of American, British, and Canadian medical journals are a rare and valuable part. There are 63 historical and miscellaneous volumes and 283 text books. Recent donations are five volumes from A. S. McCormick and \$1 from Hon. W. S. Hough. Dr. Hough is this month celebrating his 50th anniversary of his entry into the practice of medicine. In years of practice he is the senior member. The seniors in years of graduation are E. K. Nash, born 1828, graduated 1861; G. L. Starr (Hudson), born 1833, graduated 1865; W. S. Hough, born 1844, graduated 1866; A. E. Foltz, born 1840, graduated 1866. While Dr. Foltz continues to do some work, Dr. Hough is the only one to remain steadily in practice. Dr. Nash attends every meeting.

PROGRAM.

1. "Herniotomy Retractor," instrument exhibited by C. R. Steinke, the originator, who explained its use.

2. "Vincent's Angina," paper by L. E. Brown. A form of inflammation, described by Vincent, Abel, Baron, affecting chiefly the tonsils. It attacks chiefly persons between the ages of 18 and 25. The prognosis is usually good. Discussion by D. W. Stevenson, W. D. Wise, C. E. Townsend, U. D. Seidel.

3. "Industrial Medicine," D. B. Lowe. The paper described the theoretical and practical working of the health departments of the large factories of Akron, their physical examinations, dispensaries, accidents, emergency, treatment of illness, insurance, etc. The companies treat accidents occurring in factories. Illness is treated only if it occurs suddenly in the factory. After the first treatment the case must be treated by the patient's physician. The Goodrich, Goodyear, Firestone, International Harvester companies employ permanent staffs of physicians who give their whole time to this work. Discussion by S. D. Metzger, C. E. Townsend, A. S. McCormick, L. E. Brown, J. D. Smith, R. H. McKay, H. H. Jacobs, C. R. Steinke, A. J. Devany, F. E. Deeds, T. D. Hollingsworth, Myrtle McLatchy.

4. "The Young Man as the Builder of the Future," by H. T. Waller, A. B., secretary of the

Akron Y. M. C. A. A paper dealing with the moral welfare of the young man with which the physician is concerned and in which he is so greatly interested and endeavoring to improve. Discussion by T. D. Hollingsworth, H. H. Jacobs, R. H. McKay, J. M. Denison, D. B. Lowe, G. M. Logan.

Following this paper the following resolution was passed:

Whereas, there has been a widespread awakening to the fact that health conditions have not been good, and a renewed activity of the industrial, political and social interests in endeavor to conserve human physical wellbeing and a demand for scientifically trained men to devote their time and skill in checking the spread of contagious diseases, in effecting better homes and working surroundings.

And whereas, a systematic health survey of the City of Akron has been made by competent experts and their report of the vital statistics, health conditions shows that the percentage of sickness and death from all causes to be very much higher than the showing should be.

And whereas, the growth of the City of Akron has been very steady and rapid until the population has become so large that the time has fully arrived when men and nurses should devote their whole time to meeting conditions attendant on the growth of the city and the vast army of workers in the multiplied industries.

Therefore, he it resolved:

1st. That the Summit County Medical Society meeting in regular session, on April 4th, 1916, does hereby endorse the health program as set forth and planned by the city administration of the city of Akron.

2nd. That the Summit County Medical Society, sitting as a scientific body, does hereby beg leave to make the following recommendations:

1st. That the proper officials entrusted with the supervision of the health of the city, employ a physician who will devote his whole time in the capacity of health officer and a sufficient number of trained assistants to render him sufficient aid that he may do his work efficiently.

2nd. That a physician, known as city physician, he employed who will likewise give time exclusively to practice and supervision of that class of patients known as "city cases," or, that the city be divided into a sufficient number of districts and a sufficient number of physicians be engaged to give part time to the treatment of these "city cases."

3rd. That a dispensary be established for the usual purpose of such an institution, either in the City Building to be under the supervision of the city physician or physicians, or that such dispensaries be established in the People's hospital, the City hospital, and the Children's hospital.

4th. That the physician first called to see a city patient be given power to remove such patient to a hospital and the physician, or the hospital receiving the patient, be required to notify the city physician that an inspection may be made without unnecessary delay.

5th. That all persons interested in the health of the citizens of Akron are urged to lend any and every honorable effort to secure legislation which will require the attending physicians to make a report to the health authorities of any person affected with a venereal disease.

6th. That the custom is growing in favor with persons desiring to be married of presenting each other with a certificate of good health and showing freedom from any conditions of body or mind which would prevent a happy and fruitful consummation of the married relationship, and the society is in accord with legislation having such a purpose in view.

7th. That the society endorses the work of the clubs and organizations in their efforts so to influence the newspaper press of the city that the papers will refuse to receive medical advertisements known as "Quack Ads."

8th. That the work of school inspection is hereby endorsed and earnestly recommended that such inspection be continued in force either by a physician giving his whole time to the work or by a number of physicians appointed to supervise various schools giving part time to the work.

9th. That the care of the teeth is a large field and ranks in importance with that of the tonsils, ears and other bodily organs in the maintenance of good health, and that a dental clinic be established either at the City Building or in the various school districts.

10th. That as a health procedure we heartily commend the city administration in the abolishment of the segregated districts.

(Signed)

U. D. SEIDEL, Chairman,
D. H. MORGAN,
E. W. BARTON,
Committee.

This was the most interesting meeting of the society since that of September.—A. S. McCormick, Correspondent.

WAYNE COUNTY Medical Society met in Wooster, April 11, 1916. The following officers for the new year were elected: President, J. W. Irwin, Wooster; vice president, H. M. Yoder, Smithville, and secretary-treasurer, Jean S. Douglas, Wooster. The delegates to the State Meeting in Cleveland are J. W. Irwin, principal, and H. M. Yoder, alternate. G. W. Ryall, Wooster, was elected as the member from Wayne County for the Co-operative Medical Defense Committee.—Jean Douglas, Correspondent.

STARK COUNTY Medical Society met in Canton, Tuesday, March 21. G. L. King, of Alliance, and L. A. Buchman, of Canton, were named delegates to the state meeting, and C. A. LaMont, of Canton, and J. D. Holston, of Massillon, alternates. The following papers were presented: "Pneumonia in Children," F. G. King; "The Matter of Diagnosis," J. D. Holston; "Complications of Influenza," H. H. Bowman. The following were admitted to membership: G. S. Patterson, Pattersonville, W. A. Daugherty, Massillon, L. A. Crawford, Alliance.

SEVENTH DISTRICT.

COLUMBIANA COUNTY Medical Society met Tuesday afternoon, April 4, at the City Hospital, Salem. W. M. Bryan, of Pittsburgh, delivered an illustrated lecture on the manufacture of tuberculin.

HARRISON COUNTY Medical Society has not met recently. A note from S. B. McGavran informs us that the society "is asleep—not dead," and that the subjective and objective symptoms for an early awakening are good.

EIGHTH DISTRICT.

ATHENS COUNTY Medical Society held its April meeting Tuesday, April 4, in the offices of Dr. Taylor, Athens. Dr. Webber read an excellent paper on "Blood in Health and Disease." Dr. Butt read two original poems on "Lumbago," and "The Rabbit's Foot." Dr. Henry reported a case of aneurism.

MUSKINGUM COUNTY Academy of Medicine met in the Chamber of Commerce rooms at Zanesville, Wednesday evening, April 12. Vice President Long called the members to order at 8:30. Dr. Higgins was appointed secretary pro tem. The reading of the essays was begun with an

interesting and scientific paper on "The Physiology and Pathology of Inflammation" by D. H. Bowman, of Roseville. L. F. Long gave an illustrated address on "Nasal Obstructions." Both papers were well received and were discussed by Doctors Allen, Hanna, Templeton, Melick, Brown, Baron, and Sutton.—Edmund R. Brush, Correspondent.

TENTH DISTRICT.

MADISON COUNTY Medical Society met in London on the evening of March 31. The society was pleased to have as guests five members of the Clark County Medical Society, including the president and secretary. Dr. Niles, of Springfield, president of Clark County Medical Society, read a very original paper on "Certain Neuroses." The paper brought out much discussion from the members present, and all felt grateful to Dr. Niles for his efforts.—W. F. Smeltzer, Correspondent.

DELAWARE COUNTY Medical Society met in regular session at the Court room, and was called to order by the president, D. O. Bonner. Noah Gorsuch and Isaac T. McCarty, of Galena, made application for membership in the society, and J. H. McCartney was elected honorary member. The rest of the evening was taken up by the reading of the Cabot records, which were freely discussed by the members present. A. H. Buck was elected at the last meeting as delegate and O. W. Bonner and C. W. Chidester as alternates to the Ohio State Medical Meeting at Cleveland in May. As there was no further business the meeting adjourned until the first Friday evening in June.—A. H. Buck, Correspondent.

PICKAWAY COUNTY Medical Society met in regular session April 7. Ben R. Kirkendall, of Columbus, read a paper upon the "Modern Methods of Diagnosis in Renal and Uretural Calculi." Drs. Holman and Jackson were named as essayists for next meeting.—D. V. Courtright, Correspondent.

Attorney General Turner has ruled that a person does not have to be totally blind to be entitled to relief under section 2965 of the general code which authorizes counties to pension the needy blind. The attorney general holds that if a person has lost his eyesight to the extent of being unable by reason of that fact to provide himself with the necessities of life, and has the other necessary qualifications to entitle him to relief, he may lawfully be granted relief. Decision is important because the belief has hitherto prevailed that complete blindness is necessary pension qualification.

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State Auditor Donahey Demands That Money Raised to Enforce Medical Practice Act Be Spent Rightly

The following reads like an editorial from a medical or dental journal. As a matter of fact, it is an excerpt from State Auditor Vic Donahey's annual report to the governor and general assembly, which will be made June 30, 1916.

* * *

"Why should the State of Ohio, for the purpose of adding to the General Revenue Fund, levy a special tribute on the doctors, the dentists, the druggists, the nurses, and the embalmers of Ohio? There is no more reason why those engaged in the professions enumerated should be required to make special contributions toward meeting the salaries of state officials and the maintenance of state institutions than carpenters, masons, musicians, or merchants. They are engaged in legitimate and necessary professions, yet for a number of years there have been laws on the statute books requiring those who desire to enter any one of these professions to submit to regular examinations, and before being permitted to engage in such profession, to pay into the state treasury certain fixed fees."

"Such examinations are entirely proper and necessary, but the intent of the general assembly in collecting fees from those examined was to meet the necessary expenses of such examinations and to provide for the maintenance of the boards appointed by the governor to conduct the examinations. It was recognized that it would not be proper to use regular funds in the state treasury derived from taxation to meet the expenses of such examinations, but no one ever suggested that advantage should be taken of any such fees assessed to replenish the general revenue fund."

"It was the intention of the general assembly, by means of reasonable and proper registration fees, to create *special funds* to cover the cost of maintenance of these boards. All thus collected for examinations and renewals was to remain to the credit of the different boards, and, if necessary, all was to be used in administering the laws, promoting efficiency in the various professions and prosecuting law violations, but it was not the purpose of the authors of the laws to charge excessive fees to enrich the state treasury, nor was it their intention to resort to the use of general funds from the state treasury to maintain the boards. But the temptation to get some easy money to add to the accumulation in the state treasury now at interest seemingly could not be resisted. Since the organization of these boards the general assembly, by its grasping and greedy policy, has been able to 'grab off' over \$40,000.00 from these registration fees paid by doctors, druggists, dentists and embalmers, and turn this large sum into the general revenue fund to furnish additional funds for

the uplift and provide new jobs for the uplifters of the party in power.

"Every penny of these fees paid into such 'special and specific funds' should be appropriated for the use and purposes of these boards. At present, general assemblies are appropriating only a portion of the receipts, and each board is compelled to lobby and log-roll to get that portion. This niggardly policy of our law makers has compelled some of these boards to appear before the emergency board and beg for enough money to hold examinations, to buy postage, to mail out certificates and renewals to those members of the profession entitled to same."

"Every doctor, druggist, dentist and embalmer in Ohio should interview their senators and representatives and demand that the general assembly keep 'hands off' these special funds. If these boards, by the use of all fees paid in, are enabled to furnish Ohio citizens better and more scientific professional services (either by the enforcement of the laws or by necessary educational campaigns), they should be permitted to use their entire receipts. If the general assembly finds that these boards cannot profitably employ all funds received, the examination fees and renewal charges should be reduced."

On first examination it might seem that the apportionment of state funds does not have a very important bearing upon medical practice. As a matter of fact, it has, and in making these recommendations Mr. Donahey has inaugurated a movement, the success of which is vital to the practice of medicine in the state of Ohio.

Here is the situation. The Medical Board by imposing a fee of \$25.00 for the examination of an applicant to practice medicine in Ohio, accumulates a quite large sum annually. The revenue derived from this source, if it were all spent in enforcing the provisions of the medical practice probably would be sufficient, but it is not. Instead, the general assembly every two years sits in judgment on the needs of the Medical Board, and after a deliberation that is strongly tinged by political expediency, decrees through the annual appropriation measure just how much of its funds the board may be permitted to spend. The general assembly blandly ignores the fact that this license revenue was raised for a specific purpose—for the enforcement of the Medical Practice Act. Instead, it allows a portion of this amount to be spent for that purpose, and coolly dumps the remainder into the state treasury where it is appropriated by the politicians for other purposes.

During the past twelve years the Medical Board has accumulated a balance of over twenty-five thousand dollars—money which was paid in

by the physicians of the state for the express purpose of providing a fund to enforce the medical practice act. This large sum has been diverted from this purpose, and turned into the general revenue fund of the state. As Mr. Donahey indicates, the Medical Board and the other special licensing boards have been compelled bi-annually to literally beg for enough to keep their machinery in motion. Mr. Donahey suggests that the members of the profession, and particularly the doctors, demand that the legislature permit the Medical Board to spend, in clearing the state of quackery, the money which was raised for that purpose, and that the politicians keep their hands off. It is refreshing indeed to find a public official voluntarily assuming such an attitude.

The necessity of bringing about this reform is particularly great at this time, for two reasons:

First, now that our Medical Practice Act has been strengthened, the state is in a position to proceed against quacks and through the Medical Board, to protect the citizens of Ohio from exploitation by these pernicious crooks. Unless the board is permitted to spend the revenue it collects for this purpose, its hands are tied, and quackery will flourish and grow.

Second, for a few years at least, the cult practitioners who were licensed to practice under the new Platt-Ellis law will require unusually close supervision. Many of them are ignorant, and others are of doubtful integrity. To afford any protection whatever to the people of the state, it will be most necessary for the board to carefully supervise their practices. This will be impossible if the Medical Board is prevented from using the money which is collected for this purpose.

Mr. Donahey's suggestion is good—we must bring this matter forcibly to the attention of our legislative representatives. No statutory change is necessary. The remedy lies in a readjustment of the viewpoint of the general assembly. Mr. Donahey, a layman, has taken the initiative. The members of the medical profession, the dentists, pharmacists, and the nurses, deserve to be swindled in the future if they fail to act on his suggestion.

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Plans for Western Reserve Reunion

Unusual preparations are being made this year for the annual reunion of the Alumni of the Medical Department of Western Reserve University. The Alumni Association includes the graduates of the Medical Department of Western Reserve University, the Charity Hospital Medical School, Medical Department, University of Wooster, and the Medical Department of Ohio Wesleyan University.

With the increasing interest in these annual meetings, and the growing attendance occasioned thereby, the providing of better facilities for entertainment has become imperative. The old building on St. Clair and East 9th, although endeared to the hearts of all by its associations, has grown year by year more inadequate. The quarters in the faculty room have become far too small for the annual dinner, while the noise from passing vehicles and street cars has made the hearing of the speeches almost impossible. So this year a radical departure is to be made, and for the first time in the history of the association the meetings are to be held at the University Club.

The meetings will take place on Thursday, Friday and Saturday, the 8th, 9th and 10th of June. During both the morning and afternoon of each of the three days clinics will be held in

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It is planned to have the members of the graduating class act as guides in conducting the visitors to the various laboratories and clinics. Those of the alumni who have possibly failed to note the rapid progress which the institution has made, will thus have ample opportunity to inform themselves of the work and the improvements in all the various departments. Probably to none will this be a greater revelation than to those of the alumni residing within the city itself.

In addition to the opportunities above mentioned, the social side has not been neglected. On Thursday evening there will be a smoker at the University Club, which will be free to the various members of the association. The annual subscription dinner will take place at the club the following evening. This dinner will be followed by a short business meeting, after which the society will be addressed by some speaker of national prominence. This address will take the place of the after dinner speeches of former years.

Coming, as it does, immediately before the annual meeting of the American Medical Association in Detroit, the reunion this year should bring together the largest number of alumni in the history of the institution.

The officers of the Association are: President, Dr. Frederick C. Herrick; secretary, Dr. Joseph C. Placak; treasurer, Dr. Harvey A. Berkes.

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 ** STATE BOARD OF HEALTH **

No successor has been selected for the position of secretary of the board, created through the resignation of Dr. E. F. McCampbell, who on May 1 severed his connection to take up his work as dean of the College of Medicine at Ohio State University.

At its meeting on April 21 two members of the board—Dr. H. C. Brown, of Columbus, and Dr. W. W. Ryall, of Youngstown—refused to consider the appointment of a successor at this time. They feel that the board should give the matter more thorough consideration. They abruptly left the meeting when a motion was made to consider applications. Inasmuch as Dr. Howell, of Dayton, was absent, this left the board without a quorum necessary to elect.

It is understood that four members of the board favored the selection of Dr. Frank G. Boudreau, now chief of the division of communicable diseases, who has been connected with the department for six years.

Mr. James Bauman, assistant secretary, was placed in charge of the department pending the appointment of a successor to Dr. McCampbell.

Measles was more prevalent in Ohio during March than in any other month since records of communicable diseases have been kept. Nearly 12,000 cases were reported to the state board of health, the most serious outbreaks occurring in the vicinity of Youngstown, Toledo and Cincinnati.

G. B. Arner, statistician of the Board, estimates that the total number of cases of communicable diseases in the state during March was approximately 17,000. Complete reports have not been received from all health districts.

A woman cannot be appointed health officer in Ohio, according to a recent ruling by Attorney General Turner to the state board of health. The question came up in Brown township, Delaware county, where the township trustees had elected a woman health officer.

Mr. Turner holds that the law, which permits women to be appointed to public office, applies, with few exceptions, only to membership on boards or to positions in departments involving only the interest or care of women or children. The office of health officer is not such a position, he declares.

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In another opinion to state health officials, Attorney General Turner holds that a health officer, appointed to serve in place of a board of health of a village, shall, at the expiration of his term of office, continue to serve until his successor has been legally appointed and qualified.

Backing up the contention of the state board of health, the attorney general says the office of health officer is of such a nature that it is continuing in character. The law, he holds, does not contemplate that the office shall become vacant when appointment or reappointment is not made on or before the expiration of the term of the original appointee.

Another leper has been found in Ohio. Bacteriological tests, made in the laboratories of the state board of health and confirming findings of the Dayton health department early in April, have convinced health officials that Joseph G. Vasquez, a Dayton tailor, is suffering from leprosy. He is now under strict quarantine and the Dayton commission has passed an ordinance providing for his isolation, care and treatment.

Vasques, who is 38 years old and a native of Mexico, has lived in the United States for 18 years. Dayton has been his home for the last two years. He has a wife and one child, who as yet show no symptoms of having contracted the disease. Provisions have also been made by Dayton officials for their care.

Edward Nusbaumer, of Norwalk, a former railroad employee, who has been declared a leper, is still in San Francisco, where he fled after breaking quarantine in his home city. Efforts are being made by Norwalk officials to have the leper deported to the leper colony at Panama.

With a view to gathering information which will be valuable to Ohio health officials, L. H. Van Buskirk, director of the division of hygienic laboratories of the state board of health, on April 17 began a two weeks' tour of the principal cities in the East. He will visit many city, state and commercial laboratories before he returns to Columbus.

The manufacture of diphtheria antitoxin, which is about to be taken up by the health board for free distribution to indigents, will be given attention by Mr. Van Buskirk during his trip. Little progress has been made by the Ohio board in the manufacture of diphtheria antitoxin owing to the scarcity of guinea pigs, which are used to test the serum.

Helena R. Stewart, supervising public nurse of the state board of health, read two papers before the National Organization of Public Health Nurses in convention at New Orleans, April 27 to May 3.

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In the past physicians have denounced the poisonous phosphorous match, and this public danger has been eliminated. The baneful arsenical fly draughts merit like condemnation.

Michigan has passed a law specifically to regulate the sale of poisonous fly eradicators, and other states will undoubtedly follow. Because of its interest in public welfare, the medical profession supports this movement and favors the stringent restriction of the manufacture and sale of these noxious products.

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***** * STATE MEDICAL BOARD * *****

The optometrists of the state who are fighting to be exempted from the provisions of the Platt-Ellis law which would place the control of their profession under the State Medical Board, announced a few weeks ago following a decision by Judge Evans in the Franklin County Common Pleas Court that they had gained a "great victory" and that they were released from the provisions of the Platt-Ellis measure. Careful inspection of the decision by Judge Evans indicates that their exultation was decidedly premature.

The optometrists after a hasty reading of the Judge's decision, thought that he had ruled that they were to be exempted from the provisions of the act. As a matter of fact, he did not pass upon this point in any way. Here is the rather confusing technical procedure to date.

The defense committee of the State Optometrists' Association, fearing that the State Medical Board would proceed with the licensing of optometrists under the medical practice act, secured an injunction temporarily restraining the Medical Board from such procedure. Immediately thereafter, acting as counsel for the Medical Board, Attorney General Turner, through his able assistant, Mr. Dickey, filed a demurrer to the injunction petition. In their plea for an injunction, the optometrists tried to prove that their work is a business rather than a profession—in other words, that their work consists in measuring the range of vision by means of an instrument known as an optometer, and the employment of mechanical means to determine the accommodative and refractive state of the eye, and the scope of its functions for the purpose of fitting lenses thereto. They held that they do not treat diseases of the eye, as claimed by the Board. The court did not pass upon this point. Therefore the entire case hinges upon whether optometry is a business or a profession.

This will have to be determined in consideration of the original injunction petition, and upon the determination of this point will hinge the future of optometry in Ohio—whether it is to be considered a branch of healing art, and administered under the direction of the State Medical Board, or whether it is to be considered a business, and be controlled by a separate board of optometrists.

White Hospital School for Nurses, established by Dr. W. W. White in 1903 in connection with White Hospital at Ravenna, has been discontinued owing to the inability of the hospital to comply with the minimum patient requirement established by the State Medical Board. Pupil nurses now in training will be transferred to

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People's Hospital, Akron. The White Hospital, it is understood, has adopted a system for training "practical nurses," which probably will be followed by other smaller hospitals. The hospital will be operated by four graduate nurses. The one-year course of training in practical nursing will be established under their direction. During this course the pupil nurses will receive ten dollars per month, and will be given a carefully outlined course of classes and lectures. Graduates of the short course will not, of course, be eligible for nurse registration, but they will be equipped for a practice which is finding an increasing field in Ohio.

NEWS NOTES OF OHIO

Steps are being taken by Massillon physicians to organize a city medical society.

Dr. Clem D. McCoy, Kenton, is at Memorial Hospital, Chicago, taking post-graduate work in children's diseases.

Dr. W. K. Ruble, Martinsville, recently underwent a serious operation at the Jewish Hospital, Cincinnati. He is recovering nicely.

Dr. Alfred G. Farmer, Athens, has received a commission as first lieutenant in the Medical Reserve Corps, United States Army.

Dr. Seward Harris, of Lisbon, has been elected secretary of the Columbiana County Medical Society. He succeeds the late Dr. W. E. Morris.

Dr. F. B. Larimore, Philadelphia, is at Rochester, Minnesota, where he was operated upon recently by Dr. Mayo for stomach trouble.

Dr. Bert E. Leatherman, Toledo, has just returned from a five-week's stay in Boston, where he took special work at the Harvard Medical College.

Dr. Martin H. Fischer, Cincinnati, spoke at the annual meeting of the Tennessee State Medical Association in Knoxville on "Principles of Treatment in Neuritis."

Editor Roscoe Carle, of the *Fostoria Daily Times*, will, in the future, publish the weekly health bulletins issued by the association's committee on public health education.

Dr. L. F. Laudick, Lima, was adjudged insane at a hearing held in probate court April 7. He is a former city health officer of Lima and at one time enjoyed a large practice.

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DEATHS IN OHIO

Charles F. Gilliam, M.D., aged 62, Columbus Medical College, 1878, died April 11 from injuries received when his automobile was struck by a train. Dr. Gilliam and a nurse, Miss Elizabeth Somerville, were on their way to the State Hospital, where she was to care for a special case. Miss Somerville's body was found buried in the ruins of the car. Dr. Gilliam was born near Pomeroy. He became superintendent of the State Hospital, Columbus, in December, 1909. During the administration of President Cleveland, he was chief of a bureau in the department of labor, and later was a special investigator. Dr. Gilliam is survived by one daughter, three sisters and two brothers.

Charles Nauman, M. D., aged 68; Pulte Medical College, Cincinnati, 1876, died suddenly March 18 at his home in Circleville.

DeForrest Baker, M. D., aged 64, Cleveland University of Medicine and Surgery, 1878; died at his home in Cleveland, March 28, after a three-months' illness. Dr. Baker had practiced in Cleveland since graduation.

John M. Grau, M. D., aged 52, Starling Medical College, Columbus, 1892; killed March 28, in wreck at Amherst. Dr. Grau's mangled body was identified by a ring. Dr. Grau was born in Cuyahoga county. After completing his professional studies, he located in Jerry City, Wood county, where he had since practiced. He is survived by a widow and three children.

Thomas Davis Davis, M. D., Pittsburgh; Jefferson Medical College, 1870; aged 69; a Fellow of the American Medical Association and a member of the House of Delegates in 1909-1910, 1912 and 1914; for five years a practitioner of Dayton, Ohio, and president of the Montgomery County (Ohio) Medical Society in 1876; lecturer on ophthalmology in Starling Medical College, Coluubus, in 1876 and 1877; surgeon to Mercy and St. Francis' hospitals, Pittsburgh, and the Passavant Infirmary; president of the Allegheny County Medical Society in 1892, and later of the Medical Society of the State of Pennsylvania, and for several years president of the board of trustees and councilors of the society; died at the home of his son in St. Petersburg, Fla., April 1.

Walter H. Merriam, M. D., Cleveland; Cleveland University of Medicine and Surgery, 1895; Western Reserve University, Cleveland, 1898; aged 48; a Fellow of the American Medical Association; associate in medicine in his alma mater; physician in charge of the medical dispensary of Charity Hospital; died at his home, March 28, from pneumonia.

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NEWS NOTES OF OHIO

The 1916 meeting of the Northwestern Ohio Medical Association will be held in Toledo, October 19 and 20, according to an announcement by Dr. Edwards H. Porter, of Tiffin, secretary.

Dr. Anthony G. Kreidler, Cincinnati, will be associated with Dr. Martin H. Fischer, in the editorial management of *The Lancet Clinic*. Dr. Kreidler has been active in medical journalism for many years.

Dr. J. H. McCartney, Western Reserve University, 1890, and for twenty-five years Superintendent of the Chung King General Hospital, China, will be in this country for the next few months at 65 Columbus Ave., Delaware, Ohio.

Contract for the erection of a new medical college building at the University of Cincinnati has been let to a St. Louis company for \$250,000, the building to be erected in eight months. It is to be a three-story, E-shaped auditorium, with 300 foot frontage, and will be started immediately.

Dr. W. B. Patton, president of the Second District Medical Society, informs us that at its annual meeting in Springfield in October, Dr. John T. Murphy, of Chicago, will conduct a non-operative surgical clinic, and that Dr. Royal S. Morris, Cincinnati, has been secured for a medical paper.

Dr. Harriet Covert has moved from Bowling Green to Jerry City, where she will take over the practice left by Dr. John M. Grau, her brother-in-law, who was killed recently on a railroad wreck at Amherst.

Small Advertisements of Interest

For Sale—A beautiful, 54-inch, massive quarter sawed oak physician's office desk (American system). Also Campbell electric coil and cabinet, complete with high frequency tubes, X-Ray, actual cautery, diagnostic lamp, etc. Address E., care of OHIO STATE MEDICAL JOURNAL.

For Sale—One of the best opportunities to get into a first-class medical practice in Northwestern Ohio. If you have some money to invest here is your chance to go to work. Address Dr. M., care of THE OHIO STATE MEDICAL JOURNAL, Columbus.

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Program for Ohio Hospital Ass'n. Meeting

Mr. Howell Wright, Cleveland, secretary of the Ohio Hospital Association, forwards us the following revised program of the second annual meeting, which will be held at the Hotel Gibson, Cincinnati, May 24, 25 and 26.

Many topics of unusual interest to medical men will be discussed. A general invitation is extended to every physician in the state. The program:

WEDNESDAY, MAY 24.

11:00 A. M.—Registration.

1:30 P. M.—Address of Welcome by Mayor George Puchta. Response by the President, E. R. Crew, M. D., Dayton.

Papers—1, C. G. Souder, M. D., Toledo.

2.—The Hospital and the Operation of the Workmen's Compensation Act, W. S. Hoy, M. D., Wellston.

3.—The Community's Obligation for the Care of its Indigent Sick and Injured, Mr. Fred S. Bunn, Superintendent Youngstown City Hospital.

Discussion: The Rev. H. C. LeBlond, Director of Catholic Charities, Cleveland.

8:00 P. M.—Speakers: John A. Hornsby, M. D., Chicago, Editor *The Modern Hospital*. E. R. Hayhurst, M. D., Director Division of Industrial Hygiene, Ohio State Board of Health—"Compulsory State-Wide Health Insurance."

THURSDAY, MAY 25.

9:00 A. M.—Conference at Cincinnati Tuberculosis Sanatorium for Ohio Tuberculosis Hospital Superintendents.

9:30 A. M.—Round Table Discussions at Hotel Gibson. Subjects:

1—What constitutes "Charity" in a Hospital?

2—Affiliation of Hospitals in the Training of Nurses.

3—Hospital Organization.

4—What Hospital employes should be housed in the Hospital?

5—Should Pupil Nurses be used as a Means of Revenue to the Hospital?

6—A discussion of Measures of Economy in Hospital Construction, Management and Purchasing.

7—What the State Medical Board shall do with the \$3,800 received in Nurses' Registration Fees.

8—Hospital Accounting of Patients Treated.

12:00 M.—Buffet Luncheon and Visit to Cincinnati General hospital.

2:00 P. M.—Visit to Good Samaritan and Christ Hospitals and auto ride around city.

6:30 P. M.—Banquet, Hotel Gibson. Speakers, C. R. Holmes, M. D., Chairman Cincinnati Hospital Commission; Charles F. Hoover, M. D., Cleveland, "The Recent Progress in Co-opera-

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tion between Medical Staffs and Hospitals to Secure Greater Scientific Results."

FRIDAY, MAY 26.

9:30 A. M.—Reports of Committees. Election of Officers.

Symposium, The State Registration of Nurses Law.

The Operation of the State Registration of Nurses Law—J. S. Cherrington, M. D., superintendent of Cherrington Hospital, Logan. — Miss Laura R. Logan, R. N., superintendent of nurses, Cincinnati General Hospital.

Discussion—Miss Anza Johnson, Examiner of Nurses for the State Medical Board; Miss Mary M. Roberts, President State Graduate Nurses' Association; Miss Grace E. Allison, Superintendent of Nurses, Lakeside Hospital, Cleveland; O. O. Fordyce, M. D., Superintendent Athens State Hospital.

Will Yours Be the Banner County?

Considerable rivalry has developed in recent years among those counties which send large delegations to the State meeting.

Last year Butler county scored the highest—having 59 per cent of its members registered at the Cincinnati meeting. Brown county was second with 54 per cent, and Clinton was third with 50 per cent. Pickaway, a Central Ohio county, was near the top with 41 per cent.

Which county will score the highest this year? Likely the honor will go to a Northern Ohio county, but information reaches us that several Central and Southern Ohio counties are planning to send large delegations.

Place your county at or near the top of the list. Drum up a crowd. Make up a party. Get away from office worries for a day or so, and mingle with the throng of your professional brethren at Cleveland.

A special committee from the Muskingum County Academy of Medicine drafted resolutions expressing their appreciation of the life work of Dr. Edward Cass, whose death ended a self-sacrificing practice of medicine covering a period of over three score years.

Charged with violating the pure food and drug act, Dr. Herbert E. Edwards, Cleveland, was recently indicted by the federal grand jury. Authorities allege he manufactured and sold drugs mislabeled so as to appear as if they were made in Germany and Switzerland.

Transfer of the practice of Dr. J. A. Hodkins, Georgetown, to Dr. E. D. Jackson, Studa, Pa., was arranged last month. After completing a course of study in Chicago, Dr. Hodkins will locate in Dayton.

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Office, 25 Ruggery Building, East Gay St., Columbus, Ohio

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The 1916 meeting of the State Association at Cleveland brought out clearly the rather remarkable development made by organized medicine in Ohio during the past three or four years. Those who followed the proceedings of the House of Delegates and examined the reports of the standing committees of the Association were convinced that an association is being built up that will be, within a very few years, an adequate protection to honest medical practice, and a very important factor in the improvement of public health conditions in Ohio.

The Association is spending more money every year, but results secured amply justify the increase. At Cleveland it was generally conceded that medical practice in this state is about to undergo very radical changes. The activity of medical sects, and particularly the probability of an extensive plan of state sickness insurance, are the immediate factors bringing on the change. With this transformation pending, it was almost unanimously agreed that no effort should be spared during the next year or so to strengthen and coordinate the force of the six or seven thousand men in Ohio who are engaged in the legitimate practice of medicine.

In view of the doubling of the dues, the slight decrease in membership was not unexpected. In fact, the Committee on Appropriations at the first of the year when it was apportioning the probable revenue for 1916, counted on a falling off of at least one thousand members. This, of course, did not materialize, and it is probable that by the end of the present year our membership

will equal that of 1915. This is extremely important as it means that our Association will retain its numerical strength, and at the same time be doubly supplied with the sinews of war so necessary to protect our interests.

The membership campaign for 1916 brings out one important fact: Our present decrease in membership comes almost entirely from a very few counties. In these counties the local organization work during the past year either lapsed entirely or was carried forward indifferently. In a majority of counties the membership ranged around or exceeded 100 per cent. Further, the Association has made a material gain in new members—men who were never before affiliated with the organization.

It is hoped that interest may be revived in these counties which have shown a material falling off, and that they will reorganize and become active factors in the movement for better medicine.

The great advantage of the Cleveland meeting was the enthusiasm engendered. Hundreds of men returned to their homes impressed with the need of intensive organization, and with the value that may be derived from the same. As a direct result you may expect a strengthening of interest in medical and public health problems throughout the state of Ohio.

+ + +

Dr. William E. Lower retired as president of the Association after an administration that will leave an indelible print upon its history. Prior to assuming the presidency, Dr. Lower had wide

experience in medical organization, as a councilor of the State Society and in the Cleveland Academy of Medicine—which by the way, is a *real* organization—and in the special societies with which he is connected. Realizing the need of a thoroughly representative state society that would do something for its members, he from the first devoted his energies to constructive work. He proceeded on the theory that if the Association devotes its resources to helping physicians in their practice, and looking after their collective interests, the membership would increase without stimulation. To this end, he suggested and aided materially in the development of the University Extension idea, which has been inaugurated and which promises a very productive field.

Dr. Lower deserves the thanks of the entire profession for the interest he has taken, and the energy expended in furthering the interest of the profession, and in carrying forward the work of the Association.

Dr. Harmon B. Gibbon, the new president, assumed office with a thorough knowledge of the work of the Association. His experience has demonstrated the value of electing presidents a year in advance of their actual service. Dr. Gibbon since the Cincinnati meeting has carefully studied the various Association activities, and came to the office with a thorough understanding of the Association's work. He has in mind several extensions which undoubtedly will prove beneficial.

The Journal extends to Dr. Gibbon the assurance that we will give to him the same cooperation we have extended to Dr. Lower.

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No lawsuit in recent years has attracted such widespread interest in medical circles as the attempt of the Chattanooga Medicine Company, manufacturers of Wine of Cardui, to extract "damages" from the *Journal A. M. A.* and its editor, Dr. Simmons. The report of testimony printed in *The Journal A. M. A.* has been carefully read throughout the state, and physicians generally have been impressed by the fact that this is a gigantic struggle between the nostrum industry and those who seek to protect the public health.

The Chattanooga Medicine Company, in building up its case, has spent many thousands of dollars to secure evidence in support of its claim that this alcoholic remedy has value in treating diseases of women. For many months during 1915 its special agents combed Ohio in an effort to find a few physicians who would testify to that effect. We are proud to say that they were successful in only six instances—so far as the testimony has developed to the present time.

It is indeed gratifying to learn that the Chattanooga Medicine Company was able to enlist the aid of but five or six of the 7,000 men who are practicing in Ohio.

The extent of the sale of Wine of Cardui is not particularly great in Ohio because many of our communities still maintain the open saloon, and people seem to prefer to buy their liquor straight, but in the South, where prohibition is general, its sale is widespread. In this section the use of nostrums with a high alcoholic content has become a menace to the public health.

Because of this, and because all nostrum manufacturers are vitally interested in the outcome of this suit, the case is of tremendous interest. If the Chattanooga crowd wins, it will mean a serious blow to the freedom of that portion of the press which has the courage to openly expose this despicable traffic—medical journals that refuse to prostitute their advertising columns, and the high-grade lay journals, such as *Colliers*, *Harper's Weekly*, the *Chicago Tribune*, *New York Times*, etc.

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Preparing a "Dead Beat" List.—Members of the Champaign County Medical Society have inaugurated a system through which it is hoped to protect the physicians of the county from persistent dead beats. An effort is being made to collect credit information from every physician in the county, and to compile therefrom confidential "dead beat" lists. This will be kept up to date, and will be invaluable in limiting the activities of that class of individuals who persistently refuse to pay their medical bills.

It is hoped to further develop the system so that a general credit rating of every citizen of the county (in regard to payment for medical services) will be available to the physician.

This is a subject that could be considered with profit in every county. Men in other professions, and those engaged in business, pay the most careful attention to their credits. Failure to do this has been one of the sources of weakness in the practice of medicine. The physician owes it to his family and to his other patients to collect a fair compensation for his services. The point may be made very clearly, as it has been made in Champaign, that the system will not operate in any way to the detriment of those dependent upon charity for medical services. Charity cases will be cared for as in the past. The endeavor is to force collections from those who are able to pay, but who in the past have dodged payment through a general laxity in the physician's system of handling his business.

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Better Nursing Education.—The State Board of Registration for Nurses of Pennsylvania has decided to appoint an educational director, whose duty it shall be to inspect the training schools throughout the state with reference to the curriculum, housing conditions, and efficiency of the school in general.

Now that Ohio has undertaken the registration of nurses, similar work will be necessary in this state. If nurse registration is to mean anything,

it must bring about better training for pupil nurses.

It is generally well known that, while certain hospitals publish a most elaborate schedule of didactic and practical classes for their student nurses, many of them do not adhere to the schedule, and permit the practical work to interfere with classes whenever it suits the convenience of the institution. Heretofore little, if any, attention has been given in many schools to the proper housing conditions for student nurses, any accommodations being considered adequate, and, as a direct result of this lack of foresight, many young women of refined tastes have been lost to the nursing profession. The time has come when hospitals that desire the services of student nurses will have to assume a heavy obligation to the student. They are conducting an educational institution for the training of high-grade women, and while, to impart this training, practical ward work is essential, the theoretical work is of equal importance and a necessary preliminary to the performance of efficient nursing.

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Medical men of the Middle West have been derelict in their contributions to medical history. One of the few men who has devoted time to this subject is Dr. Otto Juettner, of Cincinnati, secretary of the Western Association for the Preservation of Medical Records. The publication early last year of Dr. Juettner's special volume, "The Life of Daniel Drake," was welcomed throughout the country as an indication that the Middle West had awakened to the importance of this field.

Unfortunately Dr. Juettner was stricken with serious illness last October at the time when arrangements were still incomplete for placing the volume on the market. For that reason, only a few copies have been sold, and the doctor has on hand several hundred copies, representing material financial investment.

A recent note to *The Journal* from Mrs. Juettner informs us of the doctor's continued inability to attend to his professional practice and business affairs, and adds that it is necessary for her to proceed at once with the sale of the remaining volumes.

The Journal takes this opportunity of bringing this matter to the attention of physicians of the state with the suggestion that as many as possible order this volume through Mrs. Juettner. It will be a splendid addition to any medical library, as it covers the early medical history of Cincinnati and Southern Ohio. A letter to Dr. Juettner, from Sir William Osler, dated June 22, 1915, says:

"Dear Dr. Juettner: Thank you so much. I should appreciate the Drake volumes and your book very greatly. Of the latter I have a copy, but I should like to have another to give to our library here. As I told you, it is forty years ago

since my attention was called to Drake's work by my old teacher, Dr. Palmer Howard of Montreal. Colonel Woolley sent the little book on Cincinnati, and I have a good many of his original pamphlets. He was a great man, and you have done service to the profession in holding him up as an ideal for the younger generation. It has always been a wish of mine to see a worthy monument of him in Cincinnati. Of course, in these troublous days one does not know whether the idea can ever be carried out, or whether I can fulfill my promise, but I would like very much to do so."

If you can possibly afford to make this splendid addition to your library, write Mrs. Juettner at once, at 2164 Elysian Place, Cincinnati, enclosing a check for \$5.00, the price of the volume. If desirable, Mrs. Juettner will forward the same by parcel post, collect on delivery.

+ + +

This year a golden opportunity is offered our members to attend the annual meeting of the American Medical Association. We trust that as many as possible will visit Detroit during the week of June 12-16, and get in closer touch with the work of that remarkable body. When the A. M. A. meets at distant points, it is practically impossible for many Ohioans to attend. Detroit, however, is easily accessible to most points in Ohio, and it will be possible for almost everyone to spend at least a day or two at the convention.

Many from Ohio will drive through and take advantage of the excellent roads in southern Michigan. For their convenience, the A. M. A. has appointed a sub-committee to look after automobile tourists; for instance, arrangements for garage space may be made in advance by addressing the chairman of the sub-committee, at 33 High Street, East, Detroit. Storage at the rate of from seventy-five cents to \$1.50 per day may be arranged.

At the state meeting arrangements were made for many small parties to visit Detroit. Cars will probably be run from the larger cities.

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The American Medical Association, always abreast of the times, has organized a committee on social insurance, with Dr. Alexander Lambert of New York as chairman, and Dr. I. M. Rubinow as executive secretary. In its initial circular letter, the committee calls attention to the growing movement for sickness insurance in this country, pointing out that there is a possibility of a United States commission being established for the investigation of the entire subject. It further calls attention to the fact that this movement is very strong in California and Ohio.

The organization of the A. M. A. committee will be of material assistance to our state committee on legislation, which is giving very careful consideration to this subject. Certainly in the development of sickness insurance the medi-

cal profession in Ohio will not be caught asleep at the switch.

The executive officer of the American Association for Labor Legislation, which drafted the bills introduced this year in New York, Massachusetts, and New Jersey, and which will probably introduce its model bill in Ohio next winter, has issued a very brief statement giving the gist of the proposed law. It so briefly and clearly states the intent of the measure that we herewith reproduce it in full.

"This bill makes health insurance *universal* for all manual workers and for others earning less than \$100 a month because experience elsewhere has shown that voluntary insurance will not reach the persons who most need its protection and that insurance must be obligatory if it is to render the large social service of which it is capable.

"The *benefits* to be provided are medical, surgical and nursing attendance, including necessary hospital care, medicines and supplies; a cash benefit beginning on the fourth day of illness, equal to two-thirds of wages and given for a maximum of twenty-six weeks in one year; and a funeral benefit of not more than \$50.

"The *cost* of these benefits and their administration amounting to about three per cent. of wages, is to be borne two-fifths by the employee, two-fifths by the employer, and one-fifth by the state. The employee is asked to contribute because he is to some degree responsible for his own ill health and because he receives the benefits. The contribution of the employer is justified on the ground that illness is, to a considerable extent, occupational in origin. The state's share in the joint contribution is justified by the present cost of sickness to the state and by its recognized responsibility for community action to prevent ill health. It is believed that this distribution of the cost will lead to cooperative action in 'Health First' campaigns.

"The *administration* is to be vested in mutual associations of employers and employees organized according to localities and trades, and managed jointly by employers and workers under general state supervision."

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It is distinctly unpleasant to have your erstwhile barber open an office across the street and swing to the breeze a newly painted shingle, "Doctor of Chiropractic," or to find that the husky gentleman who formerly made an honest living shoeing the horses you drove before you bought your Ford, is now located in the front room over the post office, behind a red and green sign notifying the sick public that he is prepared to treat their ills as a "Doctor of Neuropathy."

It is distinctly annoying, and the annoyance is not decreased by the fact that the new near-doctor takes every opportunity to advertise to the community that his license is granted by the same state board that issued your certificate. Further,

aside from the annoyance, you shiver in your shoes when you remember that this man's knowledge of the human body is about as profound as his knowledge of the geography of the moon, and when you further remember that we are still producing the class of people that the late Mr. Barnum found in such numbers—producing them at the rate of one per minute.

As time goes on, undoubtedly you will note a number of unnecessary funerals in your community—the inevitable result of the dense ignorance, and the unlimited self-assurance of the erstwhile barber or the former blacksmith.

And you will wonder if the State Medical Board was justified in carrying out the exemption provisions of the Platt-Ellis law, thereby admitting to the "limited practice of medicine and surgery," after the most flimsy examination, some five hundred individuals of the ex-barber class who had fallen under the spell of "easy money" offers by the mushroom correspondence schools.

Since the State Medical Board has issued its Platt-Ellis certificates and since these mail order healers have developed new activities because of their licenses, many people have wondered as to the advisability of the Platt-Ellis measure. *The Journal* in the past month has heard some very cutting criticism. Because of this, we desire to call your attention to one or two important points:

First: The number of "healers" has not increased because of the law. Only those were licensed who had been in business—we use the word advisedly—at least one year. The Platt-Ellis measure brought no new quacks into the field.

Second: During the past five years the number of practitioners in these various sects has multiplied at a guinea-pig ratio. The law abruptly ends this. We predict that very few individuals will enter these practices in the future as legal licentiates; and we further predict that very few will practice illegally, as those who hold Platt-Ellis certificates will act as policemen in excluding interlopers.

Third: Holders of limited practice certificates will do far less harm than under their old status, because under regulations established by the board their field of practice is decidedly limited, and their conduct is somewhat prescribed. Infraction of these rules will mean revocation of the license.

We believe that consideration of these three points will cause you to withhold harsh criticism of the Platt-Ellis measure, and give it an opportunity for fair trial. That it is in one sense a splendid thing for the state in shutting off the future supply of ignorant healers is indicated by the bitterness of the attack made on it by the proprietors of the mail order schools which have been reaping large benefits in the filthy business of turning out these "graduates."

Another important sidelight on this law is con-

tained in the annual report of Dr. N. P. Colwell, secretary of the Council on Medical Education of the American Medical Association.* In reviewing the progress of medical education in this country, Dr. Colwell says that the greatest problem facing state licensing boards is that in connection with the various medical cults. This problem, he says, is due to the rapid multiplication of colleges and schools which take up some particular form of treatment, apply to it some high-sounding name, and then with very low entrance requirements, or none at all, and with only a few brief months or years of instruction by correspondence or otherwise, grant degrees of "doctor" of this, that, or the other.

Dr. Colwell briefly reviews the experience of New York and Pennsylvania in handling this problem and adds a statement of the present situation in Ohio. In commenting on the latter he says:

"From the multiplicity of drugless cult colleges which are springing up, it is clear that the Ohio board is working out problems which are bound to come up sooner or later in every state in the Union which has not established adequate legal regulation of such practitioners."

So, you will see while the condition in Ohio is admittedly serious, we are a long step in advance of the other states. We have taken the plunge which they must take, and the worst is over. The ex-barber who now poses as a physician will be prevented from securing patients by the quack methods he pursued before he received his certificate. After the first rush of those people who are always willing to try anything new, he will be forced to build up his clientele through legitimate methods. He will be forced to stand or fall on the merit of his practices. This he cannot do, and the public will soon find him out.

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Minerva, Stark county, is not a large city, but it has a newspaper with a metropolitan viewpoint as is indicated by the following editorial clipped from a recent issue of *The Minerva News*:

"The quack who deceived George Dupont, as it occurs in 'Damaged Goods,' and cleared the way for him to marry Henrietta Locke and blast her life, is called 'the kind of doctor that advertises in the newspapers to cure everything in short order.'"

"The medical profession in all Christendom has decided that commercially exploiting the profession is unethical and not permissible. Yet there are people who will not learn that the advertising doctor is a quack unworthy the confidence of anybody. Our readers will note the fact that the advertising doctors get no show in the columns of the *News*. We have kept at least two of them out of *Minerva* for the past two years."

The Minerva News takes its place with the *New York Times*, and the *Chicago Tribune* in the movement to protect its readers from the ruthless exploitation of the doctor who secures his patients by glowing promises and unwar-

ranted claims. We commend the attitude of this journal to such "leading newspapers" as the *Cleveland Plain Dealer* and the *Ohio State Journal*.

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During the past few years many cases of bichloride of mercury poisoning have occurred and, in several instances, there has been a nation-wide interest in the outcome of individual cases.

Most of these cases of poisoning are accidental, the poison tablet having been taken under the belief that the victim was taking a headache tablet.

Until quite recently these mistakes have resulted in almost an even one hundred per cent death rate.

The credit for discovering an antidote for bichloride poisoning belongs to Dr. J. H. Wilms, of Cincinnati.

The efficacy of the treatment was first demonstrated on the lower animals, the lives of dogs being saved as late as forty-eight hours after the poison was administered, in much larger doses than are commonly taken by human beings.

The treatment is very simple and practically all physicians have on hand all the apparatus necessary for its administration.

The remedy, calcium sulphide, is given intravenously, grain for grain of the poison taken.

One grain of calcium sulphide to one ounce of water is the strength of the solution used. It should be boiled and filtered before use. Following the intravenous injection the remedy is given by mouth, in from one to five grain doses, every hour until convalescence is established.

This treatment has been followed in human beings with the happiest results. It goes without saying that treatment should begin at the earliest possible moment after the poison has been taken. The results obtained indicate that recovery may be expected to occur even after forty-eight hours have elapsed between the taking of the poison and the beginning of the treatment.

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Some time ago The Women's World sent a questionnaire to a number of Ohio physicians asking for expressions of opinion relative to the necessity for use in rural districts of petroleum oils for constipation. It stated that they were endeavoring to secure sufficient data for a series of articles on the subject. Incidentally, they inquired as to the writer's opinion of "Sanatogen." The letter bore the earmarks of a plan to secure medical testimonials for the cottage cheese mixture and for certain of the petroleum products that have been advertised so extravagantly to the laity.

If such was their intent, the publishers received little comfort from the answer submitted by Dr. J. R. McClure, of Newark. Dr. McClure, after explaining that the use of a mineral oil is not indicated indiscriminately, although it might be used with beneficial effect in cases where the indication is pronounced, proceeded to give them

*A. M. A. Bulletin (Volume 11, No. 3, January 15, 1916), page 97.

a clear idea of his opinion of "Sanatogen." He suggested that the publishers confer with the Council on Pharmacy of the American Medical Association regarding further facts about this alleged remedy. In closing, Dr. McClure expressed the opinion that publishers who continue to sell space to fraudulent nostrums are "abominably selfish, a disgrace to the American republic, and guilty of malicious criminality equally with the manufacturer of the nostrum."

He was kind enough to call attention to the advertising standards of *The Ohio State Medical Journal*, and to suggest to the publishers of *The Woman's World* that they follow our example. "It is financially a losing proposition," he said, "but if journals will generally follow this standard, it will not be many months until the entire financial, moral, and physical status of the American people will be immensely improved."

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The National Anti-Drug Habit League has been organized at Dayton and through its Ohio division has inaugurated a campaign to secure adequate provision for the state care of narcotic habitues, whose source of supply has been shut off by the enforcement of the state federal drug laws. W. S. Crandall, secretary of the League, has secured the cooperation of Governor Willis, and announced that a state-wide campaign will be launched to impress upon the next legislature the need of state provision for these unfortunate persons.

If the League can aid in bringing about such provision, it will accomplish a great work. It is little short of inhuman for the government to abruptly shut off the source of supply, and to make no provision for the care of physical wrecks.

The announced program of the new organization includes the following broad plans:

1. The alleviation of the sufferings of addicts of all habit-forming drugs by institutional or private treatment. It is understood that the League will cooperate, whenever possible, with municipal, county, state and federal authorities.

2. The detection of and the punishment for the illicit use or sale of habit-forming drugs, narcotics, or their compounds, by doctors, druggists, "peddlers," or other persons. Secret service men and women will be employed to make this branch of the work more effective.

3. The enforcement of present laws and the enactment of such additional legislation, whether municipal, county, state or federal, as time and experience may dictate; seek to secure uniform laws throughout the Union, in municipality, county and state, with reference to the regulation or suppression of the illicit use and traffic in habit-forming drugs and narcotics.

4. The education of the general public as to the danger involved in the use of any habit-forming drug or narcotic, by means of the press, lectures, the distribution of literature prepared by the League, and, when possible, secure the coopera-

tion of the officials in charge of public, parochial, or private schools, colleges and universities, in introducing and maintaining proper instruction among their pupils.

In its initial prospectus, the League has the following comment upon drug-laden quack remedies, which shows that it is working along the right lines:

"Before the enactment of the Pure Food and Drugs law by Congress, it was the common practice of druggists and patent medicine vendors to sell habit-forming drugs in numerous compounds without announcing the fact. Moreover, they often declared the compounds were free from any such drug, thus deliberately deceiving the public. Vast quantities of such compounds were sold annually. They ranged in purpose from simple remedies for coughs, colds and catarrh to cure-alls for almost every known disease of the human family.

"The enactment of the pure drug law forced the makers to specify the drugs used. This, in itself, had a tendency to correct the evil, for no normal thinking person would knowingly take any such remedy. Except in a few states, however, the sale of these compounds has been in no way restricted. Consequently, the evil continues to grow and the innocent, unthinking and unsuspecting person is often deceived, and before he is aware of it becomes the victim of the mercenary vendors of quack remedies."

Ohio offers a fertile field for this new organization. If it can aid in caring for drug habitues and direct a campaign against the illegal sources of supply—including crooked physicians—it will be worthy of the strongest possible support.

+ + +

The fact that public health is purchasable is being driven home with telling effect in several Ohio cities. Dr. McDowell, director of Springfield city health department, recently told Rotary Club members that Springfield in 1914 lost \$252,300 through deaths caused by preventable diseases, and a like sum from illness and loss of time—basing his estimates upon the scientific economic valuation of human life. He pointed out that in the same year, Springfield lost \$209,541 from fire, and \$6,354 from murder and theft. Despite this, the city devoted 15 cents per capita to the maintenance of the health department, \$1.02 per capita for the upkeep of the fire department, and 77 cents per capita for the police department. The doctor advised the appropriation of at least 50 cents per capita, or about \$25,000 annually, for health purposes, and promised to materially reduce preventable disease in Springfield when this sum is available.

This is the modern way of advancing public health work. By translating the value of human lives into dollars and cents, it is comparatively easy to interest business men and taxpayers in the fundamental principles of preventive medicine.

Original Articles

The Restoration of Vision in Amblyopic Eyes by Intensive Methods*

Ivor G. Clark, M. D., Columbus, Ohio

THE general term amblyopia signifies "blunted vision," and usually conveys the idea of defective vision without a pathological condition in the eyes to account for it.

In presenting this paper, I wish to confine my remarks to practical considerations in the restoration of vision in amblyopic eyes. It is my desire to avoid dealing with the current terms used in referring to this condition. I would avoid the discussion and treatment of all amblyopic eyes in which there is an ascertainable toxic element, or in which there is convincing evidence of pathology in the sense of disease, or known obscuration of the light transmitting structures of the eye or its media. Thus we are limited to a large class of eyes which have had the best glass obtainable applied but which cannot be made to see 5/4-, and yet which present no apparent reason why they should not see normally. Thus the amblyopic type of eye to which I wish to call attention may be defined crudely as any eye which should see and yet cannot at a given time be made to see.

The following characteristics of such eyes may be mentioned:

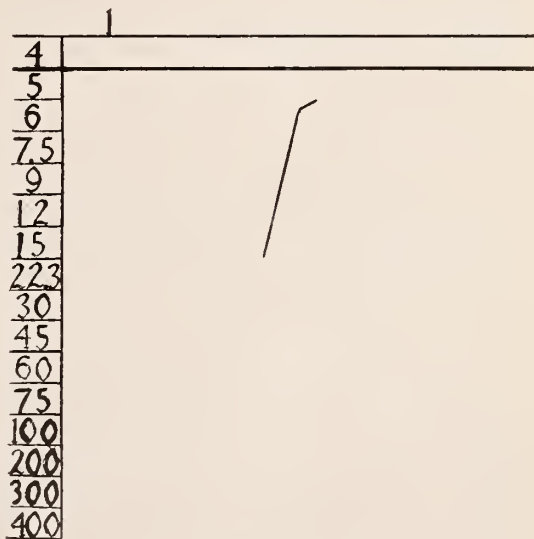
1. Amblyopic eyes commonly occur separately though not always separately by any means.
2. They are not of uncommon occurrence more than 2% of all persons having one or both eyes more or less amblyopic.
3. Such amblyopic eyes are most commonly seen in convergent Strabismus.
4. The degree of the amblyopia may vary from the inaccurate reading of the 5/5 line down to the mere perception of fingers close to the face.
5. The two eyes should be almost spherical and of about the same size. An amblyopic eye very commonly varies from its fellow decidedly both in shape and size.
6. When the two eyes are amblyopic each commonly varies from the average shape and size considerably and at times to an amazing extent. One diopter or unit of defect represents .13 m.m. of a deviation from the normal depth of an eye which is 23 mm more or less. These persons who have each eye amblyopic often have eyes that vary from the normal by thirteen times as much as the above cited defect.

It will be observed from the above characteristics that the eyes thus described correspond to the classification of amblyopia, exanopsia or the amblyopia from disease, but I do not like this term. Let us have an open mind as to the causation of this amblyopia. If we commit ourselves to this name, we commit ourselves to espouse the

cause of this amblyopia as disease which provokes discussion only. I think I know what causes this amblyopia, but I cannot give a scientific proof of what causes it, nor do I wish to open a discussion of this point.

The points I do wish to make center about the elimination of this amblyopia—the restoration of these eyes to normal visual function. That such eyes are restored to excellent vision under rather unusual circumstances, I have convincing evidence to submit. This evidence, however, owing to the very nature of the undertaking, is most difficult to evince and only a few instances occur in the life of the average worker.

The following cases were derived from the literature only after prolonged search in the Index Medicus covering the past fifteen years. (Only a limited number of the original charts are here represented).



(1) Chart I—Recovery of vision in a non-squinting amblyopic eye following injury to its

GENERAL EXPLANATION OF CHARTS

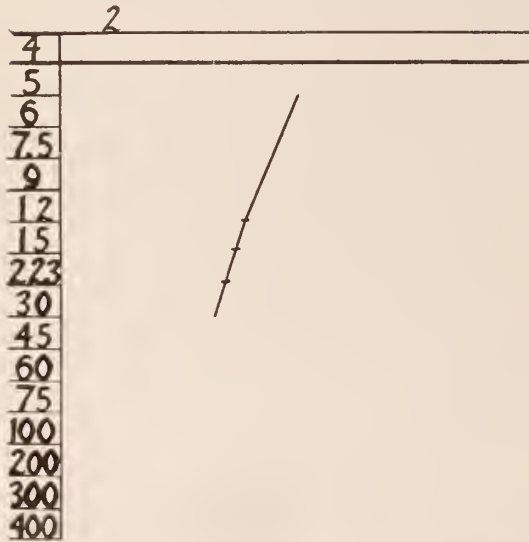
Vertical figures at left represent visual acuteness as ordinarily recorded on test type cards in meters. Multiply factors by four for record in feet. 5/400 indicates fingers at one meter. Laterally one-fourteenth inch equals one month of time except when line is broken in which case length of time exceeds space limit and time is mentioned below plot.

Cross bars and angles indicate intervals of observation.

*Read before the Columbus Academy of Medicine on April 3, 1916.

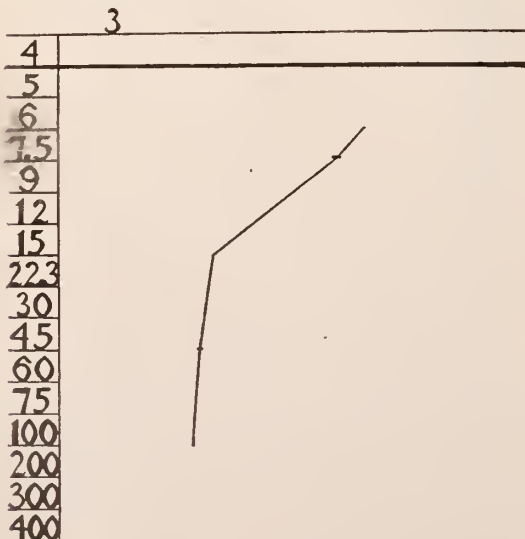
fellow: Case reported by Linn Emerson, Orange, New Jersey.

Male 11½ years; vision right eye 5/4, left eye 5/15; after atropia given D.+75 sph. S+.50 sph. Right eye destroyed by explosion of fire cracker in a bottle. Vision in left eye increased to 5/5 with same correction in one month. For further detail vide Ophthalmic Record, 1905 Volume 14, page 5-15.



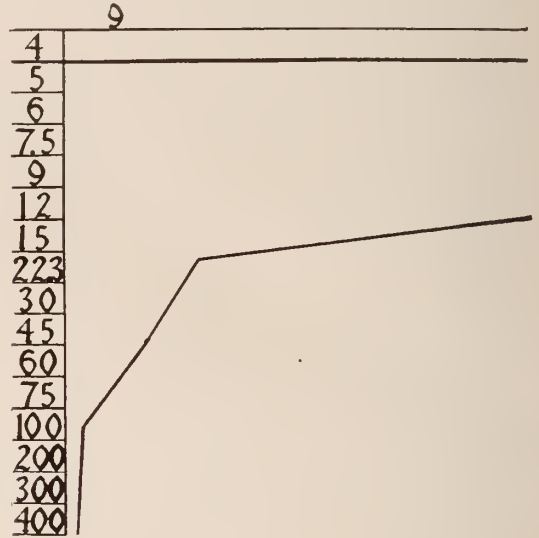
(2) Chart II—Case reported by J. Aubrey Jelly F. R. C. S. Edin.:

Girl, 14 years. Right eye very amblyopic. Left eye injured and therefore removed. Vision right eye = 6/36 with +8.+3. axis 60. At intervals of one month the vision in the right eye was 6/36, 6/24, 6/18 and 6/12. Five months later vision right eye = 6/6 as indicated.



(3) Chart III—Case reported by C. M. Harris, Pittsburg, Pa. From British Med. Journal, London, 1904, ii page 1095.

Boy 7½ years; left eye injured and vision reduced to shadow at two feet; vision of squinting right eye = 2/45; vision of right eye 22 days later = 5/45. One week later, vision = 5/30. Ten weeks later vision = 5/15+2. One year from time of accident vision = 6/9+1. Three months later vision right eye = 6/7.5. Refraction with atropia + 8.50s + 6.50s prescribed.



(4) Chart IX—From Penn. Med. Jour., Feb. 1910 xiii, p. 319. Case reported by H. Friedenwald.

Mr. S., aged 78; right eye injured when six or seven years of age. Cataract formed and eye remained useless. Left eye became glaucomatous and could only count fingers at seven feet. Right eye was successfully operated for cataract; three weeks later could count fingers at ten feet. Six months later right eye could see hand across room. Two and a half months later, vision right eye with +6. O. S. = 3/40; with +15. sph. read 15 M. Two and one third months later vision = 10/40 with same glass and he read fine print. Two and one half years later with +6. vision = 6/15.

These cases present first a high degree of amblyopia followed by the destruction of the good eye by accident or disease causing the patient to fall back on what has been an almost useless eye. What weight do theories of disease and intrinsic degeneration of such eyes have when, under these unique circumstances, we see such eyes restored to sight. Does this not prompt the question—why cannot this same principle in a modified form be applied to the ordinary amblyopic eye?

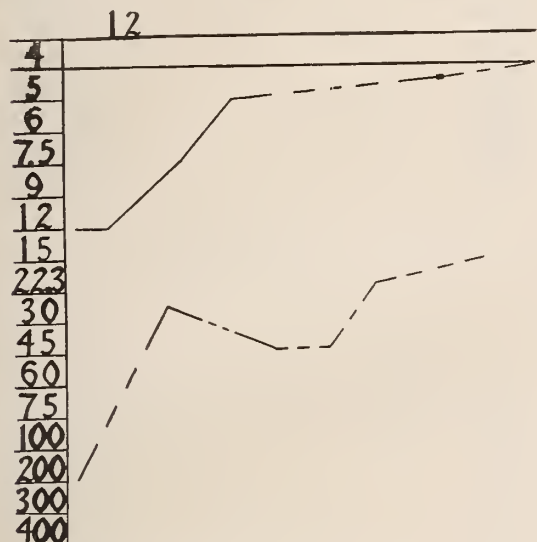
I shall attempt to show that this principle can be applied.

It was this series of cases that prompted me to apply intensive methods in certain of these cases several months before I learned that Javal had done something of this kind over twenty years ago.

Every worker who has had access to eye rec-

ords extending over years, has seen the vision in amblyopic eyes slowly increase over this period of years, especially when the two eyes are nearly alike in their defect, so that in the course of 20-30 years considerable gain has been made.

I have one case to illustrate this fact. This method (which, by the way, is a common one) is slow and uncertain and when it does give improved vision does so after the patient has passed through the active educational period of life. It is this denial to the child of its right to average vision, this denial based largely upon our own ignorance and carelessness that is inexcusable.



5. Chart XII.—Female, age 27 years. Recovery of vision over a period of 19 years under simple revision of refraction at intervals. Vision at 9 years of age, best correction right eye 5/50, left eye, fingers at one meter. Upper diagram represents improvement of right eye, lower diagram, left eye. After nineteen years vision right eye = 5/5, left eye = 5/15 with glass. Case Record Clark and Rogers.

The selection of the cases to be submitted to the intensive method of treatment is difficult. The interval between 2-16 years may be suggested as the most appropriate period for the exhibition of the more highly organized methods of Visual Restoration. After this age (16 years), the nature of the occupation of the individual, the increased degree of amblyopia usually present by this age, the embarrassment occasioned by the patch on one eye, the frequently present resignation of the patient to his condition: each of these factors militates against the successful use of this method. In other cases modifications must perforce be applied which are appropriate to the individual.

Before two years of age, the obvious objection of early infancy make accurate work too difficult to warrant the annoyance of examination. Amblyopia can be eradicated after sixteen years of age although commonly not feasible. On the

charts shown, one registered the restoration of vision in a man of 78 years. The difficulties are not those of possibility but of feasibility. The consideration of the temperament of the individual and those surrounding the individual are of critical importance.

By enlistment in this work the patient submits himself to a period of from six months to two years of tedious discipline and frequent observations. Those concerned with the patient must manifest earnestness and even enthusiasm, if they are worthy of the effort by the ophthalmologist.

For years the eye surgeon has been handicapped by having his amblyopic patients present themselves at any time from six to 40 years of age. Now we have methods of bringing before us children at the age of two years. This may be done by applying the law of heredity as it concerns the anomalies of shape and size of the eye.

The tendency of these defects to present themselves in the children of parents who themselves have anisometropia or high astigmatism or are being treated is a universal one. Among intelligent parents the facts should be disseminated routinely that a defect similar to the one he or she has had will be transmitted in some degree to the children. Commonly one half of the children will have a defect similar to that found in a given parent, although this is not always the case, especially when the number of children is small.

I suggested this plan for the first time before the Columbus Academy of Medicine last year and have been using it with considerable satisfaction for two years.

It should be our ideal to prepare the eyes of these unfortunate children so that they may compete with other children in their studies by the time school training begins. It is distinctly insufficient to institute the work when a child is in the midst of school studies. These children are not uncommonly retarded one to three years during the first grades. School inspection helps but it is by no means adequate.

I admit it is not a pleasant task always to meddle with the state of the eyes of the other members of a given family, and one's motives are undoubtedly impugned, but would any of us freely admit that we hesitated to do this proper thing because of a possible misconception by the parent of the surgeon's motives? It is in this matter that a mere suggestion may be the means of saving a child years of inconvenience, not to mention pain and pathological tendencies frequently present in such eyes.

If the above is true, and there is no doubt of it, the physician's course is clear. Indeed, it is such qualifications as these which should distinguish an ophthalmologist from a mere "glass fitter." By the application more freely of these methods, we

shall be able to multiply many fold our usefulness in dealing with the amblyopic eye.

An outline of the means which should be used is as follows:

1. A careful pre-mydriatic examination of each eye.
2. Full cyclopegia of each eye.
3. The selection of a glass subsequent to cyclopegia that will assuredly be acceptable to the patient.
4. The continuance with this preliminary glass for one month more or less.
5. An interview with the parents; interested elder children; letter to school teacher and an interview with school nurse and doctor concerning the complications of the problem and the protracted nature of the work to be done.
6. The careful estimation of the possibilities of the defective eye both for distance and reading with different illumination and varying lenses.
7. The total exclusion of light from the good eye with every special precaution to prevent the patient from squinting under the binder, and the injunction to all those interested in the child to co-operate in the effort to carry this out.
8. The demonstration to certain definite persons interested of the vision obtained in order to stimulate others than yourself in the problem of restoration of vision.
9. The use of the bifocal lens when the correction is a large one, and practical tests demonstrate that the double lens is well borne.
10. The frequent periodic refinement of the refraction advanced to full correction until repeated tests at short intervals demonstrate beyond a doubt the accuracy of the refraction. This point is vital to the success of the work.
11. The atropinization of the covered eye is of some value at times.

The following cases will show what can be accomplished in three months following the above plan:

(6) Case I, Chart XIII. Case reported by I. G. Clark.

Male, 8 years; vision right eye = 5/10., left eye, 5/60.

Refraction with atropine, right eye, $+2.00 + .25$ axis 15 degrees = 5/7.5; left eye, $+5.00 + .75$ axis 75 degrees = 5/60.

Slight convergence left eye.

In three months left eye, $+3.50 + .75$ axis 75 degrees = 5/15-. Left eye, $+5.00 + .75$ axis 75 degrees = .18/.62 (reading).

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(7) Case II, Chart XIV, I. G. Clark.

Female, 12 years; vision right eye 5/12; left eye, 5/5-.

Refraction with atropine, right eye, $+6.50 + .50$ axis 105 = 5/12; left eye, $+5.00 + .50$ axis 90 degrees = 5/5-.

Esophoria five degrees at 5 meters.

In three months, right eye, $+3.25 + .50$ axis 10-50

90 = 5/6- ———

.37

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(8) Case III, Chart XV, I. G. Clark.

Girl, 10 years; vision right eye, 5/6; left eye, 5/60.

Refraction with atropine, right eye, $+2.00 + .25$ axis 135 = 5/6; left eye, $+3.00 + .75$ axis 45 = 5/60.

Distance, $+2.00 + .75$ axis = 5/14-4. Three months later, vision O. S., reading, $+3.00 + .75$ axis 45 = 15/62.

(9) Case IV, Chart XVI, I. G. Clark.

Male, 11 years; vision right eye, 2.5/30; left eye, 5/4-.

Refraction with homatropine, right eye, $+4.50 + .50$ axis 165 = 5/22.3; left eye, $+2.25 + .25$ axis 90 = 5/4-.

In three months, right eye, $+4.00 + .50$ axis .06---.18

165=5/9 5/7.5-. Reading ———
37

These children were by no means unusual and are from average families. Of course, nothing can be done without the co-operation of parents, school teachers, school nurses and child himself.

The first thought prompted by the presentation of the child of 2 years is: How about the Retinoscopic Examination? How reliable is it? This inquiry is critical but can be met.

The retinoscope in moderately skillful hands does yield a vision in atonized eyes of an average of better than 5/6-. This we know by consistent checking of over hundreds of cases. The retinoscope is not absolutely accurate. Its accuracy, however, can be re-enforced by multiple observations which are, of course, imperative.

Perhaps too much has been said on this question of the age of the candidate for intensive methods directed toward amblyopia, but the results are so gratifying here and the logic of early

treatment is so compelling that I cannot refrain from the exhortative style when it comes to this point.

BIBLIOGRAPHY

1. Klin Studien weber das Schielen, Berlin 1884—(Dr. Schweigger).
2. Augenheilkunde und Ophthalmoscopie, (Dr. Schmidt).
3. Annales d'Oculistique, 1893, (Lewuillon). Rimpler).
4. Wochenschr f. Therap. und Hygiene des Angeo, Vol IV, p. 221, 1902.
5. Transact. Oph. Soc. Vol. VI, p. 556, for Dr. Risley. (Senn).
6. Annales de la Societe Medica-chirurgicale de Tiege, 1880, (Romiee).
7. Annales d'Oculistique, 1883 p. 217 (Javal).
8. Charite—Annales XVII., 1892 (Burchardt).
9. Teans, oph. Soc. Vol. VI., p. 551, (Dr. Johnson).
10. Teans. oph. Soc. Vol. VI., p. 556, (Dr. Risley).
11. Recenil d'ophthalm, 1893, p. 211, (Bourgeois).
12. Annales d'Oculistique, 1893, p. 26, (Tewuillon).
13. Traite d'ophthalmologie, Vol. I, p. 758, Panas.
14. Ophthalmic Rec. 1897, p. 400 (Simonton).
15. Wochenschr f. Therap. u. Hygiene d. Auges, 1900, No. 41, (Herrnheiser).
16. Wien. Med. Wochenschr, 1900, No. 20 (Klein).
17. Graefes Arch f. Ophthalm., Vol. L., p. 487 (Bieschowsky).
18. Manuel de Shabisme, Paris, 1896, (Javal).
19. Monatsblätter f. Augenheilk. 1900, Appendix, p. 29 (Axenfeld).
20. Monatsblätter f. Augenheilk, 1901, p. 817 (Seydel).
21. Deutsche Med. Wochenschr, 1900, p. 383 (Silex).
22. Penn. Med. Journ. Feb., 1910, XIII, p. 319 (by C. M. Harris, M.D.).
23. 218,098—South African Medical Journal, Cape Town, 1912, x.
24. 185,986—Medical Record, New York, 1905, lxvii.
25. 197,625—Zeitschrift, fur Augenheilkunde, Berlin, 1907, xvii.
26. 205,750—Ophthalmology, Milwaukee, 1908-9, v.
27. 185,684—Ibid, 1903, xii.
28. British Medical Journal, London, 1904-11, page 1695 Aubrey Jelly, F. R. C. S. Ophthalmic Surgeon, Bury Infirmary, Edin.
29. Read at Meeting of Montreal Medical Society, Nov. 1909, (Geo. H. Matheson, M. D.).
30. Ophthalmic Record 1905, Vol. 14, p. 515. (Linn Emerson)
31. Ophthalmic Record, Chicago, 1903, (Harry Friedenwald).
32. 211,453—Ophthalmology, Seattle, 1910-11, vii. (G. H. Mathewson, p. 446).
33. 208,783—Montreal Medical Journal, 1910, xxxix, (G. H. Mathewson, p. 470).
34. 208,891—New York State Journal of Medicine, New York, 1910, x. (G. M. Gould, p. 206).

Comment on this method by C. F. Clark appears on next page.

*I wish to express my appreciation to Mrs. Clark for valuable translations and the charts; to the Columbus School nurses and to Dr. H. M. Platter for valuable assistance.

Comment on Methods

Charles F. Clark, M. D., Columbus, Ohio

THE subject which has been presented for our consideration is a most interesting and important one, and affords a tempting field for discussion, but, as has been suggested by the essayist, it will be more profitable at this time to confine our attention in the main to the special form of amblyopia which he has indicated and to limit ourselves for the most part to the practical consideration of how we may eliminate it.

There are a number of definitions for amblyopia, none of which can be considered entirely satisfactory, but the description of the form the essayist has considered, in at least a portion of his paper, is perhaps best given in a quotation from Martin in a foot note found in De Schweinitz, from whom I quote.

"A form of amblyopia has been described by Martin and called astigmatic amblyopia, dependent upon an imperfect development of the functions of the finer anatomic elements of the retina. It has been attributed to the fact that at the time of education of the sense of sight, owing to astigmatism, the retina has been asymmetrically stimulated, and consequently there has been asymmetry of visual acuteness." This description may be open to objections, but it is at least suggestive.

Many of the cases we are considering are not true cases of the entire suppression of the vision of the eye, as in so-called "amblyopia exanopsia," but merely instances of one eye which is not taking its full part in combined vision. Restored, full and equal function of both eyes is what we desire to accomplish, and this is certainly an object worthy of our best efforts.

We should bear in mind that our only accurate central vision is that which we obtain when the image falls upon, and is accurately focussed upon the fovea, and that the fovea is only .3 to .4 m.m. in diameter. The terminal element of a retinal nerve, in this case a cone, is said to be about .002 m.m. in diameter, and the two borders of an object can be recognized and the object seen if its image on the fovea is .004 of a m.m. in diameter on some part of the fovea which is only .3 to .4 of a m.m. in diameter.

If in a patient with clear media, the vision in either eye falls below the normal, the problem for the ophthalmologist is to determine whether there is, or is not a lesion in the fovea, or in the nervous tissues which lie back of it.

Now it is a fact that only in the rarest instances do we find a pathological lesion of the macula and fovea which may not be recognized by means of the ophthalmoscope as part of a gross pathological process and if, without such lesion, the central or foveal vision is found to be defective, the presumption is that we are dealing with a case of amblyopia of the form now under discussion.

The prevailing opinion has seemed to be that, even in the absence of a discoverable lesion of the central retina, it was impossible in the vast majority of cases of this form of amblyopia to arouse them and cause them to functionate normally, whereas, the results of the observations of the essayist prove that, at least in a large proportion of cases, the patient use of proper methods will restore what has apparently been in a large measure and for practical purposes a lost function.

If this precious function of accurate foveal vision is in a considerable degree suppressed or impaired in a large number of cases, and we have it in our power to restore it, is it not our duty to exert ourselves to the utmost to accomplish this object?

Only a few days ago I was consulted by a patient who furnished a most beautiful illustration of the power of recovery of vision in an amblyopic eye, relatively late in life when the intensive method of exclusion of the better eye was put into practice and the refraction error was accurately corrected.

Mrs. E. B. B., 41 years of age, the mother of six children, gave the history of having had convergent strabismus of the right eye which was discovered when she was one year old. At the age of six she was operated in Cleveland, Ohio, three operations being performed, with the result that she developed a high degree of divergent strabismus.

The vision of the left eye was good, but the right had vision of only 5/30 to 5/22.3, and she depended entirely upon the left eye until two years ago, when she developed a central disease of the retina of her left or good eye with metamorphopsia, which later developed into a well defined patch of retinitis, involving the macular region with pigmentation and a resulting central scotoma. After the loss of central vision in the left eye, the vision of the right gradually improved, and when examined on March 25th, it was 5/7.5 without the aid of a glass, and with +3.+.5 axis 135 degrees, it was 5/5- with ability to read fluently the finest type.

We here have under the stress of necessity, the restoration of good central vision after forty years of amblyopia.

In practice, it is with great difficulty that we induce parents to continuously exclude the good eye, and use the one which is amblyopic. Instructions are often given with the full knowledge that they will be carried out no more effectively than they would were we to advise the use of the left hand with a view to making the patient ambidextrous.

I would call attention to the importance of the essayist's suggestion that parents with refraction errors, or those with one child having such an error, should have presented to them in a forcible manner, the importance of investigating their

children with a view to the elimination of such errors at as early a date as possible. He has, in my judgment, made a real contribution to our knowledge of what it is possible for us to accomplish in these numerous cases of amblyopia, and I would congratulate him upon the painstaking

persistence with which he has pursued the subject in all of its details. He has been most fortunate in obtaining the invaluable and indispensable co-operation of the public school teachers, and of Doctor Platter and the school nurses who, under his direction, are doing such good work.

The Question of Curability and the Duration of Treatment in Syphilis

Louis A. Levison, M. D., Toledo, Ohio

THE word cure when used in connection with the treatment of syphilis may be variously interpreted. There are those who hold that a person infected with syphilis cannot be considered cured until the post-mortem sections have shown his tissues to be completely free from spirochaetes. This method of saying that syphilis is incurable marks one extreme view of a question that has many aspects. There is a conception of cure, however, which is clinical as opposed to the biological. This clinical cure means that an individual shall be freed from all symptoms and signs of the disease, and shall no longer be capable of transmitting the disease to others. This latter conception of cure is a satisfactory one, both to the physician and to the patient, even though it is impossible to effectually sterilize his physical body. There is universal confirmation of the statement that such cures have been repeatedly brought about even when the subsequent family history has been scrutinized down to the grandchildren. So to treat syphilis that this clinical cure may be attained, whether or not the biological cure has been effected is the theme of this paper.

The analogy between syphilis and tuberculosis is a very close one in this respect. It is entirely likely that cases of tuberculosis which are considered cured still harbor tubercle bacilli in their tissues. The efforts which are being made to control tuberculosis consider the clinical cure, rather than the sterilization of the body. Clinical health is not at all inconsistent with the actual presence of tubercle bacilli in the body, and the same thing is true in respect to syphilis. It may be pointed out here that no one yet has sectioned a case of syphilis which has been cured by abortion according to our modern methods in the effort to determine whether the spirochaete could be demonstrated. So, then, it cannot be said that syphilis is incurable, even in the biological sense. It does not at all follow that the cases which have come to autopsy should be considered as clinically cured because they have negative Wassermanns.

The problem before the physician is to attain biological cures if possible, and if not, clinical cures to meet the conditions named above. The most important individual problem in syphilis is

therefore the diagnosis at the earliest possible moment. Vigorous and intensive treatment at this time is especially valuable, and when the first few days have elapsed without a diagnosis having been made, an abortive cure is not longer to be hoped for. The early diagnosis renders abortive treatment possible, and it is therefore of the greatest possible importance. The spirochaete may be discovered in the lesion before the Wassermann becomes positive and permit treatment at that early period. In the effort to make an early diagnosis, zeal should never lead one to begin treatment when the diagnosis is uncertain in the belief that thus the disease, if it is syphilis, may be aborted. Some writers, such as Kerl, Klausner, and others, believe that cases which are permitted to develop a positive Wassermann before treatment is instituted are more favorable in the outlook for an abortive cure than those cases which have been treated so early that a positive Wassermann has not yet had time to develop. This is because they believe that the antibodies produced and which have to do with the mechanism of the Wassermann have some value in the promotion of the cure. This view is opposed to the belief of most writers and has little to commend its adoption. It is well known in this connection that individuals developing syphilis and having an initial febrile reaction with well marked external manifestations are less prone to serious disease of the central nervous system than more mildly running cases.

We do not have at this time a definite method to determine when an abortion of an early case of syphilis has been brought about. There are two ways by which it can be proved. Time is one. The other is the subsequent development of reinfection. This is the real proof that abortion can be induced and should be the stimulus to making abortion the routine treatment in place of its present rarity. Benario has collected 97 such cases which are free from any question. This series of cases offers real and positive proof that syphilis can be cured, even in the biological sense. If the abortion of the infection has not been successfully carried out during the first few days after the lesion is detected, the patient may remain free from all manifestations for a period of months or years. It seems to be well borne out by experience that early cases so treated and in whom abortive treatment has been unsuccessful

* Read before the Medical Section, Ohio State Medical Association, in annual session, Cleveland, May 17, 1916.

ful, will go for a longer period of time without recurrence than cases treated during more advanced stages. The abortive treatment hinders the generalization of the disease and may possibly spare the central nervous system in the first widespread dissemination of the spirochaetes which takes place.

When the first few days following infection have passed without an effective abortive treatment having been carried out, the best method of treatment to produce a clinical cure must be considered. The writer believes that the best method of treating syphilis at this period is the initial use of salvarsan, given one week apart for four or five weeks, to be followed by mercury injections for a period of time which should never be limited in advance. There are many differences of opinion in regard to the duration of such mercurial treatment in the absence of clinical signs of syphilis. Many assume the absence of all signs and a negative Wassermann for one year. This is disproved by the increasing number of cases which are being reported in which the Wassermann has relapsed after a negative period of one year or longer. It may be said, however, that in insufficiently treated cases the relapse of the Wassermann to negative will take place before one year.

The Wassermann renders distinct and invaluable evidence as a guidepost in the treatment of syphilis. While it is generally conceded that a positive Wassermann means syphilis, it is not conceded that a positive Wassermann always means an active syphilis and requires treatment for that reason alone. The reverse view that a negative Wassermann excludes the necessity for treatment has utterly no justification in fact. We should not determine our treatment by negative Wassermans alone, but should insist that the blood findings be continuously negative. When the Wassermann has once been made negative, ideal treatment should aim at the continuation of this finding. This may be attempted by thorough mercurialization during the first year, and also during the second and third years, although perhaps not so intensively. While a negative Wassermann is not a proof of latency or inactivity of the spirochaete, it speaks for such assumption better than any other index and for that reason the findings in the blood should always be known.

There may be no parallel between the Wassermann and the clinical condition. In the latter stages where the clinical signs may be entirely absent, the blood findings are often positive, or the reverse may be true. It is therefore not sufficient to be content with one or two negative blood readings, but the Wassermann should be known to be negative for years, certainly five. This means that patients should be so educated that they will co-operate with the physician and be under his watchful observation.

The spinal fluid affords a further aid in the

determination of a clinical cure. There is no question that it is best, at least theoretically, to examine the spinal fluid in every case before permitting the patient to pass from observation. There is no definite relationship between the serological findings in the blood and the spinal fluid. Wechselmann demands that the spinal fluid be examined in all aborted cases before the patient is dismissed. It is difficult to examine the spinal fluid as a routine procedure in private practice, but there is no doubt that the examination is not made with sufficient frequency.

The duration of treatment in syphilis depends in large degree on the intensity of the treatment. The duration may be very short if the treatment is intensive at the very beginning of the infection. There are undisputed cases in the literature where abortion of the disease has been brought about by salvarsan alone, with the subsequent development of a new re-infection. When the more usual combined treatment has to be adopted, much depends on the efficiency of the mercurialization. A most important distinction should be made between giving mercury and giving mercury so that it will do the most good. The administration of mercury in inadequate amounts is not only without value, but may be positively harmful when it permits grave conditions to develop during the treatment. The dose of mercury should not be defined in advance, but should always be at the maximum point of the patient's tolerance. Great numbers of patients are being given fixed and standard doses of mercury without any effort being made to vary the dosage to meet the individual requirements. The individual requirement may be variable due to such changing factors as the diet, the habits in respect to tobacco, the use of alcohol, the condition of the teeth, the care of the mouth, the elimination from the intestinal canal, and individual idiosyncrasies. To maintain efficient mercurialization and not to transcend the point of tolerance with the evil consequences of salivation means the highest degree of vigilance and skill. Many physicians prefer the earlier method of lowering the dose, so the border land between the point of tolerance and salivation is greater. In so lowering the dose, it often happens that the amount of mercury actually given may be insufficient either to keep the Wassermann negative or prevent the development of new manifestations while the patient is actually under treatment. It is a frequent observation to find patients with a strong Wassermann who have been taking mercury for months or more. The only inference from this is that the amount given is too small to do more than lull the patient, as well as the physician into a feeling of false security.

Conclusions—

1. Syphilis is a curable disease, which is proven by the development of new infections after cases aborted by the use of salvarsan or the combined treatment with mercury.

2. Cases of syphilis which are not aborted may come to bear a close analogy to tuberculosis, in that a stage of latency may be reached in which the patient is clinically well, but still harbors spirochaetes in his body.

3. The term clinical cure should be taken to mean the complete disappearance of all manifestations and the danger of transmitting the disease to others.

4. Every effort should be made to make a diag-

nosis at the earliest possible hour and attempt to abort the disease by intensive treatment.

5. The Wassermann should be made negative at the earliest possible moment and never again allowed to become positive if it can be prevented.

6. The patient should be educated so that he will co-operate with the physician in the effort to keep him under observation for a prolonged period even in the entire absence of clinical signs.

421 Michigan Street.

Extra-Uterine Pregnancy

Florus F. Lawrence, M. D., D. Sc., LL. D., F. A. C. S. Columbus, Ohio

THE importance of the subject of extra-uterine pregnancy cannot be exaggerated.

For years there was heated discussion on appendicitis. Extra-uterine pregnancy is only a little less frequent, only a little more fatal, and a little more positive in its symptomatology. Hence, a little more important. I have, at various times during the past twenty years, presented specimens, reported cases illustrating or demonstrating this condition, and during that time I have on two or three occasions, presented papers discussing this subject, from both the diagnostic and pathologic standpoint. Also in a paper presented a few months ago on the subject "A Surgical Retrospect," I sought to show that much of our modern surgical success was the result of the pains-taking and conscientious efforts of those who were pioneers in surgery.

So in the subject of extra-uterine pregnancy I am convinced that had the teachings and the experience of men of more than a quarter of a century ago been thoroughly studied and faithfully followed, very few cases of extra-uterine pregnancy would ever come to the period of rupture. In other words, had the principles demonstrated by the abdominal surgeons of twenty-five years ago been carefully digested and utilized by the family physicians and by our obstetricians, practically all cases of extra-uterine pregnancy would be operated upon before rupture with a mortality of nothing. I realize, fully, that the family physicians cannot have either the money to buy or the time to read all of the books or documents written by great men. Hence, the importance of papers by men of experience; they should be frank and full.

On the other hand, I am equally convinced that it is an injustice, not only to the patient, but to the family physician, if the diagnosis of this condition be considered only possible by men of exceptional ability. In other words, no death should be excused on the ground that only men of divinely appointed powers could have recognized the condition in time to save the life, for the literature of surgery is replete with teachings to the contrary. There is hardly a complication or condition of or associated with extra-uterine pregnancy, that has not been discussed, illus-

trated by reported cases and supported by pathologic findings, for more than a century, and much of it longer ago.

As an example: Over a hundred years ago, Hunter, of Edinburgh, discussed in a very intelligent manner, the pathology of normal uterine and extra-uterine pregnancy.

The occurrence of a subsequent extra-uterine pregnancy, when the opposite tube and ovary had been left during an operation for ectopic pregnancy, the possibilities of the death of an extra-uterine pregnancy and a subsequent uterine pregnancy with all of its possible complications, the occurrence of infection of a gestation sac in extra-uterine pregnancy, together with other intra-pelvic or intra-abdominal conditions, have been shown by the reports and records of many of the world's best teachers.

The case presented by Dr. Inglis is the fifth case which has been reported to this Academy (in my personal experience) in which there has been pregnancy in both tubes. Some years ago I presented a specimen of an unruptured tubal pregnancy, which had been removed from a patient of Dr. H. L. Harris', who also had a uterine pregnancy from which she was delivered normally and at term seven months subsequent to the operation. I have also reported and presented the specimens to this Academy of several cases in which, as the result of leaving the tube on one side at an operation for extra-uterine pregnancy, it was necessary to perform an operation for a second. In at least three of these which have been reported to the Columbus Academy of Medicine, the operation had been both primarily and secondarily for *unruptured* tubal pregnancy. The minutes of the Academy will show these reports and the dates. The gist of this is, not that it requires any special attainment or skill, but that the seriousness of the condition is such that every physician who is entrusted with the life of a woman should be awake to the possibilities of the condition, and be able to recognize it when the opportunity for examination presents itself.

The literature of the past may be partially summarized as follows:

Surgical Diseases of the Ovaries and fallopian tubes including tubal pregnancy, by J. Bland Sutton, F. R. C. S., London, England, (1891) Page 401.

The Diagnosis Before Primary Rupture.—Gravid tubes have in a few instances been removed before primary rupture or abortion, but in nearly all the recorded instances the operation was undertaken for the purpose of removing diseased tubes; examination of the parts after removal has revealed the fact that they were gravid.

Dr. Herman, in one undoubted case, diagnosed the existence of tubal pregnancy before rupture, and his diagnosis was completely confirmed at the operation. The case was interesting, as he had previously operated on the patient for tubal gestation. The details of this important case are given on page 367.

Diagnosed and Operated upon by Dr. Herman.—McG—, aged twenty-eight years, was admitted into the London Hospital January, 1887, and underwent abdominal section for tubal gestation which had ruptured into the peritoneal cavity. In this operation Dr. Herman removed the right tube.

In December, 1888, the patient was again in the Hospital, suffering from enteric fever. She was readmitted into the Hospital on May 13th, 1890. Menstruation occurred for the last time in February, and having often felt sick, she thought she was pregnant. She was very low-spirited, and this circumstance led her to seek advice. On May 10th she had slight vaginal hemorrhage. She had had no pain except that produced by the vomiting.

On vaginal examination the uterus was found in the normal position, and quite movable. To the left of and behind the uterus was a swelling about as large as the uterus, and moving with it. The patient was fat and not anaemic, and there was no signs of disease elsewhere.

The clinical history and the physical signs pointed to a pregnancy in the left tube. Its removal by operation was therefore advised, and performed on May 17th. The abdomen was opened by an incision in the line of the former one. When exposed, the left tube was seen as a purplish-red, elongated, ovoid swelling, lying by the side of the uterus. It was connected to the uterus by soft, easily broken-down adhesions. These were easily separated, the broad ligament transfixed and tied, and the tube removed entire along with the ovary. Under the compression used in its removal, blood spurted from a little hole not larger than a pin puncture. The peritoneal cavity was washed out with water. Some recent clot was found at the bottom of the recto-vaginal pouch, but as the tube was entire, this may have come from separated adhesions or from the wound.

The tube removed measured 2½ inches long by 1½ inch across. When cut open, a foetus

about a third of an inch long was found within it. Its interior was mammillated, just like the interior surface of an apoplectic ovum, and the amniotic cavity contained an embryo. Its walls, on section, was three-eighths of an inch thick, and to the naked eye resembled the thrombosed placenta of an extra-uterine gestation some time after the death of the child.

Ibid. UTERINE AND EXTRA-UTERINE PREGNANCY IN THE SAME PATIENT.

Page 379:

Dr. Worrall, of Sydney, has published the details of a case in which a woman with a foetus retained in the broad ligament subsequently conceived in the uterus. The nature of the case was correctly diagnosed, and an operation for the relief of the condition was successfully carried out.

The patient was thirty years of age, and mother of five children. In April, 1888, the menses having been absent six weeks, she was seized in the night with severe abdominal pains, faintness and vomiting. She was confined to her bed for six weeks. In October of the same year, in about the eighth month of gestation, a sudden flooding, unaccompanied by pain, came on, and lasted three days. A month later she was seized with severe abdominal pains, which lasted a fortnight; she then began to decrease in size, and menstruation re-appeared. The tumor decreased to a certain point and then remained stationary.

After July, 1889, she ceased to menstruate, and her abdomen gradually enlarged. A few months later Dr. Worrall was consulted, and he correctly diagnosed the existence of a living intra-uterine foetus and an extra-uterine foetus which had been dead about two years.

Acting on this diagnosis, he removed the extra-uterine foetus from the left broad ligament. It was not decomposed, but was very flaccid, and weighed 4½ pounds. The placenta was left and the sac drained. Next day labour came on, and the intra-uterine child was born. It was a female, and cried feebly, "but in spite of every care, died in a few hours." The patient made a good recovery.

Bozeman has recorded a case in which uterine supervened on extra-uterine gestation. After delivery of the intra-uterine child an uneven and projecting mass presented in Douglas' fossa. This proved to be the sac of an extra-uterine pregnancy. From the history of the case it had probably been dead between three and four years. The contents of the sac were evacuated through the vagina. The patient recovered.

The case referred to in the early part of this paper, in which I operated, upon a patient of Dr. H. L. Harris', for unruptured extra-uterine pregnancy, at the time the patient also had a normal uterine pregnancy, was more fortunate, inasmuch as she did not abort, but was delivered at term.

American System of Gynecology, by Mann, (1888). Page 186:

Symptoms of Extra-Uterine Gestation. — As has been already stated, ectopic gestation sometimes presents no symptoms whatever, the first evidence of the existence of the condition being yielded by the occurrence of rupture.

FORTUNATELY, THIS IS THE EXCEPTION AND NOT THE RULE. The manner in which the condition is most frequently discovered is this: A woman becomes pregnant and announces the fact to her friends. As the sixth or eighth week is reached some irregularity in the signs of pregnancy, such as sanguineous discharge, with pain in one iliac fossa and down the thigh, renders her anxious, and she reports the fact to her physician. Upon examination he discovers a hard and slightly tender mass on one side of the uterus, and, his suspicions being aroused, he submits the case to full investigation, which results in diagnosis.

An American Text Book of Gynecology, Edited by J. M. Baldy, M. D., (1894). Page 530:

Physical Signs of Ectopic Gestation. — If examined prior to rupture, one simply feels a distended tube, perhaps a little more boggy and vascular than a hydro- or pyosalpinx of a corresponding size. There is the same elongated, sausage-shaped mass, extending from the cornu of the uterus laterally or downward and backward which one feels in a salpingitis. The uterus is enlarged; the cervix is soft and patulous.

Text Book of Abdominal Surgery, by Skene Keith and George E. Keith, (1894). Page 489:

Symptoms of Extra-Uterine Pregnancy. — On examination the uterus is found to be enlarged, and to be pushed either forwards or to one side by a soft well-defined oval swelling. In the region of this swelling and running towards the uterus marked pulsation is felt. The swelling differs from an ordinary pyo- or hydrosalpinx in conveying the feeling that something has been inserted into the tube at one spot. There is no special tenderness.

Page 491:

Treatment. — If a diagnosis of tubal pregnancy be made before rupture, treatment is of the simplest, and removal of the tube should always be advised. Of the less heroic methods of treatment, electricity is the only one which has been at all successful. But as the abdominal operation must be invariably preferred, it is unnecessary to describe any of the other methods which have been used.

Extra Uterine Pregnancy, by John S. Parry, M. D., (1876). Page 177:

The foetal tumor can frequently be recognized by careful bimanual palpitation shortly after the second month. Giffard did this long ago, (Cases in Midwifery. 8vo., London, 1734, p. 153), and Siredey detected it only one month after the commencement of pregnancy. Boehmer discovered the peri-uterine enlargement at three

months in a case of supposed ovarian gestation. The results were obtained by the ordinary methods of examination.

Medical and Surgical Gynecology, (Volume Two), by S. Pozzi, M. D., (1892). Page 249:

Embryonal Period, extending from the commencement of Pregnancy until Quickening. — This stage is the one which is the more frequently met with, and also the one which presents the greatest diagnostic difficulties, which, however, have but slight importance from the standpoint of treatment, as we shall see later. This period corresponds to the first four or five months of foetal life, but in the event of the death of the foetus it may be prolonged much beyond this time without appreciable modification of its conditions, unless some accident supervene, such as rupture or inflammation of the cyst.

The rational signs present no characteristics; they consist of symptoms more or less marked, referred to the genital organs. Menorrhagia may be present, necessitating the tampon; in other cases menstruation may be undisturbed; in still others, all of the signs of normal pregnancy may be present — suppression of the menses, changes in the breasts, and sympathetic disturbances of the digestive and nervous systems. On examination, however, the size of the uterus will be found not to correspond with the stage of the pregnancy thus indicated.

Colicky pains followed by expulsion of the decidua will often point to disturbance in the life of the ovum, and indicates death of the embryo. Yet this occurrence, especially if accompanied by metrorrhagia, may at times falsely lead to a diagnosis of abortion, as pregnancy may persist. If such be the case, we unquestionably have to do with ectopic gestation.

Pain due to intestinal adhesions characterizes tubo-abdominal and abdominal pregnancy. When the ovum is incarcerated in Douglas' pouch symptoms of compression of the rectum or bladder are often manifested. The ovum then is often mistaken for a fibroid tumor of the posterior wall of the uterus.

Bimanual palpation may reveal the ovum at the side of the uterus, sometimes continuous with it, but sometimes separated by a sulcus or a pedicle. It constitutes a tumor which in no wise differs from the usual tubal cyst — the hydro-, haemato- or pyosalpinx. If we succeed in mapping out the body of the uterus, we shall find it somewhat increased in size and displaced laterally; the cervix will not be perceptibly changed. When the tumor occupies the cul-de-sac of Douglas (which is of rare occurrence), it is there encysted, and ballotment after the fourth month may decide the differential diagnosis. Retroversion of a gravid uterus is apt to be suggested in such a case, and mistakes are probable. Either a diagnosis of retroversion is made where extra-uterine pregnancy exists or a diagnosis of extra-

uterine pregnancy is made when really a retroversion is present. The sound is sometimes used to establish the diagnosis in these cases. In a case of Bailey's, however, with retroversion it penetrated but eight centimeters. Another sign may be incidentally of value: in the case of the foetal cyst, examination never excites contractions, while these may be sometimes obtained in the bimanual examination of the gravid retroverted uterus.

Rectal touch completes our evidence in regard to the size and relations of the tumor. Such examinations should be conducted with the greatest gentleness, on account of the danger of inducing rupture and serious hemorrhage. The passage of the uterine sound should be totally prohibited for the reason that it provokes contraction of the uterus and tubes.

Clinical Gynecology, by John M. Keating, M. D., LL. D., and Henry C. Coe, M. D., M. R. C. S., (1895). Page 753:

Diagnosis.—There is a wide difference of opinion as to the practicability of early diagnosis. *The problem seems simple enough.* Given pregnancy, and having ascertained that the ovum is not in the uterus, the diagnosis is effected.

Operative Gynecology, by Howard A. Kelly, A. B., M. D., (1900). Vol. II., Page 445. Chapter XXXIV. Extra-Uterine Pregnancy:

The Diagnosis in Unruptured Cases.—When the sac is unruptured the diagnostic factors are not so numerous as in ruptured cases. They are:

Cessation of menstruation for one or more periods, accompanied by nausea and the other signs which lead the patient herself to suspect pregnancy.

Changes in the color of the genital mucous membranes.

The existence of an ovoid tumor to the right or the left of the uterus in the position of the uterine tube, usually painful on pressure.

The sac must be handled gently for fear of rupturing it during the examination. Some of the earlier writers thought that a differential diagnosis between extra-uterine pregnancy and intra-uterine pregnancy could be made by the failure of the extra-uterine sac to contract, but this sign is fallacious, as distinct contractions have been noted.

The uterus may lie in ante-position or in retroflexion, and when the extra-uterine sac becomes larger than an egg the womb is thrust over toward the opposite side.

If the uterine decidua is cast off, or bits may be removed by curettage, this constitutes a sign of the utmost value.

When the fetus dies without rupture of the tube, the absorption of the amniotic fluid, causing a rapid diminution of the size of the sac, is a sign which is almost pathognomonic.

From the third month on, the presence of milk in the breasts.

The first case so far as I know, in which an unruptured extra-uterine pregnancy was diagnosed and operated upon in America was that of one of my patients in Kensington, Philadelphia, which may serve as a type on account of the characteristic history presented. (Trans. Obst. and Gyn. Society of Balt., Jan. 14 and Feb. 11, 1890).

Page 446:—The operation performed March 20, 1886, in the presence of Dr. R. P. Harris and several other physicians, revealed a right-sided unruptured extra-uterine sac, 10½ centimeters long, developed in about the middle of the uterine tube. The sac was cut open by Dr. C. H. Thomas, when it extruded a shrunken but well-formed male fetus, 12 centimeters long, from vertex to rump.

Emetin Hydrochlorid Variable.—It should not be taken for granted that because a drug bears the name of a definite compound it is true to name and pure, and therefore trustworthy in its action. This fact has recently been demonstrated in regard to emetin hydrochlorid. Two cases in which the administration of emetin hydrochlorid produced symptoms of poisoning (one terminating fatally) at the Johns Hopkins Medical Clinic led to an investigation by R. L. Levy and L. G. Rowntree, in which the emetin hydrochlorid preparations of five pharmaceutical houses were used. This investigation led to the conclusion that the products supplied as emetin hydrochlorid are variable in composition and in toxicity to a degree which constitutes a serious danger. It behooves physicians to insist on some declaration from the firm supplying emetin hydrochlorid as to its purity and as to the standard employed. Levy and Rowntree emphasize also the fact that emetin hydrochlorid medication itself is not an innocuous procedure. To avoid the toxic effects of emetin, the dosage should be carefully adjusted for each individual and the treatment should be given in courses at intervals of several days or a week. The subcutaneous method of administration is to be preferred (The Archives of Internal Medicine, March 15, 1916, p. 420).

Since publication of New and Nonofficial Remedies, 1916, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

Styracol Tablets, 5 grains—Each tablet contains 5 grains styracol. Merck & Co., New York.

Tannalbin Tablets, 5 grains—Each tablet contains 5 grains tannalbin. Merck & Co., New York.

Stanolind Liquid Paraffin—A non-proprietary brand of liquid petrolatum, complying with the standards of the U. S. P., 8th ed. and made from American petroleum. Standard Oil Company of Indiana, Chicago (Jour. A. M. A., April 1, 1916, p. 1027).

The Problem of Delinquency*

A. F. Shepherd, M. D., Columbus, Ohio

THE close involvement of medical problems in cases of anti-social acts is so general that no apology is necessary for bringing this subject before the Ohio State Medical Association. Members of the medical fraternity are by training and by their interests in health most particularly and peculiarly interested in the prevention of disorder whether of the mind or body. Prevention of crime is in part a matter of the regular physician's business in the narrowest conception of what constitutes the doctor's work. It consists in definite surgical and medical procedures which are clearly indicated in order to put the body of the delinquent or potential delinquent into good working condition. Such conditions as adenoids, adherent prepuce, and eye strain come in this category. Other causes of actual and potential delinquency, it is clearly seen, have disturbed and unbalanced metabolisms; but the indications are not so clear. This does not make them any less medical problems. They are more problematic, and hence more interesting to the real student of medicine. Marked cyanosis, asymmetry of face, high irritability, bizarre conduct, and neurotic tendencies, illustrate this class of problems.

In this day of widened conception of the responsibility of the medical profession for the health of the community, when we consider prevention of disease far more important than caring for sick persons, and when social service has been adopted as an ally of medicine and is deemed as essential to its efficiency as is nursing, there is no possible question of the interest of the medical profession in the rapid increase of the cost of crime to the community.

The community has a right to look to its doctors for help, both in the treatment of individual delinquents, in the planning of such scientific management of delinquents as to recover to productive citizenship the largest number possible, and in the planning of child management, and education so as to prevent potential delinquents from becoming anti-social in their activities. The medical man, by his professional training, has specialized in the subject of human nature. He knows human beings as individual mechanisms, better than any other professional man, if he has used his training and practice to make of himself a real doctor. To its doctors the people of Ohio, therefore, are looking for help in the problems involved in the rapid increase of crime. This association should form a policy and take a stand, advocating such economies in the crime situation as the special training of physicians enables them to see more clearly indicated than can the average citizen.

We have made some analysis of the expenses incident to crime and delinquency in Ohio for the years 1906 and 1914. These were the earliest and latest available reports of cities and counties made to the state Bureau of Inspection and Supervision of Public Offices.

For the year 1906 the aggregate expenses of cities, counties, and state, chargeable to crime and delinquency were \$4,698,677.43. For 1914 the same items for cities, counties, and state aggregate \$8,412,598.25. This is an increase in eight years of 79 percent. In the same eight years the population of Ohio, as estimated by the Bureau of Census, increased from 4,533,064 to 5,026,898, or 10.9 percent.

The city expenses charged to crime and delinquency for each year are those of police departments, police and justices courts, jury fees, court costs, and the net expenses of work-houses. For 1906 these expenses in Ohio cities were \$2,661,777.23, and for 1914, \$4,353,952.32, an increase of 63.6 percent.

The county expenses charged to crime, for both years alike, consisted of all expenses of the sheriff's and prosecuting attorney's offices, all county expenses of police, justice's, mayor's, juvenile and common pleas courts, attorneys' fees in criminal cases, clothing to inmates of boys' and girls' industrial schools, salaries of jail matrons, board, clothing and other expenses of county jails, and maintenance in work houses. There is no overlapping with cities. Complete separation of court expenses in criminal procedures, from those in civil actions, is not possible. Probably the expenses of the probate courts in criminal cases, which are not charged herein, effect the non-criminal expenses of other courts and of the sheriff's and prosecuting attorney's offices. In any case the items charged are identical for the two years. For 1906 they aggregate \$1,725,669.72, and for 1914 \$3,149,878.09, an increase of 82.5 percent. It should be noted that the Ohio Salary law, which practically abolished the expensive fee system, went into effect in 1907. Strict paralleling, and comparing of actual expenses to the people of a county for 1906 and 1914 is, therefore, impossible.

The state expenses for crime and delinquency are taken from the Ohio Bulletin of Charities and Correction. They are the expenditures less receipts (including receipts for clothing of inmates), for the Ohio Penitentiary, the Ohio State Reformatory, the Boys' Industrial School, and the Girls' Industrial Home. For 1906 these net expenditures were \$311,230.48, and for 1914 they were \$908,767.73, an increase of 191.9 percent. It should be stated that a heavy item in this increase was due to the termination of the contract system in the penitentiary during this period. This item will materially lessen as rational op-

*Read before the Section on Nervous and Mental Diseases, of the Ohio State Medical Association, in annual session at Cleveland, Thursday, May 18.

portunities for prisoners to work are more fully developed. It has already (May, 1916) decreased from figures of 1914. The net cost of the Reformatory nearly trebled in this eight-year period and that of the Girls' Industrial Home more than doubled.

REASON OF EXPENSE INCREASE

The aggregate expenditures of the state and its subdivisions of nearly eight and a half million of dollars on account of crime in 1914 attracts attention, not only because of its amount, but because it represents an increase of such expenditure in eight years of 79 percent, whereas our population increased in the same period less than eleven percent. During this same eight years the aggregate population (daily averages for the year) of the four state institutions, did not increase much in excess of the growth of the general population. It was an increase of 12.4 percent, from 3,746 to 4,210. The reformatory increased 35 percent and the penitentiary decreased one percent. The boys' school increased 35 percent, and the girls' 16 percent.

In regard to the actual commitments made, the juvenile court law, making it possible to send boys up to seventeen years of age to the Boys' Industrial School, in 1906, changed the disposition of some male minor delinquents. In 1906, 834 boys were sent to Lancaster and in 1914 only 458. In 1915 commitments to the boys' school passed the number of 1906. In 1914 the girls' school received 98 more, the reformatory 399 more, and the penitentiary 222 more than in 1906. The aggregate increase in commitment rate to the four institutions in the eight years was 18 percent. We must conclude there has been some slight increase in the speed with which these correctional institutions bring about their reformations of delinquents, but that the principal reason of the expense increase is in the superior quality of the service they are equipped to render,—that they are not handling more delinquents, but about the same numbers in better fashion. This should be shown by increasing numbers of discharged inmates who remain industrious, law-abiding citizens.

In these eight years the total population of county jails increased 42 percent. The commitments to workhouses increased 54 percent, and the jail commitments 62 percent. Children under 16 in jail increased 19 percent, and insane in jail increased 19 percent.

During the eight years under consideration, the foreign born element in jail populations in Ohio increased parallel with the increase of the total jail population. The foreign born in jail during each of the years 1906 and 1914 constituted 19½ percent of the jail population for each of those years. There was a slight increase in the number of jailed persons born in other states. In 1906, 3600 of the total 17,092, or 21 percent, were born in states other than Ohio. In 1914, 6,867 of the

total of 25,307, or 26 percent, were born in other states. Our increasing expenses for crime cannot, therefore, be charged to migration, either into the country or from other states to Ohio.

As to the character of crimes it is significant that while the jail populations increased 42 percent from 1906 to 1914, those charged with felonies in the latter year exceeded by 100 percent those so charged in 1906. Charges for misdemeanor increased 35 percent. Charges of violation of ordinances decreased about 25 percent. These figures exhibit the serious aspect of the crime situation, and further cause of the increased expense of criminality to the community. It costs more to apprehend and convict a given number of culprits, when the offenses are more grave. That 38 percent of twenty-one thousand preferred charged in 1914 were for felonies, whereas only 26 percent of fifteen thousand preferred charges in 1906 were for felonies, affords significant explanation of some of the increased cost of crime in Ohio in this period of eight years.

In reckoning the cost of crime to the community we must consider that this money expense is only one of several items in the bill. These offenders, if producing their fair share of the means of subsistence would be contributing more to the happiness of the rest of the human family than they now take away by the expenses of their apprehension, conviction, custody and attempted reformation. Further than this the talent employed in these various activities set in motion by the offenses in question, would, if released from pursuing, detaining, and reforming criminals, contribute an even greater amount to the happiness of the human family, than would the properly directed energies of the delinquents themselves. The economic waste of crime in Ohio is far in excess of the eight and a half million dollars it cost us in actual money expenditure in 1914.

The offenders are temporarily upon the scrap heap of humanity; like the insane, the feeble-minded, the epileptic, and persons suffering from incurable diseases. They are, for the time, a waste product, like the adrenalin and thyroid extract which the meat packers used to waste, like the scrap lumber, and coal and oil which are wasted today, and like the soil of his hill-sides which the Kentucky mountain farmer helps to slide from its rock foundation into the bed of the stream below. In common with waste products and wasteful processes of ing, farming, or manufacturing, this waste of production, whether mining, lumbering, farming, or manufacturing, this waste of human energy dictates the application of intelligence to prevent such waste,—to conserve human energy and direct it to contribute to the happiness of all. It indicates research into the causes of this waste, and into methods not only of preventing it, but conserving and building up into productive citizens the potential destroyers of the social order. We must learn to stop these wastes

before they occur. We must prevent crime, as we prevent other disease.

Just as many up-to-date manufacturers are spending given percentages of their incomes upon research, for the double purpose of improving the products, and producing them more economically, and are considering these research departments as organic parts of the business, as are the departments of advertising and sales; so must the community, whether city, county, or state, come to consider research into the causes of waste citizenship an even more necessary part of social machinery than are either the sheriff, the policeman, the court, or the reformatory. The community must come to hold in such high esteem the research department, because that is the sort of activity which alone can get at the underlying causes of this ever mounting expense of crime. That is the activity which is like the preventive medicine activities of this profession, in that it endeavors to prevent conditions by which the profession lives. When such a conception of prevention of delinquency through research into the causes of crime, comes to prevail in any community, the policeman will become a social worker, a conserver of social forces. He will cease to be a mere preserver of life and property. His chief business will no longer be *preventing* the anti-social from preying upon the rest of society. He will become the intelligent co-operator with the parent and teacher. His business will become a real profession, and will attract to it workers who are trained in the arts of constructing human character,—men and women who know how the minds of men grow, and how to help the peculiar minds to grow straight. Mental hygiene, in the minds and hands of such professional policemen, judges, and social welfare students, will come to the aid of the public schools in dealing with the exceptional children of the community. They will keep their eyes upon those who remain exceptional, in spite of treatment, and take precaution against their crimes before these occur.

In reference to the etiology of crime, each is left to his own guess in many cases, and one of these guesses is as good as another. There is little definite scientific knowledge in some of these matters. There is a growing conviction, however, that anti-social behavior, like all human acts, proceeds from mental causes, and that the mental conditions leading to action are the outcome of physical and social conditions. In other words, what one does is very largely determined by what he is in his physical structure by heredity, by the health conditions of his extra-uterine existence, and by the human environment which he has enjoyed. This view of the etiology of criminal, in common with all other human actions, does not detract from the individual responsibility. It is not concerned with any metaphysical doctrine of determinism and free-will. It recognizes the fundamental fact of the dependence

of mind upon body, and seeks to limit its expectations of human beings in proportion to their endowments and capacities. It is only common sense to recognize that a sick body may be the cause of a moral obliquity and transgression of some custom embodied in a statute. We recognize that disturbances of metabolism may and do cause serious perversions of the emotions and the capacity to see straight in regard to social relations. We know of the mental disturbances incident to hyper- and hypothyroidism. And the interest in disturbances of other internal secretions has passed beyond the stage of curiosity. Science is invading the sphere. The influences of many poisons upon the central nervous system are well known. This holds of poisons ingested like alcohol, and of toxins engendered within the system as by-products of the growth of micro-organisms. The nervous system is especially sensitive to many poisons. By this means they follow a direct road in coloring emotions, altering customary associations, warping judgments and bringing forth unusual motor responses. Among these unusual actions are many delinquencies and crimes. Some of the subjects of these actions are insane; some are psychopathic personalities, hysterics, neurasthenics, psychasthenics, and some are epileptics.

Again it is commonly recognized that the feebly endowed nervous system is unable to assume and carry the same responsibilities as the average adult human. Feeble-mindedness is a potent factor in the etiology of crime, and the community is learning that the feeble-minded delinquents are not responsible for their delinquencies. Rather the responsibility rests upon the rest of us, since we do not recognize them as children, and guard them from opportunities to do wrong.

We are also recognizing the freaks in human nature, who seem well endowed in what we call intelligence, but either have no sense of what is right and proper in the moral sphere, or, knowing the right, have not the strength of will to carry it out. They are designated as moral defectives, morally insane, or moral perverts. Sexual perverts fall into this class, for the most part. These defects of will and character, are not separate and distinct from defects in intelligence, nor are emotional perversions distinct from either. Our knowledge in this realm of clinical psychology is as hazy as that in the field of the nature and functions of many of the internal secretions. This whole field of clinical medicine which brings to its aid the sciences of psychology, biology, and sociology, as well as the accepted methods of case study through examination of the subject, his body reactions, and his body fluids, is a new kind of investigative procedure. The fields are white unto the harvest, but those who are prepared to co-operate in the harvest are few.

We have made progress in Ohio in dealing with delinquents. In the past decade we have given statutory recognition to the view that sentencing

delinquents and detaining them in custody is not primarily to punish them, but to reclaim them to productive citizenship. We have abolished the contract shops at the penitentiary, and we have committed ourselves to the policy of reclamation through employment, though we have failed to provide adequately for such occupation. We have also committed ourselves feebly to the rural institution and abundance of out-of-door work. We have provided school facilities at the penitentiary as at all correctional institutions. Most significant of our appreciation of the fact that reform and restoration to citizenship is the first and only objective of the measures taken with delinquents, is the indeterminate sentence. This recognizes that the length of time necessary for reform cannot be assigned by the judge on the bench, but must be left to the men who have charge of the offender in the correctional institution. A natural and necessary part of the indeterminate sentence, is a chance to make good while still under sentence. A necessary part of a parole system is a force of field officers. Another correlate of the parole system is the plan of trusting men to work in colonies, trusting them out on the land, and trusting them to go alone on visits.

The establishment of the children's court is another recognition of the clinical and educational nature of society's dealings with delinquents. In these institutions it is recognized that children cannot be criminal in the sense that the adult is, just as we do not expect a young child to be moral in the same sense as is an adult. These courts recognize that character and morality grow as plants grow, and they do not allow charges to be preferred against those who are not grown up; such juveniles are *complained of*. It is recognized that parents are at fault quite as much as the children. The court abolishes all the technicalities and abortive procedures of the law, and tries to come directly to the pith of the complaint as a case of social disorder. He endeavors to use the straightest and most expeditious road to secure justice to the wronged, and correction of his character-defect for the offender. The children's court idea is spreading and it is likely to demolish some of the venerated but cumbersome procedures of our legal brethren.

Another advance in Ohio's dealing with her delinquents was the organization of the Ohio Board of Administration in 1911. There is much indication of wisdom and vision in the language of the act providing for the establishment of the board. Provision is made for humane and scientific treatment of the wards of the state, and for the economic management of the business of feeding, clothing, and treating them. Provision is also made "to promote the study of the causes of dependency and delinquency, and of mental, moral, and physical defects, with a view to cure and ultimate prevention." So the framers of this law held in mind a plan of activity for this board by which it, like the medical profession, should work

to abolish its own particular field of activity. Prevention of delinquency is one of the chief statutory activities of the board.

In pursuance of this object of the Board of Administration, the general assembly enacted, in 1913, a provision that the Ohio Board of Administration "shall provide and maintain a bureau of juvenile research," and that the Ohio Board of Administration may assign the children committed to its guardianship to the Bureau of Juvenile Research for the purpose of mental, physical, and other examination, inquiry or treatment for such period as such board may deem necessary. These statutory provisions put Ohio in the advance guard of the states of the union in her attitude toward the crime situation. If we see the facts, (1) that crime has mental causes which in turn are rooted in physical and environmental conditions, and (2) that most delinquencies have their set in youth (the Chicago Council Committee found that 60 percent of the men and women arrested there are under thirty years of age), then there can be no question of the logic which led to the provision for the establishment of a psychological clinic in Ohio for the study of delinquent and peculiar children. The causes of delinquency will be more easily seen in the simpler characters of children. We see the lines of embryological development best in the simple lines of the amphioxus. We learn of the composition of human personality by watching it in the making in the nursery. So we shall learn the mental mechanisms,—the motivation of all crime, by studying it in the juvenile clinic.

The wisdom of this provision also exhibits itself in reference to the individual delinquent. The act provides that a diagnosis shall be made if possible to science, *before* a remedy is prescribed. By present procedure we are treated to the spectacle of juvenile court judges sending the most varied kinds of delinquents to one and the same institution, and this institution likewise proceeding with the material very much as a mill with the wheat submitted to it. We are doing less sorting of this material than the ordinary wool handler does with the discarded clothing of sheep before converting it into human clothing, yet if there is one thing that stands clear as the result of the philosophy of Kant, and the educational theory of Rousseau it is that each human being is unique, and the thing most precious about him for the rest of us is his peculiarity. What is so important in education cannot be neglected in the study of troublesome children, and in attempts to unearth causes of crime. This correctional work is essentially work in moral education. The Bureau of Juvenile Research is provided then to correct this gross defect in our present procedure of administering shot-gun prescriptions, few of which spread wide enough to get the bird, and to organize so as to go directly after every species of clinical fact. A body of experts in all the fields of human nature study will go

into all aspects of each case studied; analysis and diagnosis will be made *first*. Prescription of treatment will *follow* these analytic researches.

But Ohio's wise leadership in this field of investigation of crime will rapidly disappear, if we do not follow up the vision of this plan of organization, by making actual provision for setting the machinery going. We must have a place,—a building in which these children can be received and studied by the various kinds of doctors who should approach their different angles. Only when such a building is provided for the work can the prescribing of treatment *follow* exhaustive diagnoses as it should. Without opportunities to study the individual intensively and over an extended time we cannot hope for more than general contributions to the better management of the crime situation. This general and statistical work can be better done and better salvage of the individual delinquent can be secured, when the clinic is given a place in which to conduct its clinical work.

The state work would be a model and an inspiration to our cities and counties. Many school systems and juvenile and municipal courts in Ohio are much behind local organization in other states in the scientific study of delinquency, backwardness, and other mental peculiarities. Every court should have as a part of its machinery a medical man who knows the mental side of human nature. A psychological clinic is quite as necessary as a lawyer or a probation officer. Likewise every school system should have a department of psychology. The department should be closely affiliated with that of medical inspection. Indeed it would best be of the medical department if the medical department will equip itself with real training in psychology. The psychologist must either have the help of physicians or he must have real clinical training himself. Such puzzles in mental organization as come to the psychologist are so involved with physical abnormality and social conditions, that good work can be done only when all these sides are considered together.

An Ohio Bureau of Juvenile Research really operating on the lines laid down in the statute, receiving and scientifically diagnosing the peculiar children sent to it by juvenile courts, and other agencies, would serve as a model to local communities, and would lead them to prepare to prevent many of the delinquencies which now come up for state care. And these local agencies for clinical study would in turn serve to prevent many of the delinquencies from occurring. They would prove potent agencies in diminishing the present rising tide of criminality, making education a true corrective of abnormal and anti-social tendencies. By encouraging such local clinics, the state clinic would by the same token prove itself an agency for preventing the kind of cases for the study of which it was instituted. It would do the work of preventive medicine, both in its own activity and in its inspiration of local activities.

The idea has gained currency in some quarters that this clinical study of the delinquent is simply for the purpose of sorting out the feeble-minded, so they may be properly cared for in order to prevent recurrences of delinquency due to incurable lack of responsibility. This is a part, but only a small part of the work of such a clinic as the Bureau of Juvenile Research. Feeble-mindedness is not such a simple matter as some suppose, nor is the cause of delinquency so generally mere like one thousand of the five thousand present in many suppose. It is probably true that something mates of Ohio's four correctional institutions, are so definitely defective in intelligence equipment that they cannot safely be entrusted with their own management. About a thousand of them are so unable to manage themselves because of inherent lack of nervous system endowment, that the only rational course to pursue in their cases is to hold them in custody as long as they live. The parole system tends to hold these indefinitely in the correctional institutions. Scores, however, are released on parole every two months. Custodial facilities must be largely increased for these high grade defective delinquents. We must do this to save ourselves the expense of more crimes, and to save our children the expense of the crimes of their children. The criminally disposed feeble-minded have large numbers of criminally disposed feeble-minded progeny. The born criminals are those who are born feeble-minded into criminal environments. Putting a stop to the breeding of this kind of stock will be one of the results of the knowledge which will be brought out by psychological clinics. The custody of these high grade feeble-minded is not expensive. Work must be provided for them as a matter of discipline and mental hygiene. This work will largely compensate for their maintenance.

Such clinical studies of delinquents reveal large numbers of physical conditions amenable to treatment. The serum of over three hundred and fifty juvenile delinquents taken in the routine order of admission in Ohio reform schools yielded positive Wasserman reactions in over one-fifth of the cases. Other tests for syphilitic infection, and even the therapeutic test alone, may reveal sources of mental and moral instability. Dr. Haberman of New York has made signal reference to the insidious and unlooked-for ways in which hereditary syphilis manifests itself. He refers to Nonne and Hochsinger as believing that when character anomalies such as rage, coarse and shameless acts, prostitution, violence, lying and stealing develop in boys and girls of apparently good family, they often "hang together" with paternal syphilis. Haberman says "many a juvenile malefactor has to thank for his miserable state the unstable nervous system bequeathed him by the syphilis of an ancestor." (Journal A. M. A., April 3, 1915, pp. 1141-1147.) The discovery of such relationship between infection and delinquency, and fitting treatment for such cases, is

only one of the great medical fields open to such a clinic as Ohio proposes to establish. It is not necessary to attempt to bring out this aspect of the work to this audience.

Every medical man is aware of incalculable possibilities in dealing with many moral perversions through the proper use of adequate clinical and laboratory facilities. He is also aware of the possibilities of research and discovery which would be opened up by such a clinic for the thorough medical study of young offenders and other exceptional children.

Such a laboratory for the study of the causes of crime, would become a contributor to social constructive work. Such a study of the unfit and the misfit would show how to produce the more fit. It would contribute to eugenics and eugenics and orthogenics, for it is, like all pathology, bound to contribute to knowledge of the normal,—knowledge of the growth of the undiseased. Biology, psychology, sociology, and education, all come within the purvey of such clinical studies of crime and criminals. In thus saving some from the scrap heap of humanity such a laboratory also aids in the building up of a social structure in which less and less scrap is

produced. It shows us how the waste is produced and provides for steps to be taken to prevent it. It is an important factor in society's provisions for public sanitation. It contemplates providing better hygiene, physical and mental, for all whom society allows to be born, and making the best possible contributor to the happiness of all out of each individual.

Those who conceived this plan for the scientific study of crime, may have builded better than they knew. Be that as it may, there can be no doubt as to the wisdom of the plan which provides for the calling in of every species of scientific aid to study the causes of juvenile delinquency, *before* prescribing treatment. This will throw light on the causes of all crime, and enable us to treat causes rather than effects or symptoms, and thus get right to the work of diminishing the ever rising tide of criminals and of expenses for crime. At the same time the researches are bound to lead to better regulated education and community hygiene, so we shall have less crime coming on, and to a better regulation of the breeding of the unfit.

Orchard Springs Sanatorium,
Dayton, Ohio.

Military Medicine, or "Medical Preparedness"

William S. Keller, M. D., Cincinnati, Ohio

AS a prelude to what I have to say, I wish to make myself clear as distinctly "Pro-American." My interest in Military Medicine is that which pertains solely to the betterment of our United States and our medical efficiency in time of conquest. I am not trying to organize an army to fight the Kaiser or the Allies, nor do I wish to be regarded as against the present administration or the medical military policy of those in charge of the United States army and navy.

One of the dark chapters in the history of medicine in this country is the care the soldiers received during the Civil War and also the Spanish-American War. We are told also that the medical profession of the present army in Europe was unprepared and is greatly inadequate. The medical profession must be prepared to meet the demand for efficient medical officers or face the disgraceful fact that its imperfect knowledge of camp sanitation, camp selections, ignorance with reference to the Lyster sterilizer, the Darnell filter, drainage, tropical diseases, etc., is frequently responsible for a greater loss of life among soldiers than are the bullets of the enemy. This, you will recall, was the story in the Spanish-American War, where the chief losses were in regiments in camp which never left this coun-

try. It is not improbable that in case of war we should need to put in the field an army of 1,000,000 men. For such an army there should be ready from 12,000 to 15,000 well-trained medical officers. This would mean approximately one in every ten of the registered physicians in the United States. We have at present in the regular army, including contracting surgeons, only about 550 medical officers. With the medical officers of the militia and the relatively small number of those in the Medical Reserve Corps, the total number of physicians prepared for service would not be over from twelve to fifteen hundred, approximately one-tenth the number needed for any serious foreign war. It is a mistake to think that efficient medical officers any more than efficient soldiers can be had without training. The efficiency of the army depends upon preserving its health. The physicians in civil life are totally unprepared for this work, and when we think that nine-tenths of the medical officers in case of war must come from this class of men, it appears to me that it is the duty of every patriotic physician to prepare himself for possible service, if he can do so.

COURSE AT HARVARD.

Harvard Medical faculty in the Graduate School of Medicine, is planning instruction in Military Medicine. The final arrangements are

*Read before the Cincinnati Academy of Medicine April 10, 1916.

at present in the hands of a committee consisting of President Lowell, Dean Bradford of the Medical School, and Dean Arnold of the Graduate School of Medicine. Major Weston Percival Chamberlain, A.B., M.D., who was selected for this work by Surgeon General Gorgas, has been appointed lecturer on Military Medicine. This course will begin the first of July and will probably extend over the period of a month or six weeks. The authorities are planning to have field and practice work in connection with the Boston Militia and the course may ultimately be coordinated with the School for Medical Officers organized by the Army.

In a recent letter from Major Chamberlain, who is in charge of the Post Hospital, Plattsburg Barracks, N. Y., he informs me that several of the lectures will be given by Boston men who have served in the American Ambulance in Paris and can give their personal experiences with the treatment of the wounded. There will also be a naval medical officer to lecture on military medicine peculiar to the naval service. It appears to me that a course under the immediate direction of men who have seen such recent service will be a distinct advantage.

In a recent edition of the *Journal of the American Medical Association*, I recall a report of an article taken from the *British Medical Journal*, London, on "Trench Fever." Drs. McNee, Renshaw and Brunt, claim this fever to be a distinct and definite entity of infective nature which they have proven readily transmitted from one person to another by the blood. I mention this condition as one of the many emergencies which the present medical profession in Europe are dealing with as a result of modern warfare. Major Chamberlain has outlined roughly the course which covers the various subjects, as follows:

OUTLINE OF COURSE.

1. History of Military Medicine and its contributions to science. Notable work of certain military surgeons.

2. Duties devolving on the medical department in peace and war. Sanitary inspections.

3. Records of the medical department. Supplies for medical department. Methods of obtaining and accounting for same. Samples of medical equipment to be shown.

4. Examination of recruits for the army. Fundamental importance of the subject. Bearing on pension claims.

5. Military sanitation in general. Housing, feeding, clothing and equipping of the soldier.

6. Personal hygiene. Hygiene of hot and cold countries. Sanitation of troop ships and troop trains.

7. Principles of marching. Hygiene of marching commands. Camp sanitation.

8. Diseases prevailing among soldiers and their prophylaxis. Important bearing of them on outcome of campaigns.

9. Medico-military statistics. Bearing on them

of age, length of service, arm of service, station and race. Acclimatization in tropics.

10. Military weapons and the character of the wounds they produce. Gas poisoning.

11. Treatment of wounds in war. Difference between civil and military practice, and reasons therefor.

12. Organization of the army, line staff. Sanitary units in the field. Ambulance companies, field hospitals, hospital trains, hospital ships, etc.

13. Lines of medical aid on the battlefield. Hospital corps drill. Evacuation of the wounded. Importance of prompt evacuation.

14. Tactical knowledge needed by medical officers. Map problems.

15. Geneva and Hague conventions. Red Cross Society. Other forms of civil assistance. Distinctive markings of ambulances, hospitals, hospital ships and sanitary personnel.

16. Medico-military preparedness.

RECOMMENDATIONS.

I am not aware of any book which covers more than a fragment of the schedule which Major Chamberlain has outlined. Indeed, I am told that the course in the Army Medical School in Washington is hardly as broad but covers certain subjects in more detail than will be possible for the Boston authorities to devote to them in a summer course.

My idea in submitting this report to you is three-fold:

1. To impress upon the profession the tremendous urgency and need of Medical Preparedness.

2. To interest as many of the men as possible in this splendid course. If possible, to have them try and arrange their summer vacation so they may take advantage of this course on Modern Medico-Military Preparedness.

3. To offer as a suggestion that we may during the next school year have some form of instruction in our medical colleges or hospital in Cincinnati pertaining to Military Medicine.

It appears to me that with Ft. Thomas just across the river with its resident medical men, some of whom may have had active service, and with the present military staff of the State Militia, it would be quite possible for us to have a well organized and efficient course of instruction in Military Medicine.

At present I am in communication with the Dean of the Graduate School of Medicine, Harvard, and indirectly, through Col. Theodore Lyster, in communication with Surgeon General Gorgas of Washington. I have signed up for this course in Boston this summer, and for those who are interested, I will gladly give them further detail with reference to this matter.*

*On motion by Dr. Keller, seconded by Dr. Joseph Rauschoff, the Cincinnati Academy adopted a resolution asking the American Medical Association to have a special representative, preferably a physician, to take down the lectures of the course in Military Medicine, outlined by Harvard University, and that the Association publish in its weekly journal as full an extract of said lectures as space will permit.

Pellagra

T. Herbert Infield, M. D., Zanesville, Ohio

TO write of pellagra with but one case to report may seem irrational, especially to those south of the Mason and Dixon line, but in Ohio where so far but very few cases have been reported it may have the salutary effect of showing that sporadic cases do occur and that perhaps with closer scrutiny more might be uncovered.

The diagnosis of pellagra seems easy and so it is when the case is fully developed and one is familiar with it, but the feeling that the disease belongs in the South and will never cross one's path may lead to the spectacle of the blind trying to lead the blind.

Pellagra is a nutritional disease, the weight of evidence indicating that it results from some dietetic error as yet undetermined, but suggesting that some one of the necessary amino-acids available in protein food is absent or deficient.

The pathology of pellagra is to be found in the gastro-intestinal system, the skin and nervous system. The skin lesions are usually the last to develop and without them it may be impossible

twenty-one when he went to a neighboring town and got work in a pottery as a packer of stoneware, which employment kept him practically out of contact with glazes and lead compounds. During the last year of this period his health declined with the advent of some dyspeptic symptoms. During this year he was boarding at a place where eleven people were living and the food was said to be well cooked and liberal in supply with no sickness among any of the other



to make certain of the diagnosis. The nervous symptoms may be mild in type but are usually present, while the disturbance arising from the digestive organs will usually dominate the picture.

CASE HISTORY

The case history here presented is that of a young man aged 23 who appeared for treatment April 12, 1915, having been so ill that he was compelled to quit his work in July, 1914, his condition growing constantly worse. He was reared on a farm amidst good surroundings until he was

people. When he became too ill to work he returned to the farm and here again the food and surroundings were good.

Stomach and bowel symptoms became more pronounced, vomiting and diarrhea developed, with rapid pulse, weakness, prostration and the loss of thirty pounds of weight. In the latter part of February, 1915, after a period of warm, sunny weather, an eruption appeared on the face and hands.

At the time of my observation in April nervous irritability was marked with a pulse of 125, frequent vomiting and four to six stools daily which showed mucus, pus and blood, the pus and blood coming from several fissures at the anal orifice and extending upward into the rectal mucosa. A test-meal examination showed normal values, while the blood showed hemaglobin 75%, red cells 3,200,000, white cells 1,700 with no abnormalities of either type of cells. The urine was negative except for a strong reaction of indican.

The skin lesions were seen on the forehead and face and later extended to the back of the neck. On the backs of both hands to the wrists stopping abruptly at the line of clothing and extending

around the wrists in a band about an inch and a half wide were seen the typical pellagrous lesions. These were characterized by a dry scaly erythema with marked pigmentation and strong lines of demarcation at the upper margins becoming brown and fading into the normal skin. Desquamation was more marked on the hands than on the face. The lesions were symmetrical in distribution upon the hands and face, the palms being in no wise affected, nor any other part of the integument. These lesions were absolutely devoid of itchiness, burning or other painful sensations.

Under treatment consisting of bland ointment and bandages to protect from the sunlight the hands healed in a few weeks. In July, the patient being improved and thinking little of the skin, rolled up the sleeves to the elbows and worked a little in the sun for four or five days, when there appeared an erythema much like sunburn from the wrist to the elbows on the outer surface. This, however, was also free from any irritation or burning and disappeared in a few weeks with no treatment but keeping the sleeves down.

The treatment was symptomatic and with satisfactory results until the patient got about half well. Although the skin was now clear the nervous and digestive symptoms refused further to yield. Beginning September first and following up once each week for ten weeks I made use of autoserum injections after the manner of Palmer and Secor of Texas.* They advise to produce a blister one and a half inches in diameter with cantharides plaster and inject hyperdomatically one cubic centimeter of the serum thus obtained. They suggest the theory that such serum produces antigens which when absorbed stimulate the production of antibodies. Be that as it may, while under this treatment the patient made a complete recovery, the diarrhea subsiding and the fissures of the rectum healing. He has since remained well in every way and when seen April first, 1916, showed a weight of 175 pounds against 135 of the previous April.

230 Masonic Temple.

**Jour. A. M. A.*, May 8, 1915.

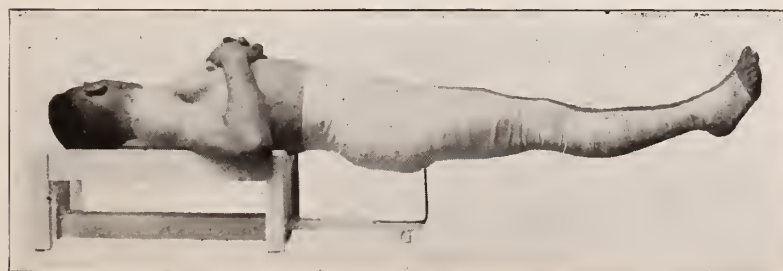
Pelvic Rest Designed by Dr. D. V. Courtright, of Circleville, Ohio



FIG. 1 ABOVE. FIG. 2 BELOW



FIG. 3



A pelvic rest which has for its object the proper suspension of a patient upon whom it is necessary to apply a plaster bandage for immobilizing the hip-joint and femur in cases of fracture or in tubercular diseases is herewith presented.

The rest will hold the patient immovable while the plaster of paris bandages are being applied, with the least amount of physical distress to the patient, and greatly aids the operator as it permits the easy and thorough application of the plaster.

The dressings will dry while the patient is on the rest, thus avoiding any breaks in the plaster and the patient can be easily removed from the rest by simply pulling out, toward the feet, the nickeled support. The rest is readily adaptable to any patient whether child or adult.

Fig. 1. Shows the three parts of the appliance.

Fig. 2. Shows adult support in position; the other support shown in Fig. 1 is for children and is interchangeable with the adult size.

Fig. 3. Shows rest and patient in situ. Bench over all measures 10 in. x 24 in. x 18 in. Rest will fit any patient, and by pulling out support, patient is easily removed.

Report of Ohio Industrial Commission on Workmen's Compensation System

Comments on High Rate of Infection

Under the Ohio workmen's compensation act, physicians and hospitals were paid \$609,975.29 from the state insurance fund for services rendered injured workmen during the period beginning January 1, 1914, the date when the act became compulsory, and ending June 30, 1915. In addition to this amount, statisticians estimate that Ohio employers, who carry their own insurance under the state plan, paid out approximately \$150,000 for hospital and medical expenses, which they are required to furnish injured employees without cost. The estimated total—\$759,975.29—is more than four times the amount expended for medical and hospital services during the first half year of the act as a compulsory measure.

A report, recently issued by the state industrial commission, shows that during the first 18 months the compulsory feature of the act was in effect, claims of 100,003 injured employees or families of deceased employees were allowed by the commission. The total amount of money awarded in these claims was \$4,401,986.16, which was distributed as follows:

\$3,265,318.34 from the state fund on claims adjudicated during the 18 months.

\$913,380.39 on claims approved by the commission for accidents in establishments carrying self insurance under the state plan.

\$110,480.15 was awarded public employees.

\$112,807.28 was awarded employees in establishments where the employer had neither paid into the state fund nor secured permission to carry self insurance under the state plan.

AVERAGE MEDICAL AWARD

The average award for medical and hospital expenses (not including medical and hospital expenses paid by employers carrying self insurance) for the 18-month period was \$46.07. Of the total amount awarded from the state insurance fund, \$130,908.74 was in cases involving temporary disability causing loss of seven days or less. Under the compensation act, only medical and hospital expenses are paid in such cases. The average award for death benefits was \$2,726.64 and for funeral expenses, \$137.12.

Of the total number of accident claims awarded by the commission during the period covered by the report, 616 were for deaths; 18 for permanent total disability; 2,417 for permanent partial disability; 44,593 for temporary disability causing loss of more than seven days; and 52,359 for temporary disability causing loss of seven days or less. The latter cases constitute 52.4 per cent of the total number of awarded claims.

Medical and hospital expenses were allowed from the state insurance fund in 377 fatal cases. The number of cases (not including the cases under self insurance) in which each classified amount was allowed as follows:

IN FATAL CASES

Under \$10.....	130
\$ 10 and under \$ 25.....	70
\$ 25 and under \$ 50.....	54
\$ 50 and under \$ 75.....	44
\$ 75 and under \$100.....	26
\$100 and under \$150.....	27
\$150 and under \$200.....	10
\$200	16
Total	377

In cases involving permanent partial disability, the number of medical and hospital awards from the state insurance fund are classified as follows: Less than \$10—157 cases; \$10 and under \$25—721; \$25 and under \$50—423; \$50 or over—483. Total awards, 1,784.

In cases involving temporary disability for more than seven days, the number of medical and hospital awards from the state fund are classified as follows: Less than \$5—6,056 cases; \$5 and under \$10—11,189; \$10 and under \$25—10,418; \$25 and under \$50—2,519; \$50 or over—1,191. Total awards, 37,020.

WHERE THE MONEY GOES

A division according to nature of benefit shows that of the \$4,401,986.16 allowed on claims adjudicated during the eighteen month's period:

\$1,385,131.31 was for death benefits.

\$81,859.09 was for funeral expenses.

\$2,244,038.47 was for compensation.

\$690,957.29 was for medical and hospital expenses, not including cost of medical and hospital attention to employers carrying self insurance.

INFECTIONS

Interesting statistics on infections are set forth in the commission's report. Analysis of the accident claims filed with the commission brings out the fact that infection was reported as having occurred in 9,024 out of 100,003 accidents for which awards were made. In other words, infection occurred in almost one out of every 10 cases. Regarding infections, the report says:

"It is obviously not possible to make any definite statement as to the proportion of cases in which adequate precaution would have prevented infection but it is safe to say that a reasonable effort to give aseptic dressings would have saved much suffering, would have prevented a considerable number of permanent partial disabilities and would have saved human lives."

The report shows that the total number of infection cases were divided according to their resulting disability as follows:

Thirty-seven resulted fatally; one resulted in permanent partial disability and 8,751 in prolonged temporary disability.

Of the 37 cases resulting fatally, the report

Important Facts Concerning Industrial Accident Compensation in Ohio

During the first 18 months the compulsory provision of the Ohio workmen's compensation was in effect:

Nearly \$750,000 was paid out for medical and hospital attention by the Industrial Commission and by employers carrying their own insurance under the state plan.

Claims of 100,003 injured employes or families of deceased employes were allowed.

The total amount of money awarded from state insurance fund was \$4,401,986.16.

\$46.07 was the average award for medical and hospital expenses not including the hospital and medical expense of employers under the safe insurance plan.

\$200, the maximum amount, was awarded for hospital and medical expenses in 16 of the 616 fatal cases in which awards were made.

Infection was reported as having occurred in 9,024 of the 100,003 accidents—*nearly 10 per cent!*

Thirty-seven cases in which infection was reported resulted fatally, 23 of them occurring in connection with trivial injuries.

Three hundred and eighty-five claims were allowed for total or partial loss of vision in one or both eyes. Of this number, 69 were the result of infection.

The hour of most frequent occurrence of accident in the forenoon was from 10 to 10:59 and in the afternoon, from 3 to 3:59.

More accidents occurred on Monday than on any other day in the week.

Falling and shifting objects, with a total of 36,193 victims, were the cause of more accidents than any other factor enumerated in the cause class.

Awards were made for accidents in every county in Ohio. Cuyahoga, with 24,750 claims and \$903,682.48 in awards, heads the list of counties.

The total number of claims disallowed by the commission was 7,986.

says 23 occurred in connection with trivial injuries, cuts, scratches, lacerations, bruises and abrasions; five were cases of tetanus; two occurred in connection with burns and scalds and seven in connection with miscellaneous accidents of a more or less serious nature.

Figures are found in the report showing that of the 2,417 claims allowed for permanent partial disability, 235 or 9.7 of the total, were the result of infection. A table contained in the report gives some interesting figures in connection with permanent partial disability cases. It follows:

Type of Disability	Total number of Claims allowed.	Total number of Claims in which the Permanent Partial Disability was the result of Infection.	Per cent result of Infection.
Total or partial loss of vision in one or both eyes.....	385	69	17.9
Total loss of hearing in one ear	9	...	...
Total or partial loss of one arm	70	1	1.4
Total or partial loss of finger or fingers, both hands.....	6	...	...
Total or partial loss of one hand	79	6	7.6
Total or partial loss of finger, or fingers and thumb, one hand	1,668	137	8.2
Total or partial loss of one leg	40	2	5.0
Total or partial loss of one foot	64	7	10.9
Total or partial loss of toe or toes	85	13	15.3
Not otherwise classified.....	11	...	...
Total	2,417	235	9.7

Infections, the report says, occurred in connection with 8,751, or nine per cent, of the accidents causing temporary disability. Three-fifths of these accidents consisted of abrasions, bruises, contusions, crushes, lacerations or punctures.

The commission is making a strenuous effort to bring to the attention of employers and employes the necessity of exercising greater care in the treatment of trivial injuries which so frequently result in serious or permanent disability. Prompt medical attention is being urged especially in cases in which the eyes are affected. Brief descriptions of some of the infection cases which resulted fatally follow:

HOW INFECTION OCCURRED

No. 1—Grasped rail while climbing out of ditch and traveling crane ran over hand.

No. 2—While chipping a casting, a piece of iron flew into right eye. Infection of eye necessitated removal. Pneumonia followed anaesthetic.

No. 3—Stepped on nail.

No. 4—Stepped on fork while raking rubbish, running prongs into foot.

No. 5—Putting ice in box while standing on steps. Steps gave way, causing ice to fall on hand.

No. 6—While wiping pump with rag, rag was caught between guard and gear and fingers pulled into gear.

No. 7—Unpacking boxes. Ran nail in thumb.

No. 8—Shovel rubbed against leg where he braced handle. Ulcer developed.

No. 9—Walking through woodworking department. Kicked at a hlock of wood, stumbled over it and fell, striking his arm on a corner of the piece of wood he had kicked.

No. 10—While letting down end-gate of motor truck, finger was caught by chain and lacerated.

No. 11—Placing hlock of ice in cooler, ice slipped, pinning hand between it and sill.

No. 12—Carrying tray of quart hottles. Bottle broke and piece pierced right thumb.

No. 13—Ruffing a brass shell, which slipped and cut hand.

No. 14—Slipped and fell, striking hip.

No. 15—Handling a strapped package of plug tobacco. Allowed it to fall on foot inflicting bruise.

TEMPORARY DISABILITY

The nature of injury in accidents resulting in temporary disability is shown in summary form in the table which follows:

Nature of Injury.	Number of accidents resulting in temporary disability.	Per cent of accidents resulting in temporary disability.
Abrasions, bruises, contusions, crushes, cuts and lacerations	58,322	60.2
Foreign body in one or both eyes	10,580	10.9
Sprains and strains	7,922	8.2
Burns	7,841	8.1
Fractures	6,757	7.0
Simultaneous injuries of two or more parts of the body and all other complicated, general and miscellaneous injuries impossible to localize	1,563	1.6
Loss of parts of fingers, toe, etc. (not sufficient to produce permanent disability) ..	1,077	1.1
Dislocations	839	0.9
Hernia	595	0.6
Rupture of muscles or tendons	316	0.3
Heat prostrations	265	0.3
Concussions of brain and spine	141	0.1
Photophobia (extreme sensitivity to light) ..	129	0.1
Internal injuries	121	0.1
Synovitis and tenosynovitis	114	0.1
Suffocation and asphyxiation	100	0.1
Poisonous substances—injuries from handling, exclusive of burns	96	0.1
Rupture of blood vessels	53	0.1
Electric shock	43	(a)
Amputations	22	(a)
Paralysis	22	(a)
Total	96,952	100.0

(a) Less than one-tenth of one per cent.

HOURS FOR ACCIDENTS

Basing its assertion on reports of 95,567 out of 100,003 accidents for which awards were made during the 18 months covered by the report, the commission states that the "accident peak" or the

hour of most frequent occurrence of accidents in the forenoon was from 10 to 10:59 and in the afternoon, from 3 to 3:59, although 9 to 9:59 in the forenoon shows only a slightly less number of accidents than does the three o'clock afternoon hour.

"It is a significant fact," the report says, "that in practically all the large industries the peaks of most frequent occurrence are from 10 to 10:59 in the forenoon and from 3 to 3:59 in the afternoon. Data are not available showing the number of men exposed to accidents, but there is no great variation in this number during the period from 8 to 11 in the forenoon and from 1 to 5 in the afternoon."

Data concerning the number of employees exposed to risk on each day of the week are not available, the report says, but it is a matter of common knowledge that, in proportion to the number employed on other days, comparatively few work on Sunday and also in many industries shorter hours are worked on Saturday than on other days of the week except Sunday. It is also rather generally believed that fewer men are working on Monday than on Tuesday, Wednesday, Thursday and Friday.

A study of the 99,808 accidents for which the day of occurrence was reported shows that more accidents occurred on Monday than on any other day of the week. The number and per cent of total for each day were:

17,524, or 17.6 per cent, on Monday.
16,911, or 16.9 per cent, on Tuesday.
16,842, or 16.9 per cent, on Wednesday.
16,818, or 16.9 per cent, on Thursday.
16,813, or 16.8 per cent, on Friday.
12,486, or 12.5 per cent, on Saturday.
2,414, or 2.4 per cent, on Sunday.

NUMBER AND PER CENT OF ACCIDENTS ASCRIBED TO EACH GENERAL CAUSE CLASS DURING THE EIGHTEEN MONTHS ENDING JUNE 30, 1915.

Cause Class.	Total Number of Accidents.	Number of Accidents Resulting in				Per cent of Acc'dt Resulting in			
		Death.	Permanent Total Disability.	Permanent Partial Disability.	Temporary Disability.	Death.	Permanent Total Disability.	Permanent Partial Disability.	Temporary Disability.
Machinery	25,867	112	5	1,484	24,266	0.43	0.02	5.73	93.82
Nature of Material used (hot metals, corrosives, gas, etc.)	8,770	91	4	87	8,588	1.04	0.05	0.98	97.93
Falling and Shifting Objects	36,193	124	4	392	36,673	0.34	0.01	1.06	98.59
Carrying, Lifting or Handling Great Weights ..	2,349	5	.....	1	2,343	0.21	.....	0.04	99.75
Falls	10,054	139	3	85	9,827	1.38	0.03	0.87	97.72
Transportation on Tracks	1,715	61	1	75	1,578	3.56	0.06	4.31	92.07
Transportation by Water	15	12	.....	.....	3	80.00	.....	.....	20.00
Transportation not on Tracks (trucks, automobiles, motorcycles, etc.)	1,170	26	1	20	1,123	2.22	0.09	1.71	95.98
Animals	982	12	.....	20	950	1.22	.....	2.04	96.74
Hand Tools and Simple Apparatus	9,738	5	.....	225	9,508	0.05	.....	2.31	97.64
Freezing and Frost Bites	34	.....	.....	4	30	.....	.....	11.76	88.24
Suffocation and Asphyxiation	109	3	.....	.....	106	2.75	.....	.....	97.25
Sunstroke and Heat Prostration	247	4	.....	.....	243	1.62	.....	.....	98.38
Intentional Violence of Fellow Employee	67	3	.....	.....	64	4.48	.....	.....	95.52
Intentional Violence of Persons not Employees ..	97	3	.....	1	93	3.09	.....	1.03	95.88
Not Otherwise Classified	2,596	16	.....	23	2,557	0.62	.....	0.89	98.49
Total	100,003	616	18	2,417	96,952	0.62	0.02	2.42	96.96

College of Medicine at O. S. U. is Reorganized, Faculty is Reduced in Size and Number of Departments is Decreased

The anticipated announcement of an entire reorganization of the College of Medicine of Ohio State University was made early in May.

Dr. E. F. McCampbell, the dean-elect, spent several months working on the reorganization plan. His recommendations were submitted to President Thompson, who in turn submitted them to the trustees—who make faculty appointments.

The Board of Trustees issued the following statement explanatory of the reorganization:

"The Board of Trustees of Ohio State University in accordance with the general understanding when the College of Medicine was taken over by the University, and in accordance with its intentions subsequently announced, has effected a partial reorganization of the College of Medicine. This work will proceed from time to time until the organization and work of the College shall correspond with the usages in the best medical colleges of the country. It is proper to record at this time that what the Board has done has been done with full appreciation of the gratuitous services of many men of the medical profession who have laid the foundation of medical education in the City and in the University. Under any principle of reorganization it was impossible to retain in the service of the College all or even a majority of the men whose gratuitous professional services entitle them to honorable recognition. The reduction in the number of the Faculty, therefore, should not in any case be regarded as a personal matter or a willingness on the part of the Board to reflect upon the fitness or efficiency of men hitherto in the service of the College. The Board at this time records its appreciation of this service and expresses its thanks to all the men who in past years have rendered gratuitous and honorable service. The Board desires and anticipates the cordial support of the medical profession in the City of Columbus and in the State in an effort through the College of Medicine to advance the interests of medical education and the public welfare.

"At a meeting of the Board of Trustees held at Ohio State University on the evening of May 1st, the question of the reorganization of the College of Medicine was given thorough and detailed consideration.

"The plan of departments which has been determined upon is as follows:

- I. Anatomy (including Neurology, Embryology and Histology).
- II. Physiology, Physiological Chemistry and Pharmacology.
- III. Bacteriology (including Pathogenic Bacteriology and Immunology).
- IV. Pathology (including Clinical Pathology.

- V. Public Health and Sanitation (including Hygiene, Preventive Medicine and Social Medicine).
- VI. Medicine (including Internal Medicine, Pediatrics, Nervous Diseases, Mental Diseases, Skin Diseases, Venereal Diseases).
- VII. Surgery and Gynecology (including General Surgery, Genito-Urinary Surgery, Orthopedic Surgery, Roentgenology, Gynecology and Gynecological Surgery).
- VIII. Obstetrics (including Operative Obstetrics).
- IX. Ophthalmology and Oto-Laryngology.

"The work in Materia Medica will be given by the Department of Pharmacy, the work in Medical Law will be given by the Department of Law and the work in Chemistry will be given by the Department of Chemistry.

"The Trustees gave very careful attention to the question of the selection of the teaching faculty. This matter has been the subject of very careful study over a period of several months. The Trustees are in the possession of complete data dealing with the education, training, teaching ability and productive scholarship of all the men in the various Departments who have been appointed. A conscientious attempt has been made to establish the men chosen in their correct academic rank. In certain instances, this has amounted to a reduction in the rank which they now hold and in other instances, the rank has been increased. The Trustees hold the view that in the College of Medicine, research in the medical sciences is absolutely necessary. Hereafter, increase in rank and salary in this College will depend upon two things:

1. Production Scholarship.
2. Teaching Ability.

"The essential features of the plan of reorganization and budget which were passed last evening are as follows:

The title of the Department of Physiology has been changed to the Department of Physiology, Physiological Chemistry and Pharmacology, and Dr. Clyde Brooks, A.B., Ph.D., M.D., of the University of Pittsburgh, has been called to the headship of this Department.

The title of the Department of Surgery has been changed to the Department of Surgery and Gynecology. The Professorship and Headship of this Department will not be filled at the present time. The ranking Assistant Professor in the Department, Dr. V. A. Dodd, is made Acting Head of the Department.

"The Professorship of Medicine and Headship of the Department of Medicine is not to be filled

during the next academic year. The ranking Professor in the Department, Dr. J. H. J. Upham, is made Acting Head of the Department of Medicine.

"The title of the Department of Surgical Specialties is changed to the Department of Ophthalmology and Oto-Laryngology. Dr. John Edwin Brown, the present Head of the Department, is retained in that capacity.

"Dr. Andrews Rogers is made Professor of Obstetrics and Acting Head of the Department of Obstetrics.

"Dr. F. L. Landacre remains as Professor of Anatomy and Head of the Department of Anatomy. Dr. Ernest Scott remains as Professor of Pathology and Head of the Department of Pathology, and Dr. Charles Bradfield Morrey as Professor of Bacteriology and Head of the Department of Bacteriology.

"The total faculty of the Medical College has been reduced one-third. With the centralization of the clinical teaching, a further reduction in the faculty will be effective.

"The clinical teaching in the College of Medicine will be confined to St. Francis Hospital and Protestant Hospital. Plans have also been perfected for the building of a University Hospital and Dispensary Clinic.

"The subject of Public Health and Sanitation will receive more extended consideration. Facilities will be provided for the training of public health officials and for the study of public health nursing.

The list of appointments is as follows:

DEPARTMENT OF ANATOMY

Francis L. Landacre, A.B., Ph.D., Professor of Anatomy and Head of the Department.

Edward D. Buck, M.D., Assistant Professor of Anatomy.

J. H. Warren, A.B., M.D., Instructor in Histology and Embryology.

R. A. Knouf, A.B., A.M., Assistant in Anatomy.

Robert A. McDonald, Technician in Anatomy.

William P. Smith, A.B., Student Assistant (Dental Anatomy), Graduate Assistant (Veterinary Histology).

R. C. Baker, A.B., Student Assistant (Comparative Anatomy).

E. H. Baxter, A.B., Student Assistant (Comparative Anatomy).

Seven Student Assistants (Gross Anatomy).

DEPARTMENT OF PHYSIOLOGY. PHYSIOLOGICAL CHEMISTRY AND PHARMACOLOGY

Clyde Brooks, A.B., Ph.D., M.D., Professor of Physiology and Pharmacology and Head of Department.

Albert M. Bleile, M.D., Professor of Physiology.

Clayton McPeck, A.B., M.D., Assistant Professor of Physiology.

Raymond J. Seymour, S.B., M.S., M.D., Assistant Professor of Physiology.

E. P. Durrant, A.B., A.M., Instructor in Physiology, Instructor in Physiological Chemistry.

Charles I. Reed, A.M., Instructor in Physiology. Assistant in Physiology. Student Assistant. Student Assistant. Student Assistant.

DEPARTMENT OF BACTERIOLOGY

Charles B. Morrey, A.B., M.D., Professor of Bacteriology and Head of Department.

William A. Starin, A.B., A.M., Assistant Professor of Bacteriology.

Henry B. Froning, A.B., A.M., Instructor in Bacteriology.

Vera M. McCoy, S.B., A.M., Instructor in Bacteriology.

Samuel J. Schilling, S.B., Assistant in Bacteriology.

Mary Rouse, A.B., Student Assistant.

W. C. Burkhart, A.B., Student Assistant.

DEPARTMENT OF PATHOLOGY

Ernest Scott, S.B., M.D., Professor of Pathology and Head of Department.

Carl L. Spohr, M.D., Professor of Clinical Pathology.

Jonathan Forman, A.B., M.D., Assistant Professor of Pathology.

Carl F. Hugger, M.D., Assistant in Pathology.

Alice M. Hughes, Technical Assistant in Pathology.

To be filled, Technical Assistant in Clinical Pathology.

DEPARTMENT OF PUBLIC HEALTH AND SANITATION

Eugene F. McCampbell, S.B., Ph.D., M.D., Professor of Preventive Medicine, Head of Department and Dean of College of Medicine.

Robert G. Paterson, A.B., A.M., Ph.D., Assistant Professor of Public Health, Director of Hospital and Dispensary Social Service.

Emery R. Hayhurst, A.B., A.M., Ph.D., M.D., Assistant Professor of Industrial Hygiene and Medical Director of Dispensaries.

William H. Dittoe, Cer. Engr., Instructor in Public Health Engineering.

Frank G. Boudreau, M.D., C.M., Instructor in Preventive Medicine.

Lear H. Van Buskirk, B.S. in Chem. Engr., Instructor in Public Health Laboratory Methods.

To be filled, Assistant Professor in Public Health Nursing.

DEPARTMENT OF MEDICINE

Not to be filled 1916-1917, Professor of Medicine and Head of Department.

J. H. J. Upham, M.D., Professor of Clinical Medicine and Acting Head of Department.

Thomas H. Haines, A.B., A.M., Ph.D., M.D., Professor of Medicine (Nervous and Mental Diseases).

H. B. Blakey, S.B., M.D., Assistant Professor of Medicine.

J. J. Coons, S.B., M.D., Assistant Professor of Medicine.

Charles J. Shepard, M.D., Assistant Professor of Medicine (Dermatology).

E. G. Horton, B.S., M.D., Assistant Professor of Medicine (Pediatrics).

E. J. Gordon, M.D., Instructor in Medicine (Resident Physician at Protestant Hospital).

Sol A. Hatfield, M.D., Instructor in Medicine (Resident Physician at St. Francis Hospital).

H. O. Bratton, M.D., Instructor in Medicine (Genito-Urinary Diseases).

A. G. Helmick, M.D., Instructor in Medicine (Pediatrics).

Robert L. Barnes, M.D., Assistant in Medicine.

Frederick M. Stanton, S.B., M.D., Assistant in Medicine.

R. A. Ramsey, A.B., M.D., Instructor in Medicine.

J. W. Sheetz, M.D., Assistant in Medicine.

Samuel Hindman, A.B., A.M., M.D., Assistant in Medicine.

DEPARTMENT OF SURGERY AND GYNECOLOGY

Not to be filled in 1916-1917, Professor of Surgery and Head of Department.

V. A. Dodd, M.D., Assistant Professor of Surgery, Acting Head of Department, Chief of Staff of Protestant Hospital.

Isaac B. Harris, M.D., Assistant Professor of Clinical Surgery, Chief of Staff St. Francis Hospital.

Yeatman Wardlow, M.D., Assistant Professor of Clinical Gynecology.

Fred Fletcher, M.D., Assistant Professor of Gynecology.

Andre Crotti, B.L., M.D., Assistant Professor of Operative Surgery.

Leslie L. Bigelow, A.B., M.D., Assistant Professor of Surgery.

Edwin A. Hamilton, A.B., M.D., Assistant Professor of Surgery.

John W. Means, D.D.S., M.D., Instructor in Surgery.

Carl D. Hoy, M.D., Instructor in Surgery.

L. V. Zartman, A.B., M.D., Instructor in Surgery.

Phillip Wilson, A.B., M.D., Instructor in Surgery.

Albert M. Steinfeld, M.D., Instructor in Orthopedic Surgery.

H. A. Baldwin, M.D., Instructor in Genito-Urinary Surgery.

C. M. Shepard, A.B., A.M., M.D., Instructor in Orthopedic Surgery.

J. M. Gallen, M.D., Instructor in Gynecology.

Hugh J. Means, A.B., M.D., Instructor in Roentgenology, Radiographer for Protestant and St. Francis Hospitals.

Edward C. Ludwig, M.D., Assistant in Surgery (Anaesthetics).

E. M. Freese, M. D., Assistant in Surgery.

Phillip J. Reel, M. D., Assistant in Surgery.

To be filled, Assistant in Roentgenology.

DEPARTMENT OF OPHTHALMOLOGY AND OTOLARYNGOLOGY

John E. Brown, S.B., A.M., M.D., Professor of Oto-Laryngology and Head of Department.

Andrew Timberman, A.B., M.D., Professor of Ophthalmology.

George C. Schaefer, M. D., Instructor in Ophthalmology.

Hugh G. Beatty, Ph.G., M.D., Instructor in Oto-Laryngology.

Andrew W. Prout, M. D., Instructor in Oto-Laryngology.

Arthur M. Hauer, M.D., Instructor in Oto-Laryngology.

Ivor G. Clark, S.B., M.D., Instructor in Ophthalmology.

John B. Alcorn, M.D., Assistant in Ophthalmology.

To be filled, Assistant in Oto-Laryngology.

DEPARTMENT OF OBSTETRICS

Andrews Rogers, A.B., M.D., Professor of Obstetrics, Acting Head of Department.

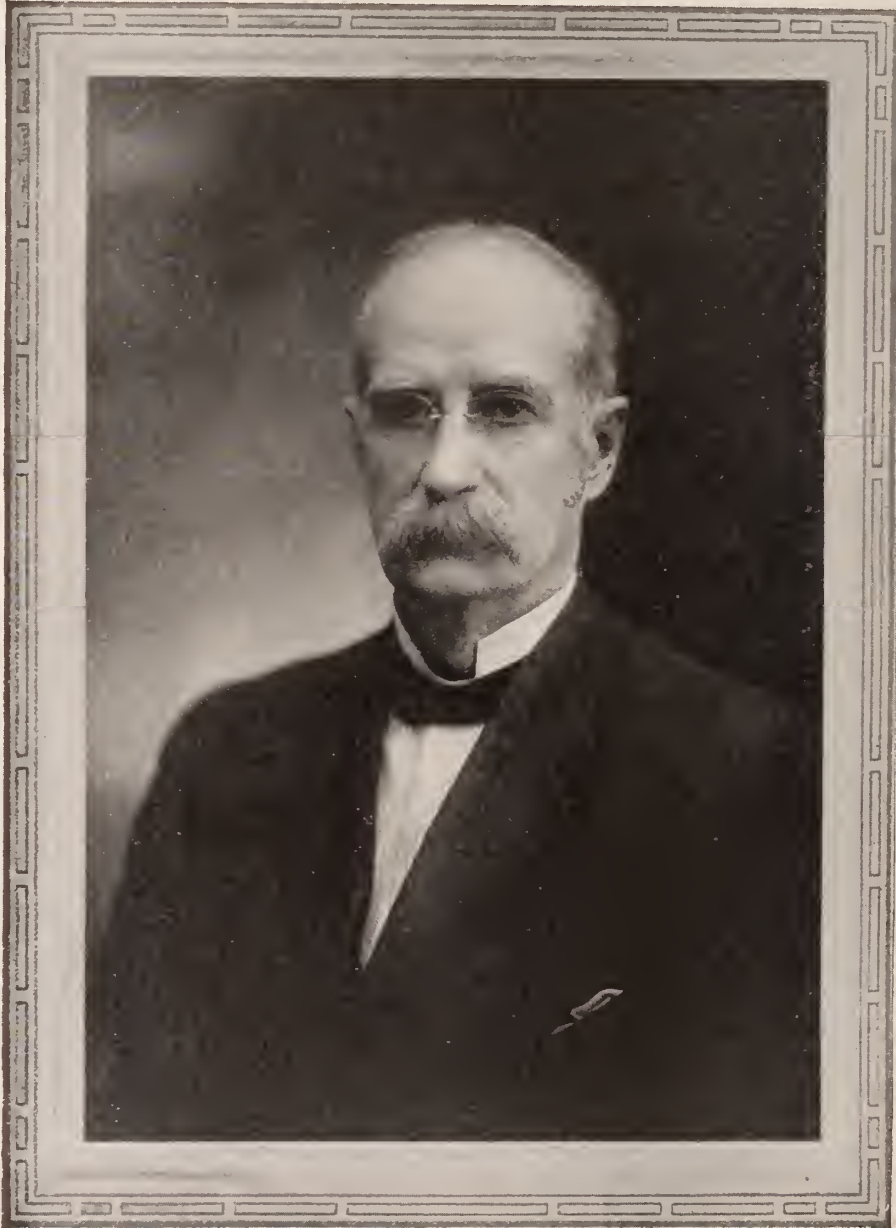
William D. Inglis, A.B., A.M., M.D., Professor of Clinical Obstetrics.

Charles W. Hadley, M.D., Assistant in Obstetrics.

Gilbert W. Brehm, M.D., Assistant in Obstetrics.

Diarsenol.—Dr. E. H. Martin, Hot Springs, Ark., reports that, after giving several hundred doses of Diarsenol without any bad effects whatever, he had two cases in which nausea, vomiting and symptoms of apparent collapse such as have been previously reported by another writer. He found on investigation that the specimens which in his hands gave untoward results as well as those previously reported on and two further accidents were all due to a product bearing the same lot number (Jour. A. M. A., April 8, 1916, p. 1155).

Prescribing of Narcotics.—The Harrison anti-narcotic law exempts from its operations ready-made mixtures containing specified small quantities of narcotics, but requires physicians' prescriptions containing small amounts of narcotics to be registered. The law should be made consistent by requiring the registration of all prescriptions containing narcotics in any amount. The inconsistency in the law should be removed by prohibiting absolutely, the sale, except on a physician's prescription, of preparations containing narcotics in any proportion. The continued uses of small doses of a narcotic drug is just as capable of establishing the habit as is the use of larger doses (Jour. A. M. A., April 8, 1916, p. 1156).



Yours Truly
H. B. Gibbon

DOCTOR HARMON B. GIBBON, of Tiffin, new President of the Ohio State Medical Association, was inaugurated at the Cleveland meeting on May 19. During his year of service as President-elect he has thoroughly familiarized himself with the important duties of his office, and takes up active work with well defined plans for extending the scope of the Association's activities.

Executive Secretary—Geo. V. Sheridan,
Office, 25 Ruggery Bldg.,
Columbus, Ohio

Three men who have rendered long and valuable service in council retired. Dr. Dana O. Weeks, of Marion, whose district has for years been among the best organized in the state, will be succeeded by Dr. W. B. Van Note, of Lima. The district is large, and the northern counties felt that they should be represented. Dr. Weeks retires from council with a splendid record for activity.

Dr. Clyde E. Ford, who is now located in New York, was succeeded in the Fifth District by Dr. M. J. Lichty, of Cleveland. Dr. Ford's removal

HIGH LIGHTS OF THE CONVENTION

Registration—1108.

Previous record—972.

President—Harmon B. Gibbon, of Tiffin.

President-elect—Edwin O. Smith, of Cincinnati.

New Councilors—W. B. Van Note, Lima; M. J. Lichty, Cleveland; H. M. Hazleton, Lancaster.

Adopted and put into operation co-operative defense against malpractice suits.

Inaugurated a nation-wide movement for "medical preparedness."

Defeated plan to extend associate membership to members of allied professions.

Received reports indicating that 1916 membership will break all records, despite the fact that state dues were doubled this year.

Devoted considerable attention to the question of state sickness insurance.

1917 Convention city—Springfield.

from the state robs our organization of one of its strongest members. His absence will be keenly felt in organization as well as in public health circles in this state.

Dr. W. E. Wright, of Newark, surprised the convention by submitting his resignation as councilor in the Eighth District, although he had a year to serve. He explained that originally he was elected for a five-year term, and that that term has now expired, and that he felt other counties in the district were entitled to the honor. Dr. H. M. Hazleton, of Lancaster, his successor, is undergoing treatment at Battle Creek. A telegram to THE JOURNAL informs us that his health is improving rapidly.

The splendid service of Dr. Carothers in the First, Dr. McClellan in the Seventh, and Dr. Rardin in the Ninth, was recognized by unanimous re-election for their respective districts. The terms of the councilors in the even numbered districts do not expire until next year.

Credit for much of the success of the convention is due to the local committee on arrange-

ments. Dr. Henry L. Sanford, who succeeded Dr. Ford as general chairman, provided every detail for the comfort of the large crowd. He made the hundreds of visitors feel that Cleveland welcomed them. The hotel and meeting place arrangements which were under the direction of Dr. C. L. Cummer, were ideal. Almost the entire convention was on one floor of The Statler. The commercial exhibit, which was under the direction of Dr. Lester Taylor, was probably the largest ever shown. At its close, the exhibitors presented Dr. Taylor with a gold cigaret case—a remarkable tribute—because exhibitors are usually the keenest of critics. Cleveland's newspapers, due to the efforts of Dr. H. W. Masenhimer of the publicity committee, were most kindly in their comments. The badges which were prepared by Dr. E. D. Saunders' committee are delightful souvenirs of the meeting, and the finance committee—Drs. W. J. Manning, E. F. Freedman and Lester Taylor—must have been "on the job," for the cost of the entertainment offered certainly ran into the thousands.

Innovations by the committee were delightful. Instead of devoting the third day sessions to the two orations, the latter were given as a preliminary feature of the smoker on Wednesday evening. They detracted nothing from the gayety of the occasion and insured the distinguished orators an unusually large audience.

This left the final day open, and it was devoted to clinics in the Cleveland hospitals. Another innovation of the committee was most pleasing. At the banquet on Thursday evening, which was attended by 410 guests, the usual after dinner oratory was dispensed with. Dr. H. G. Sherman, in a clever speech, introduced Mr. John Kendrick Bangs of New York, and for two hours Mr. Bangs held the closest attention of his audience. His talk, "Some Salubrities I Have Met," consisted of delightfully told anecdotes of literary celebrities whom he has known—Rudyard Kipling, Mark Twain, Sir Conan Doyle, Richard Harding Davis, etc.

It was, in fact, a most delightful meeting and augurs well for the future success of the Ohio State Medical Association. The members of the lively boosters' delegation which landed the 1917 meeting for Springfield, returned to their city, determined to make every effort to duplicate the remarkable showing.

One of the most interesting features of the meeting was the widespread interest manifested in the subject of state sickness insurance. It was informally discussed everywhere, and a wide variety of opinion was expressed. The address by Prof. M. B. Hammond, of Ohio State University (which will be printed in an early number of *The Journal*) was followed with the utmost interest by a large audience. The attention amply justified the action of council in inviting Prof. Hammond to explain the provisions of the proposed

law and to outline the probable effects of its operation in Ohio.

It was generally conceded that the plan of devoting Friday to clinics was a success. In past years but comparatively few have remained for the third day's program, to hear the annual orations. At some of the clinics held on Friday, the registration reached 125 and the interest and practical benefit was material.

At City Hospital, Drs. Richard Dexter, E. P. Carter, F. J. Geib, and W. C. Gill devoted the morning to medical cases. Dr. M. J. Lichty demonstrated four cases at St. Luke's; Dr. C. F. Hoover, at Lakeside, and J. P. Sawyer, at Charity.

During the morning Drs. George W. Crile and William E. Lower operated at Lakeside; F. E. Bunts at Charity; C. E. Hamann at City, and R. E. Skeel at St. Luke's. W. H. Weir conducted a gynecological clinic and Gordon Morrill an orthopedic clinic at Lakeside.

An interesting feature of the morning was a series of five-minute talks at Lakeside, as follows:

Lakeside Hospital—Dr. B. I. Harrison, Pre- and post-operative treatment; Dr. L. B. Sherry, Electric light and Dakin's solution in the treatment of wounds; 9:10 a. m., Dr. R. E. Mosiman, Thyroid pathology; 9:15 a. m., Dr. Allen Graham, Thyroid hyperplasia in relation to disease; 9:20 a. m., Dr. C. A. Bowers, Management of gastric operations, and of peritonitis; 9:25 a. m., Dr. W. B. Rogers, Acidosis; 9:30 a. m., Dr. T. P. Shupe,

Results of operations from tuberculous kidney; 9:35 a. m., Dr. A. S. Jones, (a) Presentation of cases of lateral curvature; (b) Dr. G. I. Baumann, Presentation of cases of tendon fixation in infantile paralysis; 9:45 A. M., Dr. C. E. Briggs, A method for estimating the degree of ether anesthesia; 9:55 a. m., Dr. W. E. Bruner, The eye-ground as evidence in diagnosis; 10:05 a. m., Dr. W. H. Weir, Results of operations for prolapse cases; 10:15 a. m., Dr. W. E. Lower, Diverticula of the urinary bladder, with lantern slides; 10:25 a. m., Dr. G. W. Crile, Shock, acidosis, sleep.

The Eye, Ear, Nose and Throat clinics were held on Thursday afternoon. Drs. W. E. Bruner, W. B. Chamberlan, and J. M. Ingersoll presented cases at Lakeside, S. H. Large, at Charity, J. N. Lenker and W. H. Tuckerman at City.

During the week, Drs. H. J. Gerstenberger and H. O. Ruh, at the Babies Dispensary, demonstrated the preparation of a modified food adapted to human milk.

The new roster of the Columbus Academy of Medicine has been issued by Dr. Bigelow, the secretary. It contains the constitution and by-laws of the academy, a complete roster of members with office hours and telephone address, and much local information of interest. Its annual publication by the academy stimulates members to promptly pay their dues, as only those in good standing are listed in the booklet.

These Proposed Amendments to the Constitution Were Introduced at Cleveland and Will Be Voted On at Springfield Next Year

In presenting the following proposed constitutional amendments we have printed the original section and have followed it with the proposal, with the new matter in italics. Publication of the text of the amendments as submitted would be without value unless carefully checked with the old constitution.

The brief explanation offered is not official—it is merely made to "get over" the real meaning of the proposed changes.

Article II of the Constitution—"The purposes of this Association shall be to federate the medical profession of the State of Ohio, and with similar associations in other states, to form the American Medical Association:

Proposed amendment:

"The purpose of this Association shall be to federate *and bring into one compact organization the entire* medical profession of the State of Ohio, *and to unite with similar organizations in other states to form the American Medical Association; with a view to the extension of medical knowledge, and to the elevation of the standard of medical education, and to the enactment*

and the enforcement of just medical laws; to the promotion of friendly intercourse among physicians, and to the guarding and fostering of their material interests; and to the enlightenment and direction of public opinion to the great problems of state medicine; so that the profession shall become more capable and honorable within itself, and more useful to the public in the prevention and cure of disease, and in prolonging and adding comfort to life.

Explanation—The purpose of the above amendment is to bring our Constitution into conformity with our State Charter—the suggested wording being taken from the Articles of Incorporation on file with the Secretary of State of Ohio.

COUNCIL REVOCATION POWER

Chapter XII, section 3, of the By-laws—"Charters shall be issued only upon approval of the house of delegates and shall be signed by the president and secretary-treasurer of this Association. The house of delegates shall have authority to revoke the charter of any component society

whose actions are in conflict with this constitution and by-laws."

Proposed amendment:

"Charters shall be issued to component societies by the House of Delegates upon the recommendation of Council and the President and Secretary-Treasurer shall sign the same. Council shall have the authority to revoke the Charter of any component society whose actions are in conflict with this constitution and by-laws."

Explanation—It may be imperative for Council—which is the House of Delegates *ad interim*—to have such definitely stipulated authority in order to deal with situations which might arise.

TRANSFER OF MEMBERS

Section 8 of Chapter XII of the By-Laws—"When a member in good standing in a component society moves to another county in this State, his name upon request, shall be transferred without cost to the member, to the roster of the county society into whose jurisdiction he moved."

Proposed amendment:

"When a member in good standing in a component county society moves to another county in this State, *he shall be given a written transfer by the Secretary of his society, without cost, which will admit him to membership in the component society in the county to which he moves, provided said transfer is filed with the secretary and submitted to the society for ballot within ninety days after his removal.*"

Explanation—Where these transfers are permitted to lie unused for a long period of time uncertainty, and frequently unpleasant complications, develop.

RESIDENCE OF MEMBERS

"Each county society shall judge of the qualification of its members. Every reputable and legally qualified physician who does not practice, nor profess to practice, sectarian medicine, and who is not affiliated with any organization which aims to foster an exclusive dogma in therapeutics, shall be eligible to membership."

Proposed amendment:

"Each county society shall judge of the qualifications of its members. Every reputable and legally qualified physician who does not practice, nor profess to practice sectarian medicine, and who is not affiliated with any organization which aims to foster an exclusive dogma in therapeutics, *and who is a bona fide resident of the same county, shall be eligible to membership. Where it is more convenient for a member to attend the meetings of the component society in an adjoining county he may, upon request, be transferred and accredited to that county society, as an active member.*"

Explanation—This amendment is designed to prevent the loss of members by small county societies.

RETAIN PRESIDENT'S SERVICE

Chapter VI, Section 1 of the By-Laws—"The president shall preside at all meetings of the Association, and of the House of Delegates. He shall appoint all committees, the appointment of which is not otherwise provided for.

"He shall deliver an annual address at such time, during the annual session, as may be arranged. He shall give a deciding vote in case of a tie.

"He shall be ex-officio the chairman of the council, and shall perform such other duties as parliamentary usage may require," etc.

Proposed amendment:

"The president shall preside at all meetings of the Association, and of the House of Delegates. He shall appoint all committees, the appointment of which is not otherwise provided for.

"He shall deliver an annual address at such time, during the annual session, as may be arranged. He shall give a deciding vote in case of a tie.

"He shall be ex-officio the chairman of the council, and shall perform such other duties as parliamentary usage may require.

"*He shall be ex-officio a member of council for a period of two years immediately succeeding his term of office,*" etc.

Explanation—Every retiring president in recent years has left certain work uncompleted. He leaves at a time when his Association interest is the greatest, and when his value to the Association is highest. This is designed to keep him in close touch with the work until he has had an opportunity to carry forward his unfinished plans.

In Memory of Dr. Stevenson

A committee appointed by the Eye, Ear, Nose and Throat section of the Ohio State Medical Association to present resolutions regarding the loss by death of Mark D. Stevenson, of Akron, Ohio, reported as follows:

WHEREAS, Dr. Stevenson was the first Chairman of this Section, which was originated at the Canton meeting in 1906. His wise judgment and good counsel, together with his broad knowledge, erected the beginning of the Section on a safe and scientific basis; he could always be depended upon to lead in discussion and always felt deeply interested in its work,

THEREFORE BE IT RESOLVED, That this Section express its deep regret at the untimely death of Dr. Stevenson, and wishes to place on record its deep appreciation of his worth and merit.

BE IT FURTHER RESOLVED, That this resolution be spread upon our Minutes, a copy sent to the Official Journal, a copy sent to his family and the Summit County Medical Society.

(Signed)

W. H. SNYDER.

Official Minutes of the House of Delegates, Covering the Three Important Sessions of the Cleveland Meeting

WEDNESDAY, MAY 17, AT 11 A. M.

Called to order by the president, William E. Lower.

Dr. Selby called roll, 52 delegates responding (11 referred to credentials committee.)

Nomination for Nominating Committee—selected by districts—resulted as follows: First—R. M. Hughey, Washington, C. H.; Second—J. A. Link, Springfield; Third—J. C. Tritch, Findlay; Fourth—W. J. Stone, Toledo; Fifth—A. W. Lueke, Cleveland; Sixth—J. H. Weber, Akron; Seventh—Charles Kirkland, Bellaire; Eighth—Charles S. MacDougall, Athens; Ninth—J. S. Cherrington, Logan; Tenth—G. H. Matson, Columbus..

On motion, seconded, the minutes of the 1915 sessions of the House of Delegates were approved as they were printed in The Journal for May, 1915, on Pages 337-343 inclusive. Reading dispensed with.

Report of Secretary Treasurer for 1915-1916, accepted as printed in March Journal, page 190.

Public Policy and Legislation, accepted as published in Journal, May, page 343.

Publication Committee, accepted as printed in Journal, May, page 340.

Committee on Public Health Education—Dr. Landis stated that he had nothing further to add unless it was to emphasize the scope of the work of the committee, reaching approximately 500,000 people through the leading newspapers of the state.

Committee on National Legislation. Dr. Upham read the following report:

NATIONAL LEGISLATION.

"A conference of the National Committee on Legislation was held in Chicago in February, 1916. Your committeeman was unable to be present, but the Association was represented by the Executive Secretary, Mr. G. V. Sheridan.

"The principal topic of the conference was a symposium on the subject of a national board of examination. This was discussed from various points of view. The Ohio Board was represented, but expressed chiefly an academic interest in the subject, for while recognizing the manifest advantages of such a board, at the present time the legal requirements in our state would not allow of the delegation of the power of examination to any outside board.

"The advantages of a national board, however, are so obvious that your committeeman believes that an expression of opinion by this Association would be an excellent thing, and if it is thought advisable, some time in the future, steps might be taken to so modify the law as to allow modifications of the present restrictions so as to permit

this state to participate in the proposed plan of a national board."

(Signed) J. H. J. Upham, Committeeman for Ohio State Medical Association.

On motion of Dr. Tuckerman, seconded by Dr. Teachnor, the report was adopted.

NEW SECTION OFFICERS, 1916-1917

SECTION ON MEDICINE

Chairman—Webster S. Smith, M. D., Dayton
Third Street and Robert Blvd.
Secretary—Halbert B. Blakey, M. D.,
Columbus, 129 S. Grant Ave.

SECTION ON SURGERY

Chairman—E. M. Gilliam, M. D., Columbus
333 East State Street
Secretary—D. W. Palmer, M. D., Cincinnati
4 West Seventh Street

SECTION ON OBSTETRICS AND PEDIATRICS.

Chairman—Magnus A. Tate, M. D.,
Cincinnati, 19 West Seventh Street
Secretary—Geo. B. Farnsworth, M. D.,
Cleveland, 2047 East Ninth Street

SECTION ON EYE, EAR, NOSE AND THROAT

Chairman—C. L. Minor, M. D., Springfield
Fairbanks Bldg.
Secretary—W. B. Chamberlain, M. D.,
Cleveland, 7405 Detroit Ave.

SECTION ON DERMATOLOGY, GENITO- URINARY SURGERY AND PROCTOLOGY

Chairman—Charles J. Shepard, M. D.,
Columbus, 112 East Broad Street
Secretary—Murray B. McGonigle, M. D.,
Toledo, 237 Michigan Street

SECTION ON NERVOUS AND MENTAL DISEASES

Chairman—Geo. G. Kineon, Gallipolis.
Secretary—Earl E. Gaver, M. D., Columbus.

SECTION ON HYGIENE AND SAN- ITARY SCIENCE

Chairman—J. H. Landis, M. D., Cincinnati
Secretary—W. H. Peters, M. D., Cincinnati

Committee on Medical Defense, Dr. Tuckerman, chairman:

"It is interesting to note that there are nineteen states which now have this form of defense, and all are very much satisfied. Ohio will be the

twentieth state. There have been objections filed from only two counties to any of the tentative provisions."—See complete report in Journal.

Committee on Auditing and Appropriations, Report accepted as printed in The Journal, May, page 344.

Committee on Medical Education, Report published in Journal, May, page 345.

Committee on Workmen's Compensation, Dr. Bowen's report was received too late for presentation at this session.

Committee on Social Service and Membership. Dr. Ford, the chairman was not present.

MISCELLANEOUS BUSINESS.

Dr. C. W. Moots, Toledo, presented resolution, which had been adopted by Council, relative of the formation of medical reserve corps, as suggested by Dr. W. H. Snyder, of Toledo.

PREPAREDNESS RESOLUTION.

Whereas: The history of past wars has shown that the greatest mortality results from disease and also that in a democracy proper preparedness is apt to be neglected, whilst modern history also proves that time is the most important factor in the success of arms.

Whereas: In these United States professional bodies of their own initiative have created certain movements looking forward to aiding the government in case of any attempt at invasion of this country, by submitting to actual trial organizations of their members in the work of their profession.

Whereas: The leading medical organization is the American Medical Association and its component state societies and associations.

Whereas: The Councilors after due consideration recommended it.

Therefore Be it Resolved: That the House of Delegates of the Ohio State Medical Association, in annual meeting assembled, do hereby instruct our Delegates to the National Meeting to present to the House of Delegates of the American Medical Association during its annual meeting in Detroit, a resolution which will have for its purpose the organization of a military reserve surgical and medical corps to co-operate with the medical department of the United States Army in times of need.

On motion of Dr. Tuckerman, seconded by Dr. J. B. Ury, of Defiance, the House voted unanimously to so instruct its delegates.

Dr. John H. Landis, Cincinnati, presented the following resolution:

Whereas: The Graduate Nurses of Ohio have obtained State Registration and placed themselves under the jurisdiction of the State Medical Board, with the object of raising the standard of nurses and nursing education in Ohio, in conformity with the standards of other states, and,

Whereas: Nurses have given such earnest and faithful assistance to the members of our profession that it has added considerable force to the advance of medical science and the work of preventive medicine,

Be It Resolved, therefore, that we place ourselves on record with the State Medical Board as upholding the standards now adopted, and in

raising these standards to conform with those of the National Nursing Organizations within a reasonable period.

On motion, duly seconded, the matter was referred to the reference committee for consideration.

The following report by the chairman of the Special Committee on Workmen's Compensation was received by Executive Secretary Sheridan just before adjournment:

WORKMEN'S COMPENSATION.

To the Ohio State Medical Association.

"As chairman of the Special Committee on Workmen's Compensation, wish to make the following report:

"The Committee was a continuation of a committee which was appointed last year and which did considerable work towards the betterment of the conditions existing between the Industrial Commission of Ohio and the Medical profession.

"The Committee had no meetings during last year, since there seemed to be no occasion to call one. The Chairman received no complaints from any source, and as far as I know, the other members of the Committee received none. There were no requests for a meeting of this Committee and the Chairman saw no reason for calling one; the Chairman, however, being conveniently located, had numerous conferences with the Medical Department of the Industrial Commission, which had a tendency to improve the conditions somewhat.

"At the present time, Dr. White, chief medical examiner has under consideration a number of points which will be of great advantage to the profession, and they will be placed into operation as soon as practical.

"In this brief report, I wish to take the opportunity to state that I have personally investigated the question of delay in the payment of claims and I have been firmly convinced that the fault is not with the Medical Department of the Industrial Commission, but that it is due almost entirely to the Department of Claims where there is a shortage of clerical help to carry on the work; a solution of this trouble seems to be in sight.

"While there does not seem to be very much for the Commission to do, I believe it should be continued and at least be ready for any emergency which might arise. This report is respectfully submitted."

Charles F. Bowen,
Chairman of the Committee on Workmen's Compensation.
Columbus, May 16, 1916.

SECOND SESSION.

Meeting of House of Delegates, Wednesday, May 17, 7:30 p. m. Meeting called to order by President Lower. First order of business, report of councilors, as follows:

First District—Robert Carothers, the councilor, absent.

Second District—J. E. Hunter: "I have to report the Second District in good condition. Five counties are in the One Hundred Per Cent Club. We have organized Preble county and have it in good working condition at the present time. The whole district is, I am pleased to report, in working harmony, and in first class shape."

Third District—Dana O. Weeks: "It is gratifying to report that during 1915 we were in the lead, according to Dr. Selby's records, and we lead this year. We are not composed of counties such as Cuyahoga, Hamilton, Lucas—the largest, but all the counties in the district have co-operated with the councilor. It has been a source of gratification to me, and I thank them for their co-operation in assisting me in this work."

Fourth District—Charles W. Moots: "This district is composed of ten counties, every one in the One Hundred Per Cent Class. In the last year we have organized two counties which had no organization at all, and increased our membership about ten per cent, although the dues were doubled. Visited every county except one, and that is the super-One Hundred Per Cent Class."

Fifth District—Dr. Ford, the councilor, absent.

Sixth District—E. J. March: "The Sixth District is composed of six counties, and four are in the One Hundred Per Cent Class. Holmes, Mahoning, Richland and Stark, each having a substantial increase in membership. Summit county has lost heavily. Instead of 160 members this year, they have 139. This we attribute to the peculiar methods of the county and their constitutional provisions which are clearly in conflict with the constitution of the state society. Summit county has two classes of members—those who wish to belong, and those who do not wish to belong to the state society. One hundred and thirty-nine are willing to be members of the state society. They have on their membership roll nearly 100 who are not members of the state society. This we clearly think is contrary to the constitution of the state society, and the council will take measures to correct the condition. Outside of this, the Sixth is in first class condition, and we will not take a back seat to any other district in the state."

Seventh District—James S. McClellan: "We have eight counties in our district, one of them 'dead,'—the only county in the state that has no society (Carroll), but I think it is only a question of time when it will come back. We gained eighteen members this year in the district. With the exception of one county, the district is in very good shape."

Eighth District—Dr. Wright, the councilor, absent.

Ninth District—J. S. Rardin: "Have organizations in all of the counties. Some are working better than others. Meigs county is not doing very much work. Vinton county is. They are getting along with a good organization. The balance of the district is well organized."

Tenth District—Wells Teachnor: "So far as the Tenth district is concerned all of the counties are in the One Hundred Per Cent Club, and well organized."

Note—Detailed reports from six of the ten districts are printed in this issue on page 425.—The Editor.

ALLIED MEMBERSHIP.

The President announced the second order of business—final consideration of proposed amendments to constitution and by-laws, which were introduced at the 1915 meeting and laid over under the rules.

The President read the proposed amendment to Article IV, Section 5, providing for admission to the State Association, of associate membership, as follows:

"Sec. 5. Members in good standing in state associations or societies of allied professions may be elected associate members by the House of Delegates upon recommendation of the Council or by majority vote of the council at any regular meeting of that body upon payment to the treasurer of the Ohio State Medical Association, a proportional part of the annual assessment. Said assessment to be fixed by Council. They shall be entitled to receive *The Journal*, to attend the meetings of the Association, but have no representation in the House of Delegates."

Dr. Charles Graefe introduced an amendment to the amendment, providing that the allied society to which the candidate for associate membership belongs should have knowledge of application.

Dr. Louis Stricker, Cincinnati, suggested that the amendment be further amended so that such membership might be conferred only for distinguished services.

On vote of the House of Delegates, the amendment to the amendment was voted down.

Dr. C. W. Stone, Toledo, asked the chair to explain the meaning of "allied professions." The president suggested that this would be construed by the council. It was suggested from the floor that the amendment was drawn primarily to favor the dentists, but that veterinarians, sanitarians, pharmaceutical chemists, and others might be included.

On motion by Dr. Tritch, seconded, the house voted against the proposed amendment. The chair declared the vote.

MEDICAL DEFENSE

The president read the second proposal providing for a system of co-operative defense against civil malpractice suits, as follows:

"To amend Chapter VIII, Section 1, by adding after the words, 'a committee on arrangements,' 'a committee of three on medical defense, one of whom shall be for one year, one for two years, and one for three years, and one for each year thereafter, to devise plans for, institute and direct a defense against suits for civil malpractice brought against members of this Association.'

"There shall be one member elected annually by each county society, to serve as auxiliary to said committee."

Dr. Charles W. Moots moved that the amendment be adopted; seconded by Dr. Arthur Silver, Sidney.

Dr. Tuckerman, Cleveland, introduced the following correctional amendment to the amendment:

"To reword the proposed amendment, published May, 1916, on page 334 of the Ohio State Medical Journal to read as follows:

"To amend Chapter VIII, Section 1, by adding after the words 'a committee on arrangements,' 'a committee of three on medical defense one of whom shall be elected for one year, one for two years, and one for three years, and each year thereafter one for three years, to devise plans, to establish rules and to assist in the defense against suits for civil malpractice brought against members of this association.

"There shall be one member elected annually by each county society to serve as auxiliary to said committee."

Dr. Wells Teachnor moved the adoption of the amendment to the amendment. Seconded, carried.

Dr. C. W. Stone, Toledo, moved the adoption of the proposed amendment as amended. Seconded by Dr. J. B. Ury, Defiance. Carried, *viva voce*, with but one or two dissenting voices. (A ten-year fight for a system of co-operative medical defense thereby ended.)

NEW PROPOSALS

Under the third order of business there were introduced several proposals to amend the constitution and by-laws. Under the constitution these must lie over for one year, and in the meantime be considered by the component societies. These proposed constitutional changes are printed on page 413, of this issue. The proposals having previously been passed upon by council, were introduced by Dr. Wells Teachnor, secretary of council.

Dr. J. E. Tuckerman, chairman of the committee on medical defense, was recognized and called attention of the house to the fact that the adoption of the amendment providing for medical defense would make necessary several changes in the constitution, and that sufficient time to prepare these had not been allowed. These amendments are to change the time for collecting dues, it being necessary under medical defense for members to pay dues on or before the first of the year.

Dr. George H. Matson, Columbus, moved that the House of Delegates waive the usual constitutional requirement relative to the introduction of constitutional amendments, and that the House of Delegates authorize the president to appoint a special committee of three to draft changes to the constitution in accordance with Dr. Tuckerman's suggestions; that these proposed amend-

ments be published in *The Journal*, and that such publication shall be regarded by the Association in lieu of introduction of the amendments in the House of Delegates, so that said amendments may be brought up and finally voted upon at the 1917 meeting.

The motion was seconded by Dr. E. R. Brush, of Zanesville. Carried unanimously.

The president appointed on this special committee, Drs. J. E. Tuckerman, of Cleveland, J. H. J. Upham, of Columbus, and Louis Stricker, of Cincinnati.

As secretary of Council, and on recommendations of Council, Dr. Wells Teachnor moved that a charter be granted to the Muskingum County Academy of Medicine, and that said academy shall be, in the future, the component society of the state association in Muskingum county. Seconded by Dr. J. B. Alcorn, Columbus. Carried.

On similar resolutions a charter was granted to Preble County Medical Society.

Dr. J. H. J. Upham, Columbus, chairman of the special Reference Committee, presented the following report:

REFERENCE COMMITTEE

"Your committee cannot commend too highly the character and broad spirit of the President's address. It would again draw your attention to the necessity implied for strengthening even more than at present, our splendid organization for the purposes he indicates, viz. first, for *offensive* as well as defensive action against the evil forces preying upon the public; second, for the better familiarizing of ourselves in the *art* as well as the *science* of medicine; and thirdly, the support of the propaganda of clean newspaper advertising.

"Above all, however, your Committee heartily endorses the suggestion of the extension of the advantages of medical inspection, and with it, better sanitation and hygiene to the rural districts through the centralized school system, and suggests that a systematic propaganda be inaugurated toward the accomplishment of this purpose.

"To this end it recommends that the greatest possible publicity be given to the President's address as a whole; that it be given to the lay press as the official expression of the sentiment of this Association, and that our members co-operate in spreading abroad the concrete suggestions made, to wit:

"That encouragement be given to the boards of education for further centralization of district schools;

"That centralized schools have medical inspection;

"That provision be made in these schools for a diagnostic examining room and for small laboratories;

"That a nurse be provided for each centralized school;

"That physicians group themselves in the larger centers, where proper hospitals can be established, and from these centers direct the health of the community."

PUBLICATION COMMITTEE

"Your committee endorses the suggestion that the individual members of the association can render material assistance to the *Journal* by the patronage of its advertisers. The value of such assistance is a great and easily demonstrable fact, and should receive the personal consideration of every member.

"The committee commends the excellent showing made by the Publication Committee, congratulates it upon the *Journal* it has issued during the past year, and would especially commend upon character of its advertising pages. It recommends that the thanks of the Association be extended for the splendid services rendered during the past year.

COMMITTEE ON FIRST AID

"The Reference Committee believes that much valuable information is being collected by the Committee on First Aid, and recommends the continuance of its service.

LEGISLATIVE COMMITTEE

"The committee on Public Policy and Legislation makes several important suggestions seeking the co-operation of the members of the Association.

The Reference Committee emphasizes the following:

"That members throughout the state exercise their prerogatives as citizens in seeking to have educated, intelligent men elected to the General Assembly.

"That special attention be paid to the nomination and election of the members of the Senate.

"That inasmuch as the control of the registration of nurses has been placed in the hands of the medical profession, that the latter owes a duty and obligation to the nursing profession, and should seek in all things to see that its standards are maintained and its interests and influence in the community are protected.

"And, lastly, that the members of the Association thoroughly acquaint themselves with the subject of industrial health insurance as a subject of vital interest to our profession as a whole, and one likely to become acute in this state in the near future.

COMMITTEE ON APPROPRIATIONS

Your committee highly commends the action of the committee on appropriations in establishing a modern budget system. It congratulates the committee on the excellent financial showing of the association, and recommends the continuance of this committee.

COMMITTEE ON MEDICAL EDUCATION

"Your committee congratulates the committee on Medical Education on the success of the plan of education inaugurated during the past year, and recommends the continuance and more general extension of this plan.

COMMITTEE ON PUBLIC HEALTH EDUCATION

"The report of the Committee on Public Health Education shows a very large amount of work performed in the past year. Our members can doubtless already see the value of this educational service in molding public opinion, and the giving of real instruction along health lines to a vast number of readers who could not be reached anywhere near as efficient in any other way.

This committee should also be commended and its service continued.

Respectfully submitted,

W. H. HUMISTON, *Chairman*.

J. E. TUCKERMAN,

J. H. J. UPHAM.

On motion of Dr. H. Kennon Dunham, of Cincinnati, seconded by Dr. Louis Stricker, the report of the committee was adopted.

In accordance with the constitutional provision that the annual per capita assessment be fixed by the House of Delegates, Dr. Teachnor, Columbus, moved that the annual per capita for 1917 due the State Association, be fixed at \$3.00—the same as the per capita assessment for 1916.

Speaking on the motion, Dr. J. J. R. Macleod, Cleveland, offered objections and suggested that certain classes of members—notably those engaged in laboratory and research work—be exempted from the payment of the portion of the state dues upon their relinquishment of certain privileges including co-operative defense and subscription to *The Journal*. Dr. H. T. Karsner, Cleveland, seconded Dr. Macleod's motion.

Dr. J. B. Alcorn, in a brief comment, moved that the motion be voted down. The motion was defeated *viva voce*, almost unanimously.

THIRD SESSION.

House of Delegates called to order at 1:30 p. m. Thursday, May 18.

Dr. J. A. Link of the Clark County Medical Society extended an invitation to the Association to hold the 1917 meeting in Springfield. Moved and seconded that invitation be accepted. Unanimous.

Dr. George H. Matson, of Columbus, presented the following report of nominating committee:

For President-elect—D. C. Houser, Urbana; E. O. Smith, Cincinnati; Martin Stamm, Fremont. Secretary-Treasurer, C. D. Selby, Toledo.

Committee on Public Policy and Legislation—J. H. J. Upham, Columbus, Chairman; W. H. Snyder, Toledo; A. H. Freiberg, Cincinnati.

Committee on Publication—Leslie L. Bigelow, Columbus; C. W. Maxson, Steubenville; C. D. Morgan, Galion.

Committee on Public Health Education—J. H. Landis, Cincinnati, Chairman; J. P. Baker, Findlay; Eleanora Everhard, Dayton.

Committee on Medical Defense—J. E. Tuckerman, Cleveland, three years; W. J. Stone, Toledo, two years; C. T. Souther, Cincinnati, one year.

Councilors—By districts:

First—Robert Carothers, Cincinnati.

Third—Dana O. Weeks, Marion.

Fifth—M. J. Lichty, Cleveland.

Seventh—J. S. McClellan, Bellaire.

Ninth—J. S. Rardin, Portsmouth.

Delegate to meeting A. M. A. (two years):—C. D. Selby, Toledo. Alternate, Ben R. McClellan, Xenia.

R. M. Hughey, Washington, C. H. Alternate, Louis Schwab, Cincinnati.

(Signed by committee)

GEO. H. MATSON, *Chairman*,

JOHN H. WEBER, *Secretary*.

Nominations from the floor: Dr. Bice, of Allen county, nominated W. B. Van Note as councilor for Third District. Seconded.

Dr. Upham read resignation of Dr. W. H. Snyder, as a nominee for membership on the Committee on Public Policy and Legislation. Dr. Upham moved that Dr. J. B. Alcorn, of Columbus, be nominated as a substitute. Seconded by Dr. Matson, of Columbus. Carried.

Dr. Ben R. McClellan was nominated for delegate to the A. M. A., instead of an alternate, as presented by committee. J. C. Tritch also nominated as delegate A. M. A.

Secretary read resignation of Dr. W. E. Wright, Newark, as councilor of the Eighth District: To the President of the Ohio State Medical Association:—

"I respectfully ask you to accept my resignation as Councilor of Eighth District, on the election of my successor, I having served the original term for which I was elected.

"I believe it is important for the O. S. M. A. and the Eighth District that the office of councilor go to different counties in that district.

"Muskingum, Athens and Licking have been represented on present council.

WM. E. WRIGHT, M. D.,

Councilor of the Eighth District.
Cleveland, Ohio, May 18, 1916.

Dr. E. R. Brush nominated Dr. H. M. Hazelton of Lancaster as councilor of the Eighth District, in place of Dr. Wright. Seconded. Dr. A. B. Headley of Cambridge was also nominated for the position.

The President announced that registration had reached 1015—the largest in the history of the association; and also called attention to the fact

that the membership of the association will be probably the largest in history.

Dr. Moots, of Toledo, moved that a vote of thanks be extended to the Cleveland Academy of Medicine for the splendid method of handling the meeting. Moved and seconded, unanimously and enthusiastically.

Dr. R. M. Hughey, Washington C. H., withdrew as a candidate for Delegate A. M. A.

While ballots for president were being cast, the house proceeded to vote for the following—where no contests were presented:

Secretary-treasurer, C. D. Selby, unanimous.

Committee on Public Policy and Legislation, unanimous.

Committee on Public Health Education, unanimous.

Committee on Medical Defense, unanimous.

Councilors—First District, Robert Carothers, unanimous.

Fifth District, M. J. Lichty, Cleveland, unanimous.

Seventh District, J. S. McClellan, unanimous.

Ninth District, J. S. Rardin, unanimous.

During the period the tellers had counted the ballots for president-elect, and announced the following result:

First ballot—Dr. Smith, 29; Dr. Houser, 21; Dr. Stamm, 19.

Second ballot—Dr. Smith, 41; Dr. Houser, 18; Dr. Stamm, 19.

The chair declared Dr. Smith elected as president-elect.

In the Third District contest for councilor Dr. Van Note received 34 votes and Dr. Weeks 28. In the Eighth District Dr. Hazelton received 34 votes and Dr. Headley, 17.

The tellers announced that the vote for Delegate to the A. M. A. resulted in the election of Dr. McClellan and Dr. Selby.

On motion, the two remaining candidates for alternate, Dr. Tritch and Dr. Schwab, were unanimously selected.

The Section on Nervous and Mental Diseases submitted the following resolution for action by the House of Delegates:

"Whereas, the State of Ohio is confronted with expenses for crimes and criminals which have increased at more than six times the increase of population in the past eight years; and,

Since the prevention of crime must look largely to investigations carried on along the lines of the medical sciences; and,

Since the beginnings of crime can best be ascertained by the careful study of young offenders,

Resolved, that the Ohio State Medical Association record itself as urging upon the next General Assembly, and the Governor of Ohio, the social saving to be effected by a State Clearing-

House for young delinquents, and the economic necessity for providing a building for the Ohio Bureau of Juvenile Research.

(Signed)—Thomas H. Haines, M. D., H. H. Drysdale, M. D., and A. F. Shepherd, M. D., Committee on the Section on Nervous and Mental Diseases of the Ohio State Medical Association.

On motion by Dr. E. J. March, of Canton, sec-

onded, the resolution was adopted unanimously.

Dr. William E. Lower thanked the Association for its splendid co-operation and in a neat speech predicted a splendid future for the Association.

Dr. Harmon B. Gibbon, president-elect, was summoned to the chair and accepted the gavel—the form of installation always followed.

House of Delegates adjourned.

Here Is the Registration List for the Cleveland Meeting—If Your Name Isn't Here You Missed a Fine Meeting

Owing to the speed with which the following list was sent to the printer there may be errors. It is, however, substantially a complete list of those who registered:

Adams—O. T. Sproull, O. B. Kirkpatrick.

Allen—A. F. Basinger, Andrew W. Bice, Charles H. Clark, V. H. Hay, A. H. Herr, Geo. Hartnagel, W. E. Hover, J. R. Johnson, Klor L. Parent, William Roush, Albert S. Rudy, Charles Smith, Oliver S. Steiner, Paul J. Stueber, T. R. Thomas, J. A. Thomas, B. F. Thut, J. R. Tillotson, William B. Van Note, G. R. Clayton, Burt Hibbard, Geo. J. Roberts, John J. Sutter, T. R. Terwilliger, M. A. Wagner.

Ashland—W. F. Emery, F. V. Dotterweich, F. V. Gammage, Allen W. Budd, A. L. Sherick.

Ashtabula—Mary Miller Battels, S. H. Burroughs, N. A. Burgess, C. C. Crosby, C. E. Case, P. Collander, A. W. Hopkins, Harlan Dudley, W. S. Weiss, F. D. Snyder, R. B. Wynkoop, H. J. Austin, O. A. Dickson, C. L. Fox, W. H. Leet, J. J. Hogan, S. M. Lynn, B. M. Lower, F. W. Upson, A. W. Warner.

Athens—R. E. Bushong, T. A. Copeland, C. M. Douthitt, E. L. Hooper, J. T. Merwin, Chas. S. McDougall, J. F. Weber.

Auglaize—H. S. Noble, J. E. Heap.

Butler—R. Harvey Cook, F. M. Fittion, Henry Krone, Mark Millikin, P. M. Sater, Harry Silver.

Belmont—R. A. Blackford, Diego Delfino, E. C. Cope, C. W. Kirkland, C. B. Messerly, D. M. Murphy, James S. McClelland, D. O. Sheppard, R. H. Wilson, A. C. Beetham, C. C. Headley, C. W. Lose.

Brown—A. W. Francis.

Crawford—W. G. Carlisle, R. J. Caton, W. H. Guiss, C. A. Lingenfelter, C. D. Morgan, H. L. Van Natta, C. E. Kimerline, Chas. E. Trimble.

Champaign—D. C. Houser, E. W. Ludlow, W. A. Yinger, E. R. Earle.

Clinton—E. Briggs, C. A. Tribbett.

Coshocton—W. H. Snyder, J. D. Lower, J. W. Snyder, Lister Pomerene.

Columbiana—G. H. Albright, Harry Bookwalter, Howard H. Bean, A. R. Cobb, A. L. Cope, John N. Calhoun, W. N. Gilmore, Enos Hahn, Seward Harris, Frank R. Harrison, Hugh S. Maxwell, F. T. Miles, E. F. Swift, H. K. Yaggi, H. W.

Bennett, Alex. Cruikshank, A. B. Holland, W. A. Hobbs, J. S. McCullouch, R. E. Smucker, W. C. Nevin.

Clark—Charles W. Evans, F. A. Hartley, J. A. Link, O. M. Marquart, John R. McDowell, L. E. Niles, C. L. Minor, Wallace A. Ort, W. C. Taylor, Will Ultes, C. W. Russell, Clement L. Jones.

Darke—J. E. Hunter, J. E. Monger, C. I. Stephens.

Delaware—C. W. Chidester, A. H. Buck.

Defiance—J. B. Ury, G. W. Huffman.

Erie—Emily Blakeslee, Charles Graefe, J. T. Haynes, W. D. Hoyer, M. J. Love, H. D. Peterson, William Storey, P. F. Southwick, Wm. Graefe, S. S. Gorsuch, R. E. Garnhart, J. W. Boss.

Fayette—R. M. Hughey.

Fulton—Thos. Blair.

Gallia—G. G. Kineon, S. C. Caldwell.

Greene—R. H. Grube, Ben. R. McClellan, J. O. Stewart, H. O. Whitaker, W. G. Hewitt.

Gauga—Isa Teed Cramton, G. C. Bowe, C. F. Gilmore, Mary C. Goodwin, O. A. Hopkins, F. S. Pomeroy, T. F. Myler.

Guernsey—H. A. Green, A. B. Headley, F. M. Mitchell, A. G. Ringer.

Hocking—J. S. Cherrington.

Hancock—J. P. Baker, J. M. Firmin, Nelia B. Kennedy, T. C. Tritch, C. D. Todd, A. J. Reycraft, W. J. Zopfi, John V. Hartman, Wm. J. Fishell, R. B. Taylor.

Harrison—Walter W. H. Curtiss, J. C. McCles-ter, S. B. McGavran, J. A. McGrew.

Highland—Robt. J. Jones, K. R. Teachnor.

Hardin—Omar H. Tudor, A. S. McKittrick, C. C. McLaughlin, C. R. Blosser, E. S. Protzman.

Henry—C. M. Harrison, Henry F. Rohrs, Thos. Quinn, Frank M. Harrison.

Huron—S. E. Simmons, F. M. Kent.

Holmes—F. D. Carson, Atlee R. Olmstead, D. S. Olmstead.

Jackson—John E. Sylvester.

Jefferson—S. O. Barkhurst, H. Wilbur Cooper, J. C. M. Floyd, Perry P. Laughlin, C. W. Maxson, S. J. Podlewski, H. H. Hammond.

Knox—Francis W. Blake, C. D. Conard, V. L. Fisher, F. C. Larimore, C. L. Morgan, John R.

Claypool, W. H. Eastman, Jas F. Lee, J. H. Norrick, J. M. Pumphrey.

Lake—A. P. Brady, C. H. Quayle, E. S. Jones, V. H. Tuttle, L. H. Tillotson, J. W. Lowe.

Lawrence—John S. Wiseman.

Licking—W. E. Wright, John A. Mitchell.

Logan—F. E. Detrick, E. R. Henning, F. B. Kaylor, E. C. Louthan.

Lorain—Valloyd Adair, Waite Adair, Rob. G. Anderson, C. H. Cushing, W. F. Dager, S. V. Burley, W. S. Baldwin, E. P. Clement, S. S. Cox, G. M. Crawford, Chas. V. Garver, B. E. Garver, George Gill, William E. Hart, William H. Hull, Wm. B. Hubbell, E. V. Hug, Frank A. Lawrence, H. M. Metcalf, Zina Pitcher, H. M. Powers, Karl P. Reefy, F. M. Sponseller, G. E. French, R. D. A. Gunn, Frank B. Gregg, Geo. C. Jameson, C. R. Meek, O. B. Monosmith, O. T. Maynard, John R. Pipes, H. F. Vaughan, Wm. E. Wheatley, D. Thomas, E. E. Sheffield.

Madison—J. F. Kirkpatrick, W. F. Smeltzer.

Mahoning—K. W. Allison, C. H. Beight, R. L. Cameron, R. D. Gibson, John Heberding, J. H. McCartney, (Ching King, China); S. M. McCurdy, H. E. Patrick, G. S. Peck, A. M. Painter, E. C. Rinehart, W. E. Ranz, R. E. Whelan, A. H. Alden, A. E. Brant, C. H. Campbell, Henry C. Evans, Jas. F. Elder, S. W. Goldcamp, M. P. Jones, John F. Lindsey, R. R. Morrall, C. A. Moore, David B. Phillips, W. W. Ryall, S. Schiller, J. A. Sherbondy, J. H. Schnurrenberger, J. W. Shaffer, Samuel H. Sedwitz, W. B. Turner, H. E. Welch, John L. Washburn.

Marion—D. W. Brickley, C. L. Baker, E. L. Brady, J. W. Jolley, Robert C. M. Lewis, F. Edgar Mahla, H. K. Mouser, August Rhu, Carl W. Sawyer, Maud L. Bull, E. O. Richardson, Dana O. Weeks, Fillmore Young.

Medina—R. A. Brintnall, E. L. Crum, H. P. H. Robinson.

Miami—Warren Coleman, J. R. Caywood.

Montgomery—R. W. Adkins, E. R. Arn, O. W. Baber, Horace Bonner, L. G. Bowers, R. A. Bunn, J. L. Carter, Marcellus E. Coy, H. V. Dutrow, William A. Ewing, George Goodhue, Harry H. Hatcher, Harry B. Harris, Chas. T. Hunt, J. Morton Howell, E. M. Huston, A. O. Peters, C. D. Slagle, Webster Smith, E. E. Bohlender, C. A. Coleman, F. C. Gray, C. S. Judy, C. L. Patterson, A. F. Shepherd.

Morgan—C. E. Northrup.

Morrow—C. E. Neal, R. C. Spear.

Muskingum—E. R. Brush, E. M. Brown, Daniel H. Bowman, John T. Davis, H. R. Geyer, T. H. Infield, Maurice Loebell, H. T. Sutton, R. B. Bainter, J. Harper Bain, C. U. Hanna, Chas. H. Higgins, W. A. Melick, W. F. Sealover.

Noble—J. L. Gray, W. E. Radcliff.

Ottawa—Carlton Starkes, Fred D. Ingraham.

Paulding—J. U. Fauster, C. E. Huston.

Putnam—C. O. Beardsley, C. F. Douglass, John F. George, E. P. Lemley, B. E. Walters, J. D. Watterson, A. F. Sheibley, W. Van Nette.

Portage—W. B. Andrews, M. D. Ailes, W. E. Fulton, E. H. Knowlton, J. H. Krape, Emily J. Widdecombe, L. A. Woolf, E. B. Dyson, G. E. Hull N. H. McNerney.

Pickaway—G. H. Colville.

Perry—H. W. Shaw, N. T. McTeague.

Preble—W. G. Brown.

Richland—Todd Caris, J. M. Garber, F. A. McCullough, R. C. Wise, W. S. Mecklem, H. H. Myers, Edward Remy, Jr., W. S. Anderson, J. E. Gray, D. C. Lavender, J. P. Stober.

Sandusky—E. M. Ickes, D. W. Philo, C. R. Pontius, M. Stamm, Chas. J. Wehr, Sumner C. Sackett, E. A. Baker, C. I. Kurtz.

Seneca—Harmon B. Gibbon, R. R. Hendershott, Edwards H. Porter, C. I. Snyder, R. G. Steele, J. H. Thompson, Paul J. Leahy.

Scioto—L. D. Allard, J. W. Fitch, S. S. Halderman, Geo. S. Mytinger, J. S. Rardin, Chas. W. Wendelkin.

Shelby—Arthur Silver, A. B. Gudenkauf.

Stark—A. C. Ball, A. C. Bunker, A. H. Calhoun, C. N. Clark, J. B. Daugherty, W. D. Davis, Geo. F. Garmier, H. E. Harsh, J. D. Holston, W. A. McConkey, W. C. Manchester, L. F. Mutschmann, C. A. Rufin, John D. O'Brien, C. A. Portz, T. F. Reed, J. A. Rhiel, H. M. Schuffell, L. D. Stoner, Robert T. Temple, D. F. Banker, B. C. Barnard, M. M. Bauer, J. H. Beatty, H. H. Bowman, L. A. Buchman, Austin C. Brant, W. H. Burns, W. R. Butt, H. E. Corl, C. A. Crane, W. A. Daugherty, J. P. Will, R. W. Dickey, Henry E. Eyman, B. J. Fercoit, C. E. Fraunfelter, D. S. Gardner, F. W. Gavin, C. H. Goodrich, G. C. Goudy, Arthur J. Hill, Frank E. Hart, Seth Hattery, C. S. Hoover, J. Frank Kahler, Fred G. King, G. L. King, Perry F. King, Charles A. LaMont, J. G. Lawrence, J. F. Marchand, E. O. Morrow, George F. Zinninger, E. J. March, J. J. McCloud, John W. McCreery, H. P. Pomerene, R. J. Pumphrey, F. B. Richards, O. C. Ricksecker, Charles H. Ross, Edw. H. Schild, W. W. Scott, S. J. Shetler, J. E. Shorb, I. Bradfield Smock, Alonzo B. Walker, W. H. Weaver, J. S. Williams, A. E. Williams, James F. Wilson, James N. Nelson, T. C. McQuale.

Summit—Isabel A. Bradley, L. E. Brown, G. M. Campbell, J. V. Cleaver, Derwin D. Daniels, Edward W. Grubb, J. Gordon Griffin, H. H. Jacobs, G. W. Stauffer, D. C. Keller, D. B. Lowe, D. M. McDougall, R. H. McCay, Samuel E. McMaster, Stephen Joseph Metzger, T. K. Moore, Robert Simms, Jay D. Smith, J. E. Springer, G. L. Starr, Carl R. Steinke, A. D. Traul, George M. Trout, David W. Stevenson, John H. Weber, Elizabeth M. Weaver, Joseph N. Weller, E. B. Mallory, B. T. Keller, J. Leon Jones, A. H. Hall, Francis M. Hughes.

Tuscarawas—G. E. Calhoun, M. F. De Muth, G. H. Goodrich, J. E. Groves, Geo. Tracy Haverfield, L. H. Hughes, James A. McCollam, E. D. Moore, E. B. Shanley, T. H. Wilson, S. B. McGuire, J. M. Smith.

Trumbull—W. H. Button, T. O. Clingan, J. D.

Knox, W. W. McKay, J. P. Marshall, R. R. Rogers, D. G. Simpson, F. K. Smith, J. Ward, D. R. Williams, S. V. Kennedy, J. C. Henshaw, Bert E. Goodman, Geo. E. Minich, S. S. McKenzie, J. M. Scoville, Chester C. Waller.

Union—L. Henderson, Angus MacIvor, J. L. Boylan.

Van Wert—S. A. Edwards, R. J. Morgan, S. S. Tuttle.

Warren—Mary E. Cadwallader, N. A. Hamilton.

Washington—S. E. Edwards, A. Howard Smith, S. A. Cunningham, A. G. Sturgiss.

Wyandot—I. N. Zeis, Theo. C. Griest, Allen L. Walton, G. O. Maskey.

Wood—C. C. Grenier, F. A. Stove, Arthur M. Harrison.

Williams—A. E. Snyder, R. W. Reynolds, J. A. Weitz.

Wayne—J. W. Irvin, A. B. Campbell, H. M. Yoder, O. P. Ulrich, R. J. Baird, Geo. W. Ryall, R. Clifford Paul, H. A. Hart, T. A. Graven, H. B. Blankenhorn, V. S. Dawson, O. G. Grady, L. L. Toland, John G. Wishard, John N. Snively, George W. Snively, L. A. Yocum.

Franklin—J. B. Alcorn, F. G. Boudreau, M. W. Bland, G. W. Brehm, L. L. Bigelow, H. B. Blakey, J. D. Dunham, J. M. Dunham, W. D. Deuschle, T. A. Evans, E. E. Gaver, E. M. Gilliam, Sylvester J. Goodman, P. A. Gordon, Arthur M. Hauer, G. T. Harding, Jr., Paul M. Holmes, Elmer G. Horton, C. H. Hoffhine, Thomas H. Haines, R. F. Jolley, Charles P. King, F. F. Lawrence, Hugh J. Means, Walter H. McKay, E. F. McCampbell, Geo. H. Matson, W. H. McCay, Dickson L. Moore, C. O. Probst, Joseph Price, H. M. Platter, Andrews Rogers, C. M. Shepard, A. M. Steinfeld, Carl L. Spohr, Charles J. Shepard, Wells Teachnor, Sterling B. Taylor, J. H. J. Upham, Hugh A. Baldwin, J. F. Baldwin, H. E. Boucher, H. O. Bratton, Andre Crotti, Verne A. Dodd, Fred Fletcher, Jonathan Forman, I. B. Harris, R. R. Kahle, R. A. Kidd, Ben R. Kirkendall, Charles W. McGavran, John W. Means, W. H. Miller, E. M. Parrett, A. W. Prout, James M. Rector, Rush Robinson, Geo. C. Schaeffer, Edw. E. Smith, M. E. Swinehart, Charles E. Turner, Yeatman Wardlow.

Hamilton—Wm. R. Abbott, Albert J. Bell, Robert Carothers, C. G. Crisler, Joseph J. Cook, William Doughty, Kennon Dunham, W. H. Frost, M. L. Heidingsfeld, Charles E. Howard, Samuel Iglauer, A. G. Kriedler, S. P. Kramer, Charles A. Langdale, John H. Landis, Sidney Lange, E. S. McKee, E. W. Mitchell, Wm. Mithoefer, C. L. McDonald, Frank H. McMechan, G. F. McKim, John C. Oliver, Dudley W. Palmer, J. Edw. Pirrung, Wm. H. Peters, A. Ravogli, William Ravine, C. S. Rockhill, Louis Stricker, Charles T. Souther, E. O. Smith, Louis Schwab, W. W. Sauer, Magnus A. Tate, Netta Griese, J. Louis Ransohoff, J. A. Thompson.

Lucas—F. W. Alter, W. W. Alderdyce, Walter W. Brand, J. Bidwell, Geo. W. Clark, Burt G.

Chollett, Wm. O. Bonsor, W. Doherty, James A. Duncan, L. M. Dolloway, S. D. Foster, Frank D. Harneau, J. M. Frick, John Gardiner, Charles M. Harpster, Herbert S. Hayford, C. S. Hitchcock, C. O. ImOberstag, John G. Keller, C. C. Kirk, Chas. Lukens, Louis A. Levison, M. B. McGonigle, B. H. B. Meader, Otto E. Muhme, Louis Miller, J. L. Murray, Charles W. Moots, Walter H. Snyder, C. D. Selby, Charles A. Stephens, Willard J. Stone, Edwin D. Tucker, G. M. Todd, James L. Watson, C. W. Waggoner, Ira O. Denman, E. B. Gillette, Wm. J. Gillette, Oscar Hasencamp, Thomas F. Heatley, J. H. Jacobson, John T. Murphy, B. W. Patrick, R. E. Sinkey.

Cleveland—John Anderson, Thomas Adams, F. Aeberli, W. J. Abbott, U. M. Bachman, T. B. Breck, Thomas A. Bondi, S. Braumoel, George U. Bennett, Arthur H. Bill, Hudson D. Bishop, Robert H. Bishop, C. A. Black, M. E. Blakey, Harvey A. Berkes, H. C. Brainerd, Dr. Biggar, Sr., H. H. Beresford, N. S. Banker, L. K. Baker, George I. Bauman, Ernest R. Brooks, H. C. Bliss, F. E. Bunts, L. L. Bernstein, W. E. Bruner, Samuel A. Berger, A. M. Baldwin, B. I. Brody, W. F. Brokaw, Wilbur S. Crowell, M. H. Castle, Arthur M. Cheetham, C. A. O'Connell, F. S. Clark, Albert J. Cook, William T. Corlett, T. A. Costello, H. C. Cummins, C. L. Cummer, Ernest H. Cox, W. W. Cowgill, Harold Newton Cole, A. D. Campbell, Frank P. Corrigan, B. B. Colvin, G. W. Crile, J. E. Cogan, Richard Dexter, Howard Ditrick, J. F. Davison, A. N. Dawson, H. H. Drysdale, W. F. Doolittle, H. H. Davis, Herbert L. Davis, S. Englander, Joseph W. Epstein, Harold Feil, D. Foldes, J. M. Friend, Royce D. Fry, G. B. Farnsworth, W. D. Fullerton, G. B. Fliedner, E. F. Freedman, Frank Geib, William C. Gill, Geo. F. Glass, W. E. Greenwald, C. Lee Graber, C. F. Hoover, C. A. Hall, H. J. Hartzell, Daniel Heimlich, Willis S. Hobson, William Hosick, James Hoffer, Kate Johnson Harris, Arthur G. Hyde, F. W. Hitchings, Walter C. Hill, F. C. Herrick, Charles A. Hall, Wm. A. Hosick, William H. Humiston, D. Handmacher, E. A. Hannum, Franklin H. Hooper, J. M. Ingersoll, N. M. Jones, J. Arthur Jones, Arthur R. Jones, Alfred A. Jenker, P. A. Jacobs, L. W. Krause, Frank J. Kuta, F. J. Kern, H. B. Kurtz, E. Klaus, E. W. Keyes, Hubert C. King, M. H. Klaus, Joseph J. Kurlander, I. J. Kerr, Max Kahn, A. K. Lueke, L. W. Lucas, W. I. Le Fevre, John N. Lenker, J. E. Linden, Geo. H. Lewis, F. W. Linn, S. H. Large, William E. Lower, M. J. Lichty, Henry C. Luck, J. A. Latimer, T. H. Lowman, Angelina M. Lemon, G. W. Moorehouse, C. H. MacFarland, W. A. Medlin, W. E. Merrick, E. P. Monaghan, S. H. Monson, John B. Morgan, R. M. Manley, Jesse M. Moore, E. E. McPeck, Alfred S. Maschke, James Munsie, Oliver C. Melson, H. W. Masenhimer, Myron Metzenbaum, Theodore Miller, F. J. Morton, E. P. Neary, John J. Nungesser, W. O. Osborn, H. B. Ormsby, J. D. Osmond, E. A. Powell, J. C. Placak, Walter Peters, A. F. Pav, L. A. Pomeroy, D. A. Prender-

gast, W. H. Perry, Roger Perkins, John Phillips, Milton J. Parke, Carlos E. Pitkin, Arthur Pearse, John Ranschkalb, Frank Roth, E. D. Rosewater, E. F. Romig, Nathan Rosewater, P. S. Smigel, F. H. Suchy, Harry G. Sloan, John P. Sawyer, T. F. Schmoldt, Walter G. Stern, Williard C. Stoner, C. C. Stuart, W. E. Shackleton, O. M. Shirey, I. E. Seward, A. J. Skeel, Wilfrid D. Sharp, R. E. Skeel, A. B. Spurney, Geo. Seely Smith, J. D. Sharp, Minabel Snow, Joseph Smith, Jr., Charles W. Stone, Herman Shube, D. B. Smith, R. H. Sunkle, Thomas P. Shupe, E. D. Saunders, Benson E. Sager, Cornelia G. Stoltzine, H. B. Sherman, A. S. Scott, W. C. Tuckerman, A. C. Taylor, Oscar T. Thomas, Geo. F. Thomas, R. L. Thomas, J. J. Thomas, Geo. B. Tupper, W. H. Tuckerman, J. E. Tuckerman, Lilian G. Townsley, Geo. D. Upson, Ralph K. Updegraff, K. S. West, Leo Wolfenstein, Frederick J. Wood, W. H. Whitslar, H. J. Weir, C. E. Ward, C. C. White, H. E. Yoder.

Cuyahoga—Alfred W. Anderson, W. T. Barger, Ward C. Bell, Wallace J. Benner, M. B. Bonta, E. L. Bourn, Irving S. Bretz, R. H. Brige, C. E. Briggs, L. S. Brookhart, T. J. Calkins, O. B. Camp-

bell, Frank M. Casto, Nicola Cerri, W. P. Chamberlain, C. D. Christie, Morris Coplan, E. P. Coppedge, Franklin E. Cutler, John Dickenson, E. P. Edwards, S. W. Evans, F. Konrad Filipic, J. C. Fox, Frank J. Gallagher, J. V. Gallagher, J. H. Gerstenberger, Otto L. Goehle, E. M. Goodwin, T. K. Gruber, D. S. Hanson, L. E. Heabler, G. K. Heidler, Lyle S. Hill, A. P. Howland, Howard T. Karsner, Matthew G. Kochmit, Jos. B. Kollar, Frank T. Kopfstein, L. W. Ladd, W. B. Laffer, Edward Lauder, E. Lawrence, S. C. Lind, O. T. Manley, G. Machne, R. B. Metz, J. J. R. Macleod, J. B. McGee, M. C. McMichael, T. X. McNamara, A. C. Nash, Jno. Neuberger, Frank Oakley, R. J. Ochsner, L. A. Oster, Geo. O'Maley, N. O. Paulin, A. Peskind, E. A. Peterson, A. Prudhomme, Samuel Quittner, Walter H. Rieger, Edwin G. Rust, Henry L. Sanford, R. G. Schnee, D. Selman, John G. Spenzer, A. F. Spurney, Morris D. Stepp, Alvin Stone, Emil H. Stone, R. L. Surrell, Lester Taylor, W. J. Thornton, L. H. Wagner, C. R. Wedler, J. H. Wells, A. Wetter, T. B. Williams, Morris Wirtshafter, Jas. R. Young, F. B. Norris, L. G. Knowlton.

MINUTES OF THE THREE MEETINGS OF COUNCIL

Council of the Ohio State Medical Association on May 16, 1916, met in regular session at the Union Club, Cleveland, Ohio, the guest of President Lower. Members present, Drs. Carothers, Hunter, Weeks, March, McClellan, Moots, Wright, Rardin and Teachnor. Other officers of the Association present were Drs. C. D. Selby, Secretary-Treasurer; Dr. Gibbon, President-elect; Dr. Upham, Chairman of the Committee on Public Policy and Legislation, and Mr. Sheridan, Executive-Secretary. Several of the ex-presidents of the Association were guests of the meeting.

The minutes of the last meeting were read and approved.

Dr. Carothers, chairman of the committee on Medical Education, reported briefly for that committee. He urged that the work be continued and made a permanent feature by the Association. It was moved by Dr. Hunter and seconded by Dr. Rardin that steps be taken at once for the selection and preparation of a new subject for presentation to the profession immediately after the subject of fractures was finished. The subject of obstetrics was mentioned as a valuable one to consider at this time. Discussed by the President, Dr. Upham and Dr. Rardin. Carried.

Motion urging medical preparedness (page 416) was presented by Dr. Moots, who asked for its indorsement by the council. Approved.

On motion of Dr. Hunter the council was instructed to have the committee on arrangements place a door-keeper at each section, and to admit no one to the sections of the association without a member's or guest's badge. Carried.

Dr. March raised the question of the right of county societies to have both local and state members. After a prolonged discussion it was moved by Dr. Moots, and seconded by Dr. Rardin, that Sec. 2 of Article IV of the Constitution shall be interpreted by the council to mean that all members of a component county medical society are the members of the State Association. Carried.

On motion of Dr. Rardin and seconded by Dr. Carothers, the secretary of the State Association was instructed by the council to notify such societies that their action is in conflict with the constitution of the State Association, and that a continuance of this attitude toward the Association will be sufficient grounds for revocation of charter. Carried.

Cleveland, Ohio, May 17, 1916.

Council of the Ohio State Medical Association met with the House of Delegates at 7:30 P. M. in the Convention Hall of the Hotel Statler. Each councilor made a report to the House of Delegates for the past year.

The secretary of the council presented a resolution recommending to the House of Delegates that charters be issued to the Muskingum County Academy of Medicine and the Preble County Medical Society as the component societies for these counties. Carried.

The secretary of council on motion recom-

FIRST DISTRICT. Robert Carothers, Councilor.

	No. of Physicians in County	No. in County Society	No. of Eligible Non- Members	No. of Meetings in year ending March 1	Average atten. (estimated) at meetings	No. of Scientific Papers during year	No. of Case Reports	No. of Visits of Councilor
Adams	29	23	3	4	13	6	6	1
Brown .....	.....	.....	.....	.....	.....	.....	.....	.....
Butler .....	.....	.....	.....	.....	.....	.....	.....	.....
Clermont	51	15	*25	5	7	6	12	1
Clinton	38	23	5	9	14	9	24	(2) 4
Fayette	25	15	6	7	7	4	2	1
Hamilton	*800	510	*100	39	100	40	90	20
Highland	42	23	*10	3	10	4	6	1
Warren	35	24	5	7	27	12	10	.....

SECOND DISTRICT. J. E. Hunter, Councilor.

Champaign	53	29	13	8	12	8	16	1
Clarke	93	61	10	15	12	14	12	2
Darke	57	50	3	12	25	22	10	12
Greene	38	36	2	12	19	24	63	1
Miami	75	46	12	10	22	12	*10	2
Montgomery	226	176	*25	14	51	22	*42	2
Preble	31	15	15	9	10	8	3	6
Shelby	30	19	7	10	10	12	6	1

THIRD DISTRICT. Dana O. Weeks, Councilor.

Allen	111	84	3	20	35	25	20	2
Auglaize	37	26	7	11	15	20	27	2
Hancock	65	36	29	11	8	(3) 1	14	2
Hardin	43	28	11	8	14	20	0	1
Logan	49	28	*15	10	13+	17	3	1
Marion	58	36	22	11	12	16	20	10
Mercer	32	29	1	10	11.4	6	20	2
Seneca	54	42	8	11	14	20	30	2
Van Wert	38	27	11	8	12	16	10	2
Wyandot	26	13	10	12	18	12	20	3

FOURTH DISTRICT. Charles W. Moots, Councilor.

Defiance	31	13	17	2	10	0	0	1
Williams	39	34	3	9	16	20	10	3
Ottawa	28	13	15	12	6	9	8	1
Paulding	21	21	0	13	8	20	56	0
Lucas	378	261	78	24	46	24	15	.....
Putnam	38	32	6	12	12	12	(4) 24	1
Wood	74	35	39	12	20	12	4	3
Fulton	30	25	1	10	8	22	10	3
Henry	32	23	9	4	20	7	0	3
Sandusky	34	23	11	8	8	5	0	0

FIFTH DISTRICT. C. E. Ford, Councilor.

Ashtabula	90	27	50	8	10	8	0	1
Erie	40	23	?	7	10	9	0	.....
Huron	42	18	24	3	10	2	0	1
Cuyahoga	*1000	529	*450	(1) 9	96	13	2	1
Trumbull	75	36	25	9	12	8	0	1
Lorain	96	59	24	10	18	10	12	0
Medina	24	21	24	6	10	6	15	1
Geauga	24	9	24	4	9	5	1	1
Lake .....	.....	.....	.....	.....	.....	.....	.....	.....

NINTH DISTRICT. Joseph S. Rardin, Councilor.

Gallia	36	31	4	7	9	8	8	1
Hocking	20	12	8	5	8	8	0	0
Jackson	27	18	5	10	11	18	31	1
Lawrence	42	26	14	1	15	0	0	3
Meigs	24	12	12	0	0	0	0	0
Pike	14	10	4	5	7	3	12	1
Scioto	61	50	8	13	19	11	8	13
Vinton	11	7	4	1	4	0	0	0

TENTH DISTRICT. Wells Teachnor, Councilor.

Pickaway	29	23	4	12	10	15	.....	1
Madison	31	17	12	4	8	4	.....	1
Franklin	550	325	225	30	100	45	.....	30
Crawford	41	31	9	7	10	8	.....	1
Delaware	49	26	23	5	6	2	.....	1
Knox	50	34	12	8	11	8	.....	1
Ross	54	28	10	8	10	8	.....	1
Morrow	19	12	7	10	5	6	.....	1
Union	26	16	10	4	8	0	.....	1

* Estimated.

(1) General Meetings.

(2) No Record.

(3) Lecture.

(4) Clinics.

mended to the House of Delegates that the annual assessment for each member shall remain at \$3.00 for the ensuing year. Council adjourned with the House of Delegates.

Cleveland, Ohio, May 18, 1916.

Council of the Ohio State Medical Association met in the Convention Hall of the Hotel Statler, immediately after the annual election, with the following members present: President Gibbons, Drs. Carothers, Hunter, Moots, March, Rardin and Teachnor, and organized by electing Dr. Gib-

bons, Chairman, Dr. Carothers, Vice-Chairman, and Dr. Wells Teachnor, Secretary for the ensuing year.

On motion of the secretary and seconded by Dr. Hunter, Mr. Geo. V. Sheridan was re-elected Executive Secretary of the State Association for the ensuing year.

There being no further business to come before the council at this time, adjournment was taken on motion of Dr. Carothers, to meet in Toledo, on the 4th Monday in June, at 3 P. M.

WELLS TEACHNOR, M. D., *Secretary*

Dr. Lower's Dinner to Council and Officers

With seven former presidents of the Association as special guests of honor, Dr. William E. Lower, on May 16, gave a delightful dinner at the Union Club in Cleveland for the members of council and officers of the Association. The dinner preceded the regular business session of Council.

An enjoyable feature was contributed by the former presidents who briefly reviewed the advances that developed in their respective regimes, and gave a contemporaneous history of the association for the past twenty years.

Dr. Frank C. Larimore, Mt. Vernon, recalled the meeting in Cleveland nineteen years ago when he served as president. Dr. William H. Humiston, Cleveland, contrasted the present size of the organization with its size when he presided over it in 1897.

Dr. Stephen S. Halderman, Portsmouth, recalled the important events of his administration in 1904-5, when the organization was increased from 900 to 3,000, and *The Journal* was established. He declared that the chief aim of the Association must always be directed toward bringing the rural physician into better touch with the profession.

Dr. Benjamin R. McClellan, Xenia, who admirably administered the affairs of the Association in 1906-7, expressed pleasure at the new trend in organization—the earnest attempt being made to extend better educational facilities to every physician. He praised most highly the medical extension propaganda, inaugurated by the State Society, and declared that something of this sort is necessary to supplement the work of medical colleges. He suggested that after the subject of fractures and dislocations is thoroughly covered, the committee take up the subject of obstetrics.

Dr. Roland E. Skeel, of Cleveland, who served in 1910-11, reminded the council that in those years he devoted considerable attention to the subject of fee-splitting, pointing out in addresses over the state that unless the profession brought about internal reform, the matter would be given

legislative attention. Recent events have borne out this prophecy.

Dr. J.-C. M. Floyd, Steubenville (1912-13) reviewed the events of the Cedar Point meeting when a radical change was made in the Association policy. In his presidential address at that meeting he recommended that the scope of *The Journal* be broadened, and that a layman be appointed to manage it, and to attend to legislative and organization details. He declared that the greatest present need is to interest young men in medical organization, and to enlist the active co-operation of men practicing in isolated communities.

Dr. J. H. J. Upham, Columbus, under whose presidency in 1914-15, the Association reached a record breaking membership, declared that a medical society must do three things: (1) provide instruction; (2) provide moral support and mutual defense of its members, and (3) devote more attention to the economic side of medical practice. He feels that the Association is now meeting these three needs.

Dr. Lower, in a neat address, thanked the council and the officers for their co-operation during his term as president, and predicted a most successful year for the Association under the presidency of Dr. Gibbon.

In addition to the above named past presidents, Dr. Lower's guests included President-elect Gibbon, Secretary-treasurer Selby, and Executive Secretary Sheridan.

Members of the Clark County Medical Society have somewhat extended their system of summer vacations. During the summer months, April to September, inclusive, the members maintain no office hours on Wednesday afternoon. The custom was established about five years ago, and at first applied only to July and August. It was found so desirable in every way that each year a month has been added to the vacation period. By securing united co-operation the people of Springfield have come to observe the custom and little or no inconvenience has been felt.

Fracture Lecture Given by Dr. Briggs at Steubenville and Dayton with Large Attendance from Adjacent Counties

The third of the series of university extension lectures under the direction of the Committee on Medical Education was given at Dayton on Friday, May 5, by Dr. Charles Edwin Briggs. Councilor Hunter of the Second District, and the committee which had charge of the Dayton arrangements, headed by Dr. B. W. Beatty, established a record which will be very difficult for similar committees in other centers to equal.

The total registration reached 195, and included physicians from almost every town in Darke, Preble, Montgomery, Greene, Miami, Shelby, Clarke, and Champaign counties. The lecture and demonstration on the subject of fractures and dislocations held the closest attention of the large audience from three o'clock in the afternoon until after nine. At six o'clock a splendid dinner was served in the banquet hall of the Miami Hotel. An interesting feature of the meeting was the informal nature of the discussion, which developed many practical points.

Councilor Hunter of the Second District has requested each society in this district to devote a special meeting to the subject of fractures. Before the Briggs lecture, he urged each society to have a representative attend with a view of building up a program of this character. In this way, it is hoped to extend the benefits of the demonstration to those who were unable to attend the Dayton meeting.

The registration at Dayton, exclusive of the large number who registered from the city, was as follows:

G. W. Flory, H. Z. Silver, J. C. Ryder, Eaton; Ira E. Swain, Caldwell; H. A. Snorf, B. F. Metcalfe, J. E. Hunter, W. H. Matchett, E. G. Husted, G. W. Burnett, H. W. Rush, W. T. Fitzgerald, O. P. Wolverton, W. C. Fuller, Greenville; J. H. Prince, R. L. Kunkle, J. F. Beachlor, John H. Baker, Piqua; Clement L. Jones, Chas. B. Hanna, P. E. Cromer, W. B. Patton, Walter C. Taylor, C. F. Adams, C. W. Russell, Lorin Holz, Read Letts Bell, J. A. Link, Springfield; H. E. Shepherd, Sulphur Grove; W. A. Yinger, Rosewood; C. E. Briggs, Cleveland; Geo. V. Sheridan, Columbus; V. W. LeMaster, A. W. Reddish, M. F. Hussey, Sidney; L. G. Cromer, G. Reynor, Union City, Indiana; W. H. Graham, John J. Moore, Thos. G. Farr, South Charleston; Reed Madden, H. C. Messenger, R. H. Grube, David E. Spahr, H. R. Hawkins, W. T. Darnell, C. G. McPherson, Xenia; W. C. Gutermuth, Versailles; W. H. Riley, Vandalia; P. O. O'Hara, W. G. Brown, Lewisburg; W. R. Thompson, Troy; F. W. Krieger, S. C. Markley, R. D. Morrow, A. L. Bramkamp, Richmond, Indiana; F. W. Ogan, Jamestown; M. S. Marsh, J. O. Stewart, Cedarville; H. O. Whitaker, New Burlington; T. H. Troutt, S. D. Hartman, Tippecanoe City; Chas. T. Hunt, E. B. Doan, C. S. Judy, Miamisburg; W. J. Humphrey, Yellow Springs; T. V. Crabill, Osborn; J. G. Fudge, Spring Valley; W. H. Tucker, Eldorado; E. A. Hecker, E. Lowry, New Madison; S. P. Carter, Carl W. Blane, West Manchester; J. A. Mansfield Clark, Savona; C. I. Stephen, Ansonia; T. H. Dickinson, Germantown; C. D. Slagle, Centerville; Chas. Baker, Gainer Jennings, West Milton; F. E. Detrick, Quincy; I. H. Hawes, Arcanum; A. C. Hunter, West Alexandria; D. C. Mills, New Lebanon; J. H. Harris, Clifton; J. M. De Ford, Rossburg; Chas. Marvel, Louis I. Ross, Richmond, Indiana; E. E. Bevington, New Paris; Charles Wittenmeyer, Arcanum; W. T. Christian, Verona; E. B. Starr, Will Ultes, C. F. Adams, L. L. Lyman, Springfield; S. H. Hawes, Greenville.

MEETING AT STEUBENVILLE

That the physicians of the state are deeply in-

terested in the University Extension propaganda was made clear at Steubenville on April 21, when Dr. Briggs delivered the second of a series of lectures before eighty physicians practicing in Jefferson, Columbiana, Belmont and Harrison counties.

The meeting was one of the largest medical gatherings ever held in Steubenville. Almost every city and village in the four counties was represented. Several from West Virginia attended. Credit for the large attendance and the pleasing manner in which visiting practitioners were entertained goes to the committee of the Jefferson County Medical Society which had charge of arrangements. Members of the committee—Drs. Walter A. Strayer, C. W. Maxson, J. C. M. Floyd, and J. R. Mossgrove—on the day before the meeting, called all the physicians in the district who could be reached by telephone and reminded them that they had been invited to hear Dr. Briggs.

The meeting was held in the assembly room of the Steubenville Chamber of Commerce, and later adjourned to the Imperial Hotel, where dinner was served. Immediately after the dinner, Dr. Briggs continued his lecture, devoting about two hours to an interesting demonstration of modern methods of treating fractures and dislocations. Throughout the lecture, the speaker was repeatedly interrupted by questions concerning general topics or cases in their own practice. Dr. Briggs' clear and comprehensive presentation of his subject was recognized in a resolution which was unanimously adopted and which expressed appreciation of his interesting lecture.

In addition to physicians, a number of prominent attorneys of Steubenville and persons interested in Y. M. C. A. work and physical development heard the lecture. Those who registered at the meeting were:

Roy R. Carpenter, A. C. Lewis, S. C. Kerr, J. A. Clark, F. B. Groesbeck, E. J. Sanders, J. R. Mossgrove, Walter A. Strayer, C. W. Maxson, J. C. M. Floyd, Jas. K. Biddle, Curtis Laughlin, S. J. Podlewski, V. B. Di Loreto, J. A. Bradley, S. F. Paul, Victor Biddle, Robt. Laughlin, Perry Laughlin, J. E. Miller, C. C. Smith, H. W. Cooper, A. J. Erskine, Theo. Dodd, I. C. Foster, S. O. Barkhurst, G. F. Gourley, H. W. Casper, of Steubenville.

C. E. Briggs, Cleveland; E. C. Cope, Barton; J. O. Howell, J. A. Heinlein, Bridgeport; W. A. Hobbs, C. R. Larkins, M. D. McCutcheon, F. R. Harrison, Wm. N. Gilmore, R. J. Marshall, East Liverpool; J. A. McGrew, New Athens; J. W. Collins, E. R. Giesey, H. C. Minor, H. D. McCullough, G. A. Ferguson, Toronto; J. P. Young, Empire.

James S. McClellan, C. W. Kirkland, D. W. Boone, Belaire; B. O. Williams, Carroll McGinnis, Martins Ferry; J. A. McCollom, Uhrichsville; P. L. Ring, Shadyside; J. W. Albaugh, Fred H. Riney, C. E. Gourley, Mingo Junction; S. F. Roberts, Glencoe; John Caldwell, Rayland; C. W. Lose, Flushings; J. I. Thompson, Rhodesdale; D. T. Phillips, Barnesville; G. W. Steward, Jerusalem; J. R. Parry, Woodfield.

W. S. Spence, Germano; J. M. King, E. F. Smith, C. W. Colby, Wellsville; J. B. Makin, Weirton, W. Va.; C. R. Meyahan, C. H. Blumenduer, Follansbee, W. Va.; E. H. Crane, L. O. Schwartz, New Cumberland, W. Va.; E. W. Woodruff, Dallas, W. Va.; B. F. Harden, F. T. Dare, J. R. Arnold, Wellsburg, W. Va.; G. W. Wentz, Chester, W. Va.

STANDING OF COUNTY SOCIETIES, MAY 15, 1916

*Super One Hundred Per Cent—Paulding, Membership 21.
(Every Physician in the County a member)*

ONE HUNDRED PER CENT CLUB

Members		Members		Members		Members	
1915		1916		1915		1916	
Adams	23	23	Jefferson	40	44		
Allen	83	83	Lake	16	16		
Ashland	19	19	Lawrence	17	21		
Ashtabula	27	27	Lorain	50	61		
Athens	51	54	Madison	9	20		
Auglaize	24	24	Mahoning	100	105		
Belmont	55	58	Marion	29	38		
Clark	64	64	Medina	21	21		
Clinton	22	22	Meigs	11	14		
Columbiana	39	43	Miami	46	46		
Coshocton	21	22	Morrow	15	17		
Crawford	28	31	Muskingum	38	43		
Darke	49	49	Ottawa	15	15		
Defiance	6	16	Perry	19	22		
Delaware	26	26	Pickaway	22	24		
Erie	24	24	Pike	13	13		
Franklin	315	330	Preble	12	16		
Fulton	25	25	Putnam	30	31		
Gallia	31	31	Richland	31	49		
Geauga	9	9	Ross	21	32		
Greene	32	33	Sandusky	21	30		
Guernsey	29	32	Seneca	37	39		
Henry	19	21	Stark	126	127		
Harrison	14	22	Scioto	48	48		
Hancock	36	36	Trumbull	28	31		
Highland	24	24	Tuscarawas	43	45		
Hocking	11	12	Union	11	11		
Holmes	8	11	Washington	40	52		
Huron	13	18	Wayne	25	27		
Jackson	19	19	Wood	30	39		

THESE HAVE NOT YET QUALIFIED—SOME ARE NEARLY THERE

Members		Members		Members		Members	
1915		1916		1915		1916	
Brown	18	7	Mercer	29	21		
Butler	57	46	Monroe	14	6		
Carroll .....	...	...	Montgomery	168	160		
Champaign	29	23	Morgan	16	11		
Clermont	15	...	Noble	12	10		
Cuyahoga	523	479	Portage	28	22		
Fairfield	44	37	Shelby	18	12		
Fayette	18	10	Summit	160	139		
Hamilton	474	363	Van Wert	27	22		
Hardin	29	25	Vinton	9	7		
Knox	33	21	Warren	34	29		
Licking	35	27	Williams	34	20		
Logan	37	...	Wyandot	16	12		
Lucas	214	193					

Total Paid-up Membership to date.....	3996
Total prior to State Meeting last year.....	3912
Total, last year.....	4241

State Society Membership for 1916, Despite Doubling of the State Dues, Will Probably Break All Records

With sixty-one counties with a paid up membership equal to or greater than that of last year, the 1916 campaign of the One Hundred Per Cent Club closed in a blaze of glory.

The table on the opposite page gives the standing of the various counties on May 15. It shows that on that date the paid-up membership of the Association totaled 3996—which is 84 in excess of the number paid up in advance of the state meeting in 1915. We are delighted to report that when this issue of *The Journal* went to press late in May, the total for 1916 was in excess of 4100, and is still climbing. It is very probable that last year's total of 4241 will be exceeded by possibly 150 members before the close of the present year.

This is truly remarkable in view of the fact that this year the state dues were doubled, and in many instances dues of county societies were more than doubled. A year ago when the House of Delegates advanced the state dues to \$3.00, it was freely predicted that the Association would lose half its members. In fact,, when the state committee on budget met in January, it prepared the budget on a basis of 3000 members for 1916.

The meaning of the figures on the opposite page is of tremendous importance. They demonstrate clearly that the physicians of Ohio are awake to the need of an active organization. They demonstrate that the physicians of Ohio are ready and willing to support such an organization, financially and otherwise.

We hope sincerely that the 28 counties which have not yet qualified as One Hundred Per Cent will do so before the next issue of *The Journal* goes to press.

Dr. Goodman Talks to Columbus Advertising Men on "Medical Advertising" and Tells Them Why It is a Miserable Business to Engage In

"And darst thou then
To beard the lion in his den,
The Douglas in his hall?"—Scott.

We are not familiar with the exact technic of bearding lions, but Dr. Sylvester J. Goodman, Columbus, approximated the procedure on April 19 when he appeared before the Advertising Club of Columbus to discuss the rather ticklish subject, "The Ethics of Medical Advertising."

The Doctor's temerity is indicated by the fact that the president of the club is the gentleman who guides the advertising destinies of Dr. Hartman's Peruna, while its active membership includes the advertising managers of local newspapers and others who profit very materially through the advertising phases of medical quackery.

The Doctor refused to mince words, however, and opened his remarks by the mild assertion that he would proceed to prove that the members of the club are hypocrites because they claim to be the advocates of honest advertising, and at the same time aid in the promotion of the most pernicious form of crooked advertising—that which aids in the exploitation of the sick. The remarkable fact about the meeting was that the advertising men liked it.

In order to give the address proper local color, the Doctor took current copies of the three Columbus daily newspapers, and clipped therefrom the advertisements which, in his opinion, were dishonest or crooked. The mutilation in each case was decidedly severe.

Mr. Harvey Young, advertising manager of the

Columbus *Evening Dispatch*, opened the discussion of Dr. Goodman's address, and asserted that the newspapers are endeavoring to eliminate crookedness in medical advertising, and that to do so the publishers must have the support of physicians. He suggested that a joint committee from the Advertising Club and the Columbus Academy of Medicine might work out some solution of the situation. In support of his statement that newspapers are cleaning up, he pointed out that within the year *The Dispatch* has refused to accept advertising for so-called "men's specialists," and that even in patent medicine advertising an effort has been made to eliminate the more blatant copy, and to tone down the claims of the manufacturers. Mr. Young declared that there is little real incentive for curbing medical advertising because physicians generally seem to take no interest in the matter. He stated that when *The Dispatch* changed its policy and eliminated "men's specialists" copy it received not one word of commendation from any physician in the city of Columbus.

The pleasing feature of the meeting was the evident indication of approval by several of the more prominent advertising men present, particularly those who look after the interests of the department stores and other legitimate advertisers. These purchasers of advertising space are coming to realize that their announcements suffer by the company they keep.

Dr. Goodman reinforced his presentation of the subject by reading communications bearing on the point. The most remarkable was from a

prominent Columbus attorney, and is so pertinent that we are herewith reproducing it in full:

A LAWYER'S VIEWPOINT.

"You asked me to jot down a few points with reference to medical advertising. Here are some that have occurred to me:

"First: A person who advertises usually has something to sell, and if the advertisement is to be of proper service it must be placed in the hands of persons wanting to buy what he has to sell. Products for sale, and advertised as such, are usually of a character that those who would buy may examine and select, or in some other way decide upon their merits."

"The only persons qualified to pass upon one's knowledge or skill are those who possess similar knowledge and skill. A professional man could gain nothing by advertising his ability or skill if he depended upon selling his service to those who are competent to judge its value."

"This leads, then, to the broad statement which is a matter of common knowledge that persons are not informed concerning their bodies or minds, and are not competent to testify concerning such matters, much less to decide or determine what sort of service or skill is required to re-establish normal conditions."

"It is also a matter of common knowledge that even intelligent people who are most intelligent in matters other than those things which pertain to their own bodies and health are grossly ignorant of both of them, and when they are ill are overcome by credulity just as easily as the more ignorant persons. To play upon the fears and credulity of the people, by relating to them their symptoms or suggesting to them any kind of treatment for relief, is to nearly simulate the hyena game, although it is somewhat more cowardly and selfish in that the hyena desires only the body."

"Lawyers are best able to determine the ability of one who is versed in law. A school teacher is better qualified to determine the ability and fitness of one who desires to teach, and physicians are better qualified to determine the ability and skill of those who practice medicine."

"It is also argued that because of professional jealousy physicians do not recommend patients to those qualified to practice. This, however, is absolutely false and is demonstrated by the fact that a very large number of physicians are now specialists, and are almost entirely dependent upon cases referred to them by their brother physicians. I believe that it is just as immoral for a lawyer to advertise for business as it is for a physician, but the public does not suffer so much in one case as the other, since in one case it is usually a financial loss while in the other it is a physical or mental."

THOSE WHO PROFIT.

"The only persons who believe that physicians should advertise are the advertising agents of newspapers, and a decidedly limited number of

poorly qualified and equipped physicians who have failed to make a living otherwise. It is a matter of common knowledge that no distinguished member of our profession uses such methods, and while this may not be an argument against advertising, it sufficiently stamps the character of persons engaged in advertising."

"Another point, the character of medical advertising is almost universally passed upon by an enthusiastic advertising agent of the newspaper whose sole purpose is to make money for the paper, and who is absolutely unfitted to determine the truthfulness of the statements made, and also absolutely ignorant with reference to the effects which result in the minds of those whose fears and credulity are easily overcome."

"I can see no objection to the use of professional cards, if nothing concerning disease, symptoms or one's ability is mentioned in connection with the name. I can see only harm if any of these statements are mentioned, and the harm is done to the weak; it never affects the strong, and hence should be prohibited."

"Now you have asked me for points and I have given a lecture, so I'll quit."

"Oh! yes, I want to say one thing more: To my mind only two persons can be benefited by professional advertising, the newspaper which receives the money for the advertisement, and the incompetent, unreliable, untruthful and deceiving person who pays for it."

"Newspapers should not want to carry medical advertisements which have not been thoroughly censored by *medical men* of undisputed standing."

"A quack told me last week that his advertisements were censored by a lawyer; to my mind this was the *very limit*, and a complete acknowledgement that his character was such as to bar him from professional activities. No man with the right thought would need to consult a lawyer to know what he might publish in a newspaper; the very fact that he desired to consult a lawyer on this point was enough to condemn him. This, however, is not a reflection upon the legal profession but an indictment of a coward and probably a crook—please excuse me."

DR. W. O. THOMPSON'S VIEWS.

Dr. Goodman also read excerpts from a letter he had received from Dr. W. O. Thompson, president of Ohio State University, who expresses his sentiment as follows:

"In my own humble opinion I should say that the limitation of advertising finds its justification in the excesses to which advertising goes. If professional people like physicians engage in such methods we shall soon have no distinction whatever between the genuinely professional physician and the most disreputable quack."

"Another point as it seems to me, is the tendency to announce cures, surgical cases, etc., which if encouraged would lead to an altogether unseemly situation. Modest, sincere men would

not do it, and only men of a certain type would indulge in it and the public thereby mislead as to the real truth."

"Another point in my mind is that the richest rewards of any profession lie not in the money we earn or receive, but in the approval and confidence of our colleagues. A lawyer should have the esteem of the members of the bar, and a physician should have the esteem and confidence of the profession. If he fails in this he is deprived of some of the finest rewards for his service."

"Advertising tends toward misleading statements, a lack of confidence, adverse criticism, and on the whole, most unsatisfactory conditions within the profession. In a sense, therefore, the medical profession must protect its own character by not indulging in miscellaneous and misleading publicity. The official journals, in which cases are officially and publicly reported, furnish ade-

quate opportunity for men to learn, not only of each others' efficiency, but of their achievements."

FUTURE IS BRIGHTER.

The general spirit prevailing at the meeting indicated that the reckless medical advertising, which has been so rank in its growth during the past few years, is doomed. As advertising becomes more nearly a science, the men who understand it are coming to realize that it cannot afford to bear the stigma of the medical quack and of the nostrum fakir.

Probably it would be advisable to have this subject thoroughly discussed before every advertising club in the state. Certainly it would be well to meet the advertising men on their own ground and have our medical organizations extend all possible cooperation in helping to clear a situation that both advertising men and physicians recognize as essentially wrong.

***** * NEWS OF INTEREST * * FROM OHIO HOSPITALS * *****

Editorial Note.—This Journal has been made the official publication of the Ohio Hospital Association, and will print monthly news and announcements of interest to its members. Items should be forwarded to the News Editor, at Columbus, or to Mr. Howell Wright, 308 The Anisfield Bldg., Cleveland.

Plans for raising \$100,000 for a Lutheran hospital in Toledo are under discussion.

Middletown citizens have started a campaign to raise \$30,000 needed to equip the city's new \$60,000 hospital.

Miss Minna Sands has been elected superintendent of Toledo hospital to succeed Miss Margaret Wallace, resigned.

With subscriptions amounting to more than \$36,000, the campaign for funds for the Memorial Hospital at Norwalk was closed April 17.

Plans have been accepted for remodeling and enlarging of Monnette Memorial Hospital, Bucyrus, whereby the present capacity of 13 beds will be doubled.

Directors of Twin City hospital, Uhrichsville, will conduct a campaign during June to raise funds. About \$10,000 is needed to complete and equip the plant.

The report of the superintendent of Bethesda hospital at Zanesville, for the year ending April 1, 1916, shows that of the 482 patients admitted, 328 were surgical cases, 147 were medical and 25 were obstetrical cases.

A resolution declaring it necessary to improve the City hospital by building and equipping an addition of brick at the rear of the present structure was adopted at a recent meeting of the Coshocton city council.

Steps have been taken toward raising money for a hospital at Greenville. Members of the Darke County Medical Society and other citizens of Greenville have contributed to the support of a preliminary organization.

Annual report of Mrs. Harriet A. Fenzel, superintendent of the City Hospital at Chillicothe, for the year ending April 1, 1916, shows 298 patients were admitted; 283 discharged; 184 surgical cases; 61 medical, and 24 maternity cases.

Proceeds from the sale of 877 acres of land, recently presented Bellefontaine by Mrs. Rebecca Williams, will be devoted to the establishment of a hospital. The money value of the gift is variously estimated at from \$100,000 to \$175,000.

According to a recent announcement, Toledo is to have a new hospital under the jurisdiction of the Catholic diocese of Toledo. Plans have been prepared for the erection of the hospital building at the corner of Madison avenue and Twenty-third street.

Drs. M. H. and J. S. Cherrington, of Logan, are building a 30-bed addition to their hospital. The new structure will be 70x36 feet, and will cost approximately \$20,000, and will afford Drs. Cherrington facilities for meeting the increasing needs of the Hocking Valley territory.

Raising more than \$100,000 at the rate of \$2,000 an hour, citizens of Steubenville and neighboring towns on May 1 brought to a close

a successful six-day campaign for funds for completing and equipping the new Ohio Valley Hospital at Steubenville. On the day the campaign closed, total subscriptions amounted to \$107,365.85.

Fifty-six acres of land seven miles north of Dayton have been purchased by Montgomery and Preble counties as a site for a new bi-county tuberculosis hospital to replace the present tuberculosis sanatorium at Brookside. The action was based on the recommendation of a committee of physicians appointed to investigate the availability of proposed sites: Drs. Horace Bonner, W. H. Swisher, L. F. Bucher, H. H. Herman and George W. Miller.

Dr. Clyde Leeper, who has transferred his interest in Rocky Glen Sanitarium for Tuberculosis at McConnelsville to Dr. John F. Hill, formerly of Ravenna, has established a farm camp for the care of suspected, pre-tubercular, and incipient cases on the Douda farm two miles below Malta, in the beautiful Muskingum valley. The tent colony for the care of these patients between May 1 and November 1 will be maintained under the medical direction of Dr. Leeper, who will divide his time between Malta and Columbus. Arrangements have been made to care for patients at the rate of \$7 a week. The Rocky Glen Sanitarium, under the direction of Dr. Hill, accepts patients in all stages of tuberculosis, and provides for them in individual cottages.

American Proctological Meeting in June

The following is the preliminary program of the eighteenth annual meeting of the American Proctological Society, to be held in Detroit, June 12 and 13:

- 1—A Review of Proctologic Literature for 1915. Samuel T. Earle, Baltimore, Md.
- 2—Post-Operative Treatment in Rectal Surgery. Wm. H. Stauffer, St. Louis, Mo.
- 3—Ano-Rectal Injuries. Samuel G. Gant, New York City, N. Y.
- 4—Some Observations on Hernia in Relation to Intestinal Stasis. Wm. M. Beach, Pittsburg, Pa.
- 5—Intestinal Symptoms Due to Achylia Gastrica. Alois B. Graham, Indianapolis, Ind.
- 6—Non-Specific Ulceration of the Rectum and Anus, with Report of a Case of Anal Herpes Zoster. Lewis H. Adler, Jr., Philadelphia, Pa.
- 7—Malignant Transformation of Benign Growths. Frank C. Yeomans, New York City, N. Y.
- 8—Acute Angulation and Flexure of the Sigmoid as a Causative Factor in Epilepsy; Report of nine new Cases with four Recoveries. Wm. H. Axterl, Bellingham, Wash.
- 9—The Vaccine Treatment of Pruritus Ani. W. H. Kiger, Los Angeles, Cal.

- 10—Report of Experience with the Vaccine Treatment of Pruritus Ani. Louis J. Hirschman, Detroit, Mich.
- 11—Posture as an Etiologic Factor in Splanchnoptosis. Rolla Camden, Parkersburg, W. Va.
- 12—Photography for Record and Teaching; Lantern Slide Demonstrations. Collier F. Martin, Philadelphia, Pa.
- 13—The Present Status of Operations for Carcinoma of the Rectum and Lower Third of the Sigmoid. Samuel T. Earle, Baltimore, Md.
- 14—Observations on Fissure of the Anus. Rollin H. Barnes, St. Louis, Mo.
- 15—The Treatment of Hemorrhoids by a New Method. E. H. Terrell, Richmond, Va.
- 16—The Relation of Colonic Disease to the Kinetic System. James A. Macmillan, Detroit, Mich.
- 17—The Consideration of Rectal and Colonic Disease in Life Insurance Examinations. Alfred J. Zobel, San Francisco, Cal.
- 18—Spasmodic Stricture of the Rectum. Louis J. Krouse, Cincinnati, Ohio.
- 19—Some Important Pathological Conditions found About the Rectal Outlet. Lantern Slide Demonstration. Granville S. Hanes, Louisville, Ky.
- 20—The Relation of the Roentgenologist to the Proctologist. Walter I. LeFevre, Cleveland, Ohio.
- 21—Syphilis of the Rectum. G. Milton Linthicum, Baltimore, Md.
- 22—Position for Sigmoidoscopic Work. Donly C. Hawley, Burlington, Vt.
- 23—Sixth Report on the Treatment of Pruritus Ani by Autogenous Vaccines. Dwight H. Murray, Syracuse, N. Y.
- 24—Gangrenous Hemorrhoids; Reports of Cases. John L. Jelks, Memphis, Tenn.

Governor Willis has announced his intention of carrying out a comprehensive plan for the improvement of conditions in Ohio state penal and correctional institutions. He will proceed at once with plans to substitute a prison farm in Madison county for the present penitentiary. He plans to give every state ward some definite task, so that their thoughts may be kept from their affliction. His policy may be summed up in a sentence from his recent speech at Marysville: "This administration is in favor of economy, but it will not skimp the helpless nor try to play politics with the unfortunates."

We sincerely trust that Mr. Willis will see that this policy is enforced. And while he is proceeding with changes which are designed to benefit these wards, we suggest that he look into conditions which cause the defection, and that he direct greater attention to research into the causes which develop these physical defects. The chief weakness of our state institutions is the almost complete lack of research work.

Make Use of the State Health Department's Free Laboratories! Here is List of Where Mailing Containers May Be Secured*

In submitting specimens for bacteriological examination by the Hygiene Laboratories of the State Department of Health at Columbus, it is necessary to use the utmost care in order to prevent the accidental infection of those who must handle the container. Special outfits which minimize this danger have been prepared. Physicians may secure outfits in which to mail specimens to the Division of Laboratories free of charge. The examination and reporting of the specimens submitted in the regular containers provided by the department is also made without expense to the physician.

When it is considered that there are approximately 7500 physicians in the state, it will be realized that it is no little undertaking for the State Department of Health to supply the physicians with outfits. In the first place special outfits are provided for diphtheritic swabs, for specimens of sputum for tuberculosis, outfits for typhoid and malaria, and to some extent for gonorrhea, as well as a silver nitrate solution for the prevention of inflammation in the eyes of the newborn. In order to supply each physician directly it would be necessary to provide an excessively large number of outfits. Secondly, the mailing of outfits to each physician would incur a large expenditure of money, which is impossible at the present time. Another consideration is that it is always advisable to use material which is prepared as recently as possible. Some method is required, therefore, which would reduce the number of outfits to a minimum, also provide for a small postage and at the same time provide fresh outfits for the physician.

DISTRIBUTING STATIONS.

It was thought advisable, therefore, to locate distributing stations throughout the state. These stations have been located where they will serve the physicians to the best advantage. Wherever possible the outfits are supplied through the local health department. Many communities, however, are not provided with full-time health officers, so it was decided to attempt to locate outfit stations in drug stores, centrally located and accessible to the medical men. Three hundred outfit stations have been provided in the various cities and villages of the state. The druggists have given their co-operation and deserve commendation for their assistance in this work. No funds are available to repay them for the trouble and inconvenience which is caused by the handling of the outfits. The physicians may secure through these outfit stations any of the outfits which are provided by the State Department of Health.

It is true that many physicians are not accessible to one of these stations. Under such conditions any physician desiring outfits should ask his druggist if it would not be possible for him to act as a distributor. If the consent of the druggist can be secured, he should write to the State Department of Health, and wherever possible, a new outfit station will be established.

Country physicians can secure such supplies as they may desire by writing directly to the department.

Physicians should not fail to avail themselves of the opportunity of using the laboratory provided by the state whenever possible. Care should be taken, however, when submitting specimens, to use only those outfits provided by the state, as it is contrary to the postal regulations to use other than those outfits which have been approved by the United States Post Office Department.

The following is a revised list of the stations where mailing containers and other State Health Department may be secured:

DISTRIBUTING STATIONS

Adams County.—Peebles, H. B. Hunter; West Union, O. T. Sproull, M. D.
Allen County.—Bluffton, A. Hauenstein & Son; Delphos, King & Williams; Lima, Melville Drug Store; Lima, Market Street Drug Store.
Ashland County.—Ashland, Bockley Bros.; Loudonville, H. J. Handenschield; Perrysville, J. W. Covert & Son; Savannah, R. N. Shaw.
Ashtabula County.—Andover, J. H. Hipple; Ashtabula, Knowlton & Wentling; Conneaut, Conneaut Drug Co.; Geneva, C. I. Crowther; Jefferson, C. H. Case.
Athens.—Albany, J. Howard Cline; Amesville, F. W. Gibson; Athens, Cline's Pharmacy; Coolville, Taylor & Son; Glouster, E. E. Drury; Guysville, L. V. McLaughlin; Nelsonville, Gem Pharmacy.
Auglaize.—St. Marys, Theo. E. Siewert; Wapakoneta, Wm. Kayser; Waynesfield, E. E. Hansaker.
Belmont.—Barnesville, Hilles Drug Co.; Bellaire, Dankworth's Pharmacy; Bridgeport, Roberts & Federick; Martins Ferry, Selby & Reed; St. Clairsville, Jas. D. Crossland.
Brown.—Fayetteville, L. A. Becker, Druggist; Georgetown, E. E. Kendle; Ripley, Maddox Drug Co.; Sardinia, M. L. Plummer, Druggist.
Butler.—Hamilton, Board of Health; Hamilton, Radcliffe Drug Co.; Middletown, John T. Fay; Oxford, J. M. Adams & Co.
Carroll.—Carrollton, J. H. McElroy; Malvern, Hart Pharmacy.
Champaign.—St. Paris, A. Musselman Drug Co.; Urbana, Chas. F. Downey.
Clark.—Springfield, Dept. of Health.
Clermont.—Batavia, A. C. Nash; Bethel, J. C. Scott, Druggist; Felicity, J. W. Kennedy & Son; Loveland, Harley H. Dunn; Milford, Stumps Pharmacy; New Richmond, Economy Drug Store, John Farina, Prop.; Williamsburg, Elrod Pharmacy.
Clinton.—Blanchester, H. L. Day & Son; Clarksville, Snooks Drug Store; Sabina, Sabina Drug Co.
Columbiana.—Edw. Lodge, Druggist; East Liverpool, C. W. Vaughn & Co.; East Palestine, Sutherland Bros.; Lisbon, T. C. Williams; Salem, Fred T. Bennett; Wellsville, C. N. Brannan; New Waterford, P. F. Vollnogle.
Coshocton.—Coshocton, W. M. Smith; Fresno, W. H. Leavengood.
Crawford.—Bucyrus, Johnston Pharmacy; Crestline, A. H. Kinsey; Gallion, E. D. Helfrich, M. D.; New Washington, C. E. Hildebrand.
Cuyahoga.—Bedford, James R. Forbes; Brecksville, M. R. Kellum, M. D.; Cleveland, J. S. Wood, M. D., 712 E. 152nd St.; Cleveland Hgts., Forest Hill Pharmacy; Cleveland, Dept. of Health; East Cleveland, Vassar Pharmacy, 13419 Euclid Ave.; Lakewood, Dole Drug Co.; Lakewood, Lakewood Police Sta.
Darke.—Arcanum, Simpson & Cline; Greenville, C. M. Weisenbarger & Bro.; Greenville, Kipp Drug Store.
Defiance.—Minsell Drug Co., 400 Clinton St.

*This is a third article by Mr. L. H. Van Buskirk, Director of the Division of Hygienic Laboratories, Ohio State Board of Health, Columbus. It is designed to stimulate our members to use more freely this splendid diagnostic aid provided by the state.

Delaware—Delaware, N. U. Starr; Sunbury, R. P. Anderson.

Erie—Huron, Garritt & Woessner; Sandusky, Lewis H. Ohly; Vermilion, A. H. Hart.

Fairfield—Lancaster, F. M. Toohey, Druggist, 137 West Main St.; Lithopolis, L. S. Bennett; Thurston, C. R. Fishel, M. D.

Fayette—Jeffersonville, J. B. Davis, Druggist; Washington C. H., Blackmer & Tanby.

Franklin—Columbus, Dept. of Health; Columbus, State Dept. of Health; Grove City, John Hoover, Druggist; Groveport, Groveport Pharmacy, Robt. W. Terry; Westerville, A. H. Leefer, M. D.

Fulton—Fayette, H. C. King; Wauseon, Fink and Haussner.

Gallia—Gallipolis, E. L. Neal; Vinton, J. H. Feltman.

Geauga—Chardon, A. J. Cromwell; Middlefield, E. P. Johnson.

Greene—Cedarville, C. W. Ridgway; Spring Valley, Arch Copsey; Xenia, Sayre & Hemphill; Yellow Springs, L. L. Taylor, M. D.

Guernsey—Byesville, J. M. Coombs & Co.; Cambridge, J. I. Wilson; Cambridge, Sutton & Osler; Old Washington, J. A. Warfield.

Hamilton—Cincinnati, Dept. of Health; Lockland, H. M. Heberle, Druggist; Elmwood Place, Schanzle's Pharmacy; Norwood, Leo Dressel.

Hancock—Arlington, C. S. Fasig; Findlay, W. B. Newton; McComb, Buckley & Cole.

Hardin—Ada, Yates Drug Store; Alger, Alger Modern Drug Shop; Dunkirk, S. A. Hagerman; Kenton, M. G. Furney & Son.

Harrison—Cadiz, W. T. Sharp & Co.; Freeport, D. M. Starkey.

Henry—Holgate, J. L. Sherman; Napoleon, Morey & Meyer.

Highland—Greenfield, Harry Cristopher; Hillsboro, Garrett & Ayres; Lynchburg, E. C. Meyer; Leesburg, Chas. W. Feller.

Hocking—Logan, Harvey Pharmacy; Logan, Ewing Pharmacy; Murray City, Lee's Drug Store.

Holmes—Millersburg, Strome & Burkey; Walnut Creek, A. R. Olmstead, M. D.

Huron—Bellevue, J. H. Brinker; Chicago Junction, D. O. Williams; Norwalk, Frank E. Harter.

Jackson—Jackson, H. B. Schaeffer; Wellston, Kelly Bros.

Jefferson—Richmond, C. S. Culp, M. D.; Steubenville, Miner's Drug Store, 416 Market St.; Toronto, Welsh Bros.

Knox—Danville, Burres & Shaw; Frederickstown, Chas. F. Fink; Mt. Vernon, Carl N. Lorey.

Lake—Painesville, V. M. Gehring; Willoughby, Fickes Pharmacy.

Lawrence—Chesapeake, J. C. Morrison, M. D.; Ironton, Ball-Warfield Co.; Proctorville, R. E. Atkinson, M. D.

Licking—Johnston, Frank S. Paige; Newark, W. A. Erman & Son; Utica, G. T. Ely, M. D.

Logan—Belle Center, R. H. Valentine; Bellefontaine, Frazer's Drug Store; West Liberty, R. S. Wheeler; West Mansfield, Harvey Pharmacy.

Lorain—Amberst, Kuss Pharmacy; Elyria, E. U. Hague; Elyria, City Chemist; Lorain, Wm. Honecker; Oberlin, F. W. Tobin; Wellington, E. W. Adams.

Lucas—Sylvania, V. H. Adams; Toledo, Dept. of Health; Toledo, Jas. A. Wernert; Toledo, Rupp & Bowman.

Madison—London, J. R. Atchison; Mt. Sterling, A. J. Tannhill.

Mahoning—Canfield, F. A. Morris; Sebring, J. M. Hazen; Youngstown, Dept. of Health; Youngstown, Lyons-Lacri Co.

Marion—Larue, Sefritte Pharmacy; Marion, M. D. Dumble; Prospect, Osborn & Son.

Medina—Lodi, Rowland Bros.; Medina, W. J. Wall; Wadsworth, I. H. Fall & Co.

Meigs—Pomeroy, H. B. Smith.

Mercer—Celina, H. F. Puthoff; Ft. Recovery, John F. Adams; Rockford, W. M. Mallory; St. Henry, S. J. Samberg.

Miami—Covington, George Worley; Piqua, Hedges & Higgins; Troy, John M. Fulkerson.

Monroe—Woodfield, R. W. Pope.

Montgomery—Brookville, Spittler & Spittler; Dayton, Dept. of Health; Dayton, John W. Miller, Druggist; Farmersville, Sadie Brower; Germantown, Chas. W. Hildabolt; West Carrollton, W. A. Shellhouse, Druggist.

Morgan—McConnellsville, Sears & Sattler; Stockport, T. J. Lyne, M. D.

Morrow—Cardington, M. M. Shaffer; Mt. Gilead, H. G. Peters.

Muskingum—Dresden, Lee Cassidy, Druggist; Zanesville, Ed. H. Zulantz, 7th & Main Sts.

Noble—Caldwell, W. H. Bowron.

Ottawa—Oak Harbor, F. J. Schimansky; Port Clinton, A. L. Green; Put-in-Bay, Schnoor, Johannsen & Fox.

Paulding—Antwerp, W. C. Pate; Grover Hill, Corner Drug Store; Paulding, H. G. Remage.

Perry—Corning, Waldo Keister; Crooksville, Ellis Dozer; New Lexington, Sheeran Drug Co.; Somerset, Bailey & Finck; Thornville, L. N. Beck.

Pickaway—Circleville, J. G. Wilder; New Holland, New Holland Drug Store.

Pike—Waverly, The Nyal Store, E. T. Tetrick.

Portage—Diamond, R. Sibson; Garrettsville, F. F. Mott; Kent, Hale Thompson; Mantua, Otto Steinbrueck; Ravenna, The Hart Pharmacy.

Preble—Camden, G. W. Homsher; Eaton, C. P. Cokefair; Lewisburg, L. S. Brandenburg; West Alexandria, W. Coffman & Son; West Manchester, Carl D. Spencer.

Putnam—Columbus Grove, S. E. Lewis, Druggist; Leipsic, Rexall Drug Store, H. L. Hoffman; Ottawa, H. C. Gerding; Pandora, A. S. Hilty, Druggist.

Richland—Belleville, Lisle M. Gable; Mansfield, Lucas Bros.; Shelby, Kuhn Drug Co.

Ross—Chillicothe, Reinhard Wissler; Frankfort, Hughey's Drug Store.

Sandusky—Clyde, M. D. Brown; Fremont, H. C. Grund Drug Co.; Gibsonburg, E. A. Williams & Co.

Scioto—Lucasville, Jos. H. Brant & Son; Portsmouth, Flood & Blake; South Webster, A. G. Stevens, M. D.; Wheelersburg, Fewt McCurdy.

Seneca—Attica, R. T. Hearson; Fostoria, Campbell Drug Co.; Tiffin, Harry R. Comstock.

Shelby—Anna, A. Weller; Fort Laramie, Will H. Quinlin; Sidney, F. D. Christian.

Stark—Alliance, Carl C. Portner; Alliance, C. B. Cassidy; Canton, L. H. Koch; Canton, Courtland Drug Store; Massillon, E. S. Craig.

Summit—Akron, Dept. of Health; Akron, Dutt Drug Co.; Barberton, W. J. Stimson.

Trumbull—Kinsman, Wallace Davis Co.; Niles, H. T. Calvin; Warren, Byard & Voit; Warren, Dept. of Health; Warren, VanGolder, Hapgood Drug Store; West Farmington, C. E. Bradshaw.

Tuscarawas—Baltic, J. M. Rinehart, Druggist; Boliver, W. W. Scott, M. D.; Canal Dover, W. A. Winkler; New Comerstown, Geo. A. Beer & Co.; New Philadelphia, F. A. Rea; Sugar Creek, A. C. Burkey; Uhrichsville, J. W. White Drug Co.

Union—Marysville, Wolgamont Bros.; Richwood, M. C. Wolgamot.

Van Wert—Convoy, C. D. Sidle, M. D.; Ohio City, J. A. Swoeland & Co.; Scott, Modern Drug Store; Van Wert, John M. Webster & Co.

Vinton—Zaleski, A. A. Boal, M. D.

Warren—Franklin, Earhart's Drug Co.; Lebanon, C. W. Ivens.

Washington—Lowell, J. L. Mason, M. D.; New Matamoras, Central Drug Store; Marietta, A. J. Richards.

Wayne—Apple Creek, W. H. Winkler; Orrville, Carl C. Bechtel; West Salem, Dreibellis & Co.; Wooster, S. H. Boyd & Co.

Williams—Bryan, E. S. Culbertson; Edgerton, W. H. Chilcote & Daughter; Montpelier, Weaver & Patton; West Unity, Thos. H. Collamore Co.

Wood—Bowling Green, Yeager & Starn; Grand Rapids, H. M. Agner, Druggist; Pemberville, Chas. A. Fehr; Weston, White & Patterson, Druggists.

Wyandot—Carey, T. W. McClure; Nevada, R. E. Hagerman; Sycamore, H. H. Balliet; Upper Sandusky, Tschanen Bros.

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MARRIAGES IN OHIO

Guy E. Noble, M. D., St. Marys, Ohio, and Miss Hazel Kelchner of Lima, Ohio, April 15.

—

J. C. Sommer, M.D., and Miss Nellie Dick of Somerset, were married in Columbus, April 25.

—

O. H. Sellenings, M.D., and Mrs. Margaret McClure Scott, both of Columbus, April 18.

—

L. H. Whetstler, M.D., Chicago Junction, and Miss Ruth Burkett, Ralston, O.

—

John Vincent MacGowan, M.D., Cincinnati, to Miss Irene Huxell of Mount Auburn, Cincinnati, March 13.

STATE MEDICAL BOARD

OFFICIAL BOARD

LESTER E. SIEMON, President, Cleveland, March 17, 1918
 J. H. J. UPHAM, M. D., Vice President, Columbus, March 17, 1920
 S. M. SHERMAN, M. D., Treasurer, Columbus, March 17, 1921
 JOHN K. SCUDDER, M. D., Cincinnati, March 17, 1919
 BEN. R. MCCLELLAN, M. D., Xenia, March 17, 1922.
 LEE HUMPHREY, M. D., Malta, March 17, 1917
 C. E. SAWYER, Marion, March 17, 1923.
 GEO. H. MATSON, M. D., Secretary,
 Office, State House, Columbus.
 Examiner in Preliminary Education,
 K. D. SWARTZEL, M. Sc., Columbus.

The State Medical Board is still issuing certificates under the exemption clauses of the Platt-Ellis law—to "limited practitioners of medicine and surgery" who were in practice one year or more prior to the passage of the law.

The board is acting slowly in these matters. Every applicant is subjected to careful scrutiny.

In the following list the table gives the key to the branch or branches in which each applicant is licensed.

- | | |
|--------------------|----------------------|
| 1 Chiropractic | 7 Suggestive-therapy |
| 2 Spondylo-therapy | 8 Psycho-therapy |
| 3 Electro-therapy | 9 Magnetic Healing |
| 4 Hydro-therapy | 10 Massage |
| 5 Mechano-therapy | 11 Swedish Movement |
| 6 Neuropathy | 12 Chiropody. |

Alliance—Howard L. Hampton, (1).
Adena—William M. Stiers, (1).
Akron—William I. Scott, 991 S. Main St., (1); Lyman D. Triplett, 964 Main St., (7, 9).
Butler—Chauncey E. Neher, (9).
Botkins—William H. Kistner, (1, 3).
Cleveland—Joseph P. Bibeau, 229 Colonial Arcade, (3); Modestino Coppola, 2708 Marion Ave., (5); Jennie S. Farrell, 607 Osborn Bldg., (3); Fred'k. E. Gerber, 601 Columbia Bldg., (1, 4, 10); Wm. W. Gorman, 1988 E. 81st St., (10); M. C. Graham, 746 Euclid Ave., (3); Wm. J. Haney, 1946 East 101st St., (1, 3, 5, 7); Grant E. Koplin, 3205 Mapledale Ave., (5); Robert H. Kunkle, 2041 E. 90th St., (1, 2); Albert B. Menges, 1304 E. 91st St., (1, 10); Jas. M. Piwonka, Broadway, (1, 10); Adelbert Roubicek, Rose Bldg., (3, 4, 10); Herman Roubicek, 304 C. A. & C. Bldg., (3, 10, 12); Leo Roubicek, 734 East 95th St., (10); Matilda Wagner, 2507 Bridge Ave., (3); Ralph Roy Williams, 7605 Superior, (1); Elizabeth L. Youngman, (3, 10, 12); Ma West, Sterns Rd. & Fairchild St., (12); Hattie A. Wilson, 232 Gibbon Ave., (12).
Cincinnati—Pearl L. Butler, 43 Emery Arcade, (10).
Columbus—John E. Noel, 1167 Perry St., (5, 6); Jas. H. Julian, 448 East Gay St., (1, 3, 5).
Custar—Luther M. Nesmith, (1).
Delaware—Addenirem P. Warrick, Ross St., (7, 9).
Dayton—Harry C. G. Bratt, Mendengall Apts., (10, 11); Orrville G. Kelly, 6 East 5th St., (6).
Elyria—Maud M. Allen, (3).
East Liverpool—Alfred F. Birbeck, (5).
Fremont—Frank C. Monegham, (5).
Kent—George V. Treesh, (8).
Lima—Zilar W. Wise, Holland Blk., (1); Richard A. Deken, 120 West Kirby St., (1, 5, 7, 9).
Martins Ferry—Jas. W. Rogers, (8).
Mt. Vernon—Charles H. Taylor, (1).
Marietta—Florence M. Thompson, 319 Fifth St., (9); Josiah H. Cornell, (7).
Maxion—Jos. F. Neidhart, (1); Jas. B. Warren, (1, 3, 4, 5).
Mansfield—Minnie E. Willson, (1, 2).
Toledo—Arnold A. Pool, 433 West Central Ave., (1, 5); Regina M. Pool, 433 W. Central Ave., (5); Mabel A. Squier, 2119 Ashland Ave., (1); Chas. E. Brinkman, 1915 Jefferson, (1, 3, 4, 10); Henry J. Brinkman, (1, 3, 4, 10); Edouard Wm. James, 830 Woodland Ave., (1); Benj. G. Lorenger, 227 Melrose Ave., (1).

Springfield—Jas. R. Randolph, 432 Clifton St., (1, 9).
Youngstown—Helen F. Rice, 239 E. Federal St., (10); Allen Welk, West Federal St., (3, 1, 5, 10); Della Brayman, (1).
Zanesville—Leon H. Brennel, 1231 Hall St., (1, 9).

Small Advertisements of Interest

Doctor—Have you an Underwood Inspirator that you wish to dispose of? If so, please send full particulars to W. I. Gordon, M.D., 2236 East 105th St., Cleveland, Ohio.

For Sale—One of the best opportunities to get into a first-class medical practice in Northwestern Ohio. If you have some money to invest here is your chance to go to work. Address Dr. M., care of THE OHIO STATE MEDICAL JOURNAL, Columbus.

For Sale—Central Ohio \$3,000 practice, drugs and furniture optional. Town of 1,000; rich county, good roads, schools and churches. Practically no competition. Excellent opportunity for recent graduate. Will introduce successor. Best reason for selling. Address "Z," care of JOURNAL.

For Sale—Residence and office fixtures of prominent county physician, death of whom leaves splendid opportunity for doctor desiring small town and country practice. Good roads, excellent community. Practice established thirty-seven years. Address Mrs. J. J. Wall, Mallet Creek, Ohio.

For Sale—A word to the wise is sufficient. If you have not already written us about our new exclusive designs in office furniture, do so now. Everything is specially priced. We want you to know where you can invest your money to the best advantage. National Physicians' Exchange, 30 E. Randolph Street, Chicago, Illinois.

For Sale—Nineteen years' established practice in a good village, 500, in Eastern Ohio. Main roads paved, fine residence, all modern conveniences, barn and garage. Collections last year \$3300. Will turn my practice over to any physician who will purchase my residence. Terms easy. Address Lock Box No. 4, Petersburg, Ohio.

Physicians, Attention—First class location for physician in Columbus, Ohio. Modern eight room frame, well built, double lined. Built and occupied by owner. Oak finish first floor. Bath, gas, wired for electricity, slate roof. Finished attic. Large cemented basement. Furnace. Street paved and paid. Large lot. Schools near. Fifteen minute car service. H. J. Biddlecombe, Wheeler Bldg., Columbus, Ohio.

NEWS NOTES OF OHIO

Athens—Dr. A. G. Farmer, who served ten years in the Panama Canal medical service, has located here and will limit his practice to eye, ear, nose and throat.

* * *

Canal Dover—Dr. C. L. Tinker has been elected city health officer to succeed Dr. J. W. Nixon, resigned.

* * *

Cincinnati—Dr. Guy Giffin has resigned as a member of the junior staff at the General hospital to practice medicine at Dayton.

* * *

Cleveland—The nominations of Drs. William F. Bruner, Gordon N. Morrill and Howard T. Karsner as second lieutenants in the medical corps of the United States Army have been sent to the senate by President Wilson for confirmation. Dr. and Mrs. F. S. Clark have returned from California. Secretary Howell Wright, of the Ohio Hospital Association, addressed the new West Virginia Hospital Association at Wheeling, on May 17.

* * *

Columbus—Dr. F. F. Lawrence, head of the Lawrence hospital, has decided not to accept an offer to become senior surgeon of one of the main French army hospitals near Verdun, France. Dr. J. Edwin Brown has been made one of the trustees of the Ohio Wesleyan University.

* * *

Columbus Grove—Dr. H. H. Sink spent April and May in Boston, in post graduate work.

* * *

Delphos—Dr. J. R. Tillotson has returned from special work at the New York Post Graduate Medical College and Hospital.

* * *

Elyria—Dr. George E. French has been appointed county physician.

* * *

Kent—Dr. W. B. Andrews became health officer of Kent on May 1.

* * *

Kenton—Dr. C. D. McCoy has resumed practice after studying for several weeks in the Children's Memorial Hospital at Chicago.

* * *

Lima—Dr. O. S. Robuck returned recently from graduate work in Chicago. Dr. and Mrs. Charles H. Clark have returned from a two weeks' trip through the South and East.

* * *

Marion—Dr. D. W. Brickley recently returned

from New York where he attended the eye, ear and nose clinics.

* * *

Massillon—Physicians here have formed an organization to be known as the Massillon Association of Physicians. The officers are T. Clark Miller, president; L. B. Zintmaster, vice president, and J. F. Campbell, secretary-treasurer. Monthly meetings will be held.

* * *

Mentor—Dr. and Mrs. J. W. Lowe are at home after spending the winter in Eustis, Florida.

* * *

Milford Center—Dr. Byron E. Baker has announced his candidacy for the Democratic nomination for senator in the Thirteenth Thirty-first District, comprising Hardin, Logan, Marion, Union, Crawford, Seneca, and Wyandot counties.

* * *

Mt. Vernon—Dr. Stephen A. Douglass, superintendent of the state tuberculosis sanatorium, is taking a six weeks' course of study at the Trudeau Post-Graduate School for Tuberculosis at Saranac Lake, N. Y. Dr. Douglass was recently awarded a scholarship for the course by the Ohio Society for the Prevention of Tuberculosis.

* * *

New Concord—Dr. Henry McCreary celebrated his 80th birthday anniversary May 8.

* * *

New Paris—Dr. and Mrs. C. A. Hawley recently returned home from their winter's sojourn in Florida.

* * *

Oberlin—Dr. and Mrs. H. W. Pyle have returned from Florida. Dr. Pyle has resumed practice after a long illness.

* * *

Painesville—Dr. John J. Orton has returned to his former home in Randolph, Portage county, where he will practice in the future.

* * *

Tiffin—Dr. D. F. Daniel is in Chicago taking work under J. W. Murphy and A. J. Ochner at Mercy hospital. Dr. G. L. Lambricht is taking a special course in medical diagnosis and clinical microscopy in Chicago.

* * *

Toledo—Dr. Charles M. Harpster announces the removal of his offices to the Wedgewood Building, corner Adams and St. Clair Streets.

* * *

Toronto—Dr. Ray Nixon, who has practiced in Toronto for the last five years, recently located in Marksan, Wisconsin.

* * *

Walnutcreek—Dr. A. R. Olmstead is taking special work in the medical college of the Ohio State University.

* * *

Youngstown—A daughter was born April 13 to Dr. and Mrs. Royal B. Dobbins.

IMPORTANT NOTICE

Have you a copy of this valuable and interesting medico-historical work in your library?

"DANIEL DRAKE AND HIS FOLLOWERS"

HISTORICAL, BIOGRAPHICAL SKETCHES

By OTTO JUETTNER, M.D., of Cincinnati

After Dr. Juettner had completed this splendid work, and before he could arrange for the sale and distribution of the volume, he was stricken with a serious illness. For several months he has been unable to devote any attention to either his professional or business affairs.

Mrs. Juettner called the attention of *The Journal* to the fact that they have a number of these volumes on hand, and that their sale at this time would be most desirable.

The Journal, in view of Dr. Juettner's signal service in the field of medical history, volunteered to aid in bringing these facts to the attention of the medical profession of Ohio.

We feel that there are many who will welcome an opportunity to add this volume to their library.

If possible, do so at once.

The book—a beautiful royal-quarto volume of nearly 500 pages, containing over 200 illustrations—sells for Five Dollars. Send checks to

THE OHIO STATE MEDICAL JOURNAL,
25 Ruggery Building,
Columbus.

or

MRS. OTTO JUETTNER,
2164 Elysian Place,
Cincinnati.

An idea of the real merit and wide appeal of this volume may be gained from the following editorial comment by *The Journal of The American Medical Association*:

"The medical profession of the United States should greet with satisfaction the appearance of this work, which does justice as justice has never before been done to the memory of one of the greatest medical characters of the nineteenth century. Daniel Drake was born in 1785, and died in 1852. His life, identified almost entirely with Cincinnati, is an essential part of the history of that city, but his activities reached beyond his city and State. He was a scientist in a broad sense of the word; he was a physician, not only of deep thought, but of almost prophetic insight into the problems of his profession; he was an originator, a builder of institutions and of communities, and he was a citizen who recognized and responded to every civic obligation.

"These various attributes, viewed in the light of their detailed manifestations, comprise the great body of Dr. Juettner's book, which, not only to the physician interested in his profession, but to the citizen interested in his country, reads like a romance of the realistic school. It is important to emphasize the realism of the book, for in its pages Drake is not a mere steel engraving—although an excellent one of him forms the frontispiece—but here he walks and talks, teaches and preaches, loves and hates, a veritable human being with a full assortment of human characteristics. Here you can shake hands with him, talk with him and know him and realize that he is all the time worth knowing.

"Dr. Juettner in this work has exemplified an important principle that is new in the development of polybiographies. He has taken Drake as his strong initial character, and has traced the influences that have emanated from him and that have largely co-ordinated the medical activities, not only of Cincinnati, but of an important part of the entire country for a century. It is not a work filled with the usual fulsome praise of its subjects, but one written in excellent literary form, and with a just critical appreciation of the facts presented. It is, therefore, a distinct contribution to the history, not only of the medical profession, but of the country."

OHIO CONTRIBUTORS TO MEDICAL LITERATURE

Cummer, C. L., Cleveland: "Clinical Laboratory Methods"; Cleve. Med. Jour., Feb., XV, No. 2.

Dexter, R., Cleveland: "Results Obtained with Salvarsan Intravenously and with Auto-Salvarsanized Serum Intraspinaly in Treatment of Syphilis of Central Nervous System"; Cleve. Med. Jour., Jan., XV, No. 1. (Abs. Jour. A. M. A., March 11).

Englander, S., Cleveland: "Case of Essential Hematuria"; Cleve. Med. Jour., Feb., XV, No. 2.

Ehret, G. A., Cleveland: "Vaccine Therapy"; Med. Record, Feb. 19, LXXXIX, No. 8.

Fulk, M. E., MacLeod, J. J. R., Cleveland: "Evidence That Active Principle of Retroperitoneal Chromophil Tissue Has Some Physiologic Action as Active Principle of Suprarenal Glands"; Amer. Jour. of Physiology, Mar., XL, No. 1. (Abs. Jour. A. M. A., Mar. 25).

Fullerton, W. D., Cleveland: "Recent Advances in Gynecology and Obstetrics"; Cleve. Med. Jour., Feb., XV, No. 2.

Harmon, G. E., Cleveland: "Analysis of Death Certificates Which Were Returned to Physicians for Correction by Division of Health, City of Cleveland, January 1 to June 30, 1915"; Cleve. Med. Jour., Jan., XV, No. 1.

Heidingsfeld, M. L., Cincinnati: "Formalin Urticaria"; Jour. Cutan. Dis., Apr., XXXIV, No. 4.

Hanzlik, P. J., Cleveland: "Hexamethylenamines Urate Solvent and Diuretic, and Its Effects on Reaction of Urine"; Jour. of Lab. and Clin. Med., Feb. I, No. 5. (Abs. Jour. A. M. A., March 4).

Jacobson, J. H., Toledo: "Local Anesthesia in Abdominal Surgery"; Mich. State Med. Society Jour., Feb., XV, No. 2.

Jones, C. C., Cincinnati: "Importance of Acute Otitis Media"; W. Va. Med. Jour., March, X, No. 9.

Keyser, T. S., Cleveland: "Neurologic Reviews"; Cleve. Med. Jour., Feb., XV, No. 2.

Large, S. H., Cleveland: "Conservatism and Radicalism in Surgery of Ear, Nose and Throat"; Cleve. Med. Jour., Jan., XV, No. 1.

Lange, S., Cincinnati: "Recent Results in Roentgen Ray Treatment of Menorrhagia, Dysmenorrhea and Uterine Myoma"; A. Jour. of Roentgenology, Feb., III, No. 2. (Abs. Jour. A. M. A., Apr. 1.)

MacLeod, J. J. R., Cleveland: "Rapid and Accurate Clinical Method for Estimation of Sugar in Small Quantities of Blood (Lewis and Benedict; Pearce; Myers and Fine); Jour. Lab. and Clin. Med., Mar., I, No. 6.

Ransohoff, J., Cincinnati: "Pancreatic Cyst as Cause of Unilateral Hematuria; Report of Case"; Sur., Gyn., and Obstet., Mar., XXII, No. 3. (Abs. Jour. A. M. A., Apr. 1). "A Simple Method of Draining Empyema"; Jour. A. M. A., LXVI, No. 16.

Routson, R. C., Dayton: "Workshop Education in Hygiene"; A. Jour. of Pub. H., Feb., VI, No. 2.

Ruh, H. O., Miller, M. J., Perkins, R. G., Cleveland: "Studies on Diphtheria: II. The Treatment of Diphtheria Carriers by Tonsillectomy"; Jour. A. M. A., Mar. 25, LXVI, No. 13.

Scott, R. W., Cleveland: "Syphilitic Bursitis, Report of Case Involving Both Knees"; Amer. Jour. of Med. Sc., Mar. CLI, No. 3.

Scott, E., and Forman, J., Columbus: "Twin Pregnancy in Horn of Bicornuate Uterus with Retention of Fetuses for Twenty Years"; Amer. Jour. of Obstet., Mar., LXXIII, No. 3.

Skeel, Arthur J., Cleveland: "Analgesia and Anesthesia in Obstetric Practice"; Jour. A. M. A., Mar. 11, LXVI, No. 11.

Thompson, J. A., Cincinnati: "Injury to Soft Palate and Uvula in Tonsillectomies"; Laryngoscope, Mar., XXVI, No. 3.

Vail, D. T., Cincinnati: "Management of Eyelids During Cataract Operation"; Annals of Ophthal., Jan., XXV, No. 1.

Wahl, H. R., and Richardson, M. L., Cleveland: "Study of Lip in Content of Case of Gaucher's Disease in an Infant"; Archiv. of Inter. Med., Feb., XVII, No. 2. (Abs. Jour. A. M. A., March 4).

Wooley, P. G., Cincinnati: "Fetal Erythroblastosis: Fetal Erythroblastomatosis"; Jour. of Lab. and Clin. Med., Feb., I, No. 5.

Wyler, J. S., Cincinnati: "Use of Optochin in External Eye Diseases, Excluding Pneumococci Infections"; Annals of Ophthal., Jan., XXV, No. 1.

Goldwater, S. S., Cleveland, and Post, W. S., N. Y.: "New Mount Sinai Hospital of Cleveland"; Mod. Hospt., Feb., VI, No. 2.

Why Glycerophosphates?—The glycerophosphates are split up in the intestines into ordinary phosphates and absorbed and utilized, if they are utilized at all. There is no evidence that glycerophosphates have any pharmacologic action to warrant the belief that they are of use as therapeutic agents. The belief in their value is kept alive by the promotion of certain proprietary mixtures. The glycerophosphates will be continued to be manufactured until physicians refuse to prescribe them. A manufacturer has even substituted glycerophosphates for the potent yellow phosphorus in his elixir of phosphorus, nux vomica and damiana and, so his chemist reports, physicians continue to prescribe the proprietary the composition of which has been altered. (Jour. A. M. A., April 15, 1916, p. 1205).

State Drug Inspectors Criticizes Doctors

Physicians who either "innocently or ignorantly" prescribe medicine containing narcotics are responsible for many of our drug victims, according to E. W. Harrington, state drug inspector, under the Agricultural Commission, in a recent address at the Dayton Y. M. C. A., before the National Anti-Drug Habit League. In an abstract of his address sent out by the League, Mr. Harrington is quoted as follows:

"How often have I heard from the lips of the drug users: 'The doctor gave it to me to relieve my pain,' when asked the question, 'How did you commence the use of morphine?'"

"And that is the story of three-fourths of the morphine fiends. Their physicians gave them the habit. I do not find it in my heart to denounce the doctors. I know of heart-breaking appeals of patients for relief from pain. The doctor is human and he responds with the 'blessed needle,' which is more often accursed.

"The doctor errs, not merely through his sympathy; he errs through ignorance. The medical college has not taught him the danger point in the administration of habit-forming drugs. No clinic has given him opportunities for special study of their effect and treatment. He does not realize the peril of acquainting a patient with what will ease his pain—the knowledge which has been the chief promoter of the drug habit. A gap has been left in his education.

"The best evidence of the ignorance of doctors regarding habit-forming drugs is the fact, that they, themselves, more readily fall a prey to drugs than any other class, except the men and women of the under world.

"A physician recently declared that 23% of American physicians, 18% of dentists, 14% of druggists, and 4% of veterinary surgeons were drug users.

"It is my actual belief that the Harrison Anti-Narcotic Act has surpassed any text-book published in educating the above practitioners regarding the effects of narcotics, not only upon the patient but its curse to society.

"The drug-taking nurse is also a grave peril. There are only too many professional nurses who have diplomas, without adequate training or sense of responsibility. Such nurses obey their patients, rather than the doctors in charge. Every nurse has a hypodermic needle, or can get one.

"The needle itself is a contributing cause, for the patient naturally associates it with the narcotic that brings relief. Often he buys one to treat himself and save expense or preserve secrecy. The words, 'snow-bird,' 'hop-head,' 'the hip smoker' and the 'criminal doper' are synonymous.

"Practically all noted police characters are users of drugs, but this does not necessarily imply that all users are police characters, though

it has been my experience that many who resort to their use become criminals, although they may have contracted the habit at first in anticipation of getting temporary relief or pleasure."

Newspapers Favor Patent Medicine Probe

Newspapers throughout the state commented favorably upon the request of the American Medical Association that a special commission be appointed to investigate the so-called patent medicine business. For example, the *Lorain News* in its issue of March 17 printed the following two-column editorial:

"A committee of the American Medical Association called upon President Wilson the other day to ask him to recommend an investigation of the so-called patent medicine business, and the president has promised to look into the matter carefully. The idea of such an investigation is to find out what medicines are frauds, and most of them are, and apply the postoffice restrictions to them. It is well that this subject is to be investigated. There is a great deal of harm done by the taking of patent medicines and vast sums of money are thrown away upon them. Supposing the specific to have true merit, it is quite impossible for an ignorant man to know whether it applies to his malady or not. If a medicine is beneficial if used rightly, it is certainly harmful if used wrongly. It is a great question—bigger than a dreadnought, and the government should take care of it.

"And in this connection we might say it is the duty of the government, state as well as national, to impress upon people the observance of the laws of health. A person has no more right to violate the laws of health than he has to create a nuisance, and to apply this idea is the duty of all boards of health. In this respect, health officials can render the greatest service to a community. The tendency to make a negative matter is all wrong; it is a civic duty. It is living right. It is standing by law. There should be some way to make people obey that law."

Similar editorials were published in other leading journals throughout Ohio.

Wanted—To buy established location with office in residence, centrally located, in city not less than 10,000 or more than 35,000. Will pay from five to twelve thousand dollars. Address M. D., care of Ohio State Medical Journal.

Wanted—Physician to take my practice. I have nothing to sell. City of about 6,000 north western Ohio. This is worth looking into by physician just finishing hospital internship, or by physician not satisfied with his present location. No one need answer after July 1, 1916. For particulars address B. B., care of Ohio State Medical Journal.

New and Nonofficial Remedies

Since publication of *New and Nonofficial Remedies*, 1916, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies."

Radium Bromide, W. L. Cummings Chemical Company.—It complies with the standards of N. N. R. and is sold on the basis of its radium content. W. L. Cummings Chemical Company, Lansdowne, Pa.

Radium Carbonate, W. L. Cummings Chemical Company.—It complies with the standards of N. N. R. and is sold on the basis of its radium content. W. L. Cummings Chemical Company, Lansdowne, Pa.

Radium Chloride, W. L. Cummings Chemical Company.—It complies with the standards of N. N. R. and is sold on the basis of its radium content. W. L. Cummings Chemical Company, Lansdowne, Pa.

Radium Sulphate, W. L. Cummings Chemical Company.—It complies with the standards of N. N. R. and is sold on the basis of its radium content. W. L. Cummings Chemical Company, Lansdowne, Pa.

Borcherdt's Dri-Malt Soup Extract.—A powder obtained by adding potassium carbonate 1.1 Gm. to each 100 Gm. of Borcherdt's Malt Extract and evaporating. Borcherdt Malt Extract Co., Chicago.

Borcherdt's Dri-Malt Soup Extract with Wheat Flour.—A powder obtained by evaporating 100 Gm. Borcherdt's Malt Soup Extract and 50 Gm. wheat flour made into a paste. Borcherdt's Malt Extract Co., Chicago.

Borcherdt's Finished Malt Soup Powder.—A powder obtained by evaporating 100 Gm. Borcherdt's Malt Soup Extract, 50 Gm. wheat flour, made into a paste and 330 Gm. milk. Borcherdt's Malt Extract Co., Chicago (Jour. A. M. A., March 11, 1916, p. 815).

Saubermann Radium Emanation Activator.—An apparatus for the production of radioactive drinking water by the action of radium sulphate. Each apparatus is designed to furnish about 500 Cc. radioactive water per day. The exact daily capacity and efficiency are guaranteed and are stated for each apparatus. The following strength generators are offered:

Saubermann Radium Emanation Activator, 5,000 Mache Units.—An apparatus which imparts about 1.8 michocurie (5,000 Mache Units. to about 500 Cc. water daily.

Saubermann Radium Emanation Activator, 10,000 Mache Units.—An apparatus which imparts about 3.6 michocurie (10,000 Mache Units) to about 500 Cc. water daily.

Saubermann Radium Emanation Activator, 20,000 Mache Units.—An apparatus which imparts

about 7.2 microcurie (50,000 Mache Units) to about 500 Cc. water daily.

Saubermann Radium Emanation Activator, 50,000 Mache Units.—An apparatus which imparts about 18 microcurie (50,000 Mache Units) to about 500 Cc. water daily. Radium Limited, U. S. A., New York (Jour. A. M. A., March 18, 1916, p. 893).

Tanlac.—Food Commissioner Helme of Michigan reports: "A new panacea for the cure of 'all ailments of the stomach, kidneys and liver, catarrhal affections of the mucous membranes, rheumatism, nervous disorders and the like' is offered to the public under the name of Tanlac. The label on the bottle neatly avoids the pure drugs act by claiming to be only a 'tonic and system purifier.' An analysis of Tanlac in the laboratory of this department shows the following: Alcohol 16.4 per cent., Glycerin 2.0 per cent., Licorice present, Aloes or Cascara present, Gentian present, Alkaloids (Berberin) trace. The presence of a trace of tartaric acid shows that wine is the base of this medicine. The 16 per cent. alcohol gives it the 'kick' that makes a fellow feel good and ought to fill a long felt want in 'Dry Counties'. Aloes is a laxative. Gentian is a bitter drug, a so-called tonic. If the reader wants to be cured by the Tanlac route at one-fourth the expense, let him get a quart bottle of good sherry wine. Then go to the local druggist and get 1 1/4 drams of glycerin and 2 drams each of aloes, gentian, licorice and cascara. Mix (if you wish) and you will have Tanlac so near that neither you nor the manufacturer can tell the difference. This formula will give four times the quantity found in an ordinary \$1.00 bottle of Tanlac (Jour. A. M. A., Feb. 26, 1916, p. 676).

Diarsenol.—Diarsenol. Synthetic Drug Company, Toronto, Canada, is said to be chemically identical with salvarsan. It has not been examined in the A. M. A. Chemical Laboratory nor do any reports of trials appear to have been published which demonstrate its value or safety. As salvarsan is covered by United States patent the American agents for salvarsan will probably object to the sale in the United States of a substitute (Jour. A. M. A., Feb. 19, 1916, p. 590).

The Medical Protective Company, of Ft. Wayne, has established a Columbus office, and through it will handle its Ohio business excepting the territory in and around Cleveland. Mr. Ernest Hulensheim will be the general agent in charge. The company is making an active campaign for business in Ohio and has been remarkably successful.

Dr. T. A. McCann, Dayton, was elected president of the Ohio Homeopathic Medical Society at the annual meeting of the organization in Columbus May 10 and 11.

 * NEWS OF CINCINNATI *
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 * ACADEMY OF MEDICINE *
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(Report by W. R. Abbott, M. D., Correspondent)

Meeting of April 17.—That compulsory health insurance and employers' insurance associations will be the most effective and practical weapons in the fight against tuberculosis, was brought out in the paper on "The Development of the Tuberculosis Crusade and Its Needs," by David R. Lyman, superintendent of Gaylord Farm Sanatorium at Wallingford, Conn. The workings of this plan in Connecticut were given in detail, and its success strongly recommends its use in all states. This plan reaches so many more tuberculosis victims, who from pride will not receive charity, but feel the dignity and justice of insurance. The educational value of the sanatoria and the work of the visiting nurse were given as factors in the progress of the campaign, but the necessary funds are still inadequate, especially for the establishment of more children's wards, as it has been proven that children are more susceptible than adults, the disease lying dormant until later life.

H. J. Hawk, superintendent of the Metropolitan Life Insurance Company's Sanatorium at Saratoga, N. Y., spoke on the "Necessity of Adequate Hospital Care for Consumptives and of What That Consists," pointing out the advantage of the educational facilities of the sanatori, which not only gives immediate relief to the individual, but protects his family and the public because of his segregation, and teaches him to be sanitary when he returns to his family. Because of this, immediate attention should be given early cases, and chronic cases segregated. Babies should be kept separate from tuberculous mothers.

The climate in which the sanatorium is placed is not of such importance as the routine and discipline of the institution.

Dr. Lyle opened the discussion, expressing the opinion that latency is the greatest factor of danger in tuberculosis. Dr. Dunham believes that fundamentally the treatment of tuberculosis is a social question. Dr. Wolfstein also spoke of the social problem, and mentioned the success of the welfare societies as they have existed in Germany for years. Dr. Rockhill thinks the greatest good can be done for the big middle class, in local sanatoriums.

Ralph Reed presented a patient with hysterical disassociation, who continually addresses herself, possessing a false personality. This state is explained by years lived in practical isolation, and Dr. Reed believes that in time this other personality will engraft itself upon her true nature. The patient's tendency to historical display at the time of presentation was questioned by Dr. Wolfstein. Dr. Reed said this was true; though, as a rule, the patient has a very timid disposition.

A specimen of a tubercular left testicle was presented by Dr. W. D. Haines. Diagnosis in this case before operation lay between tuberculosis, syphilis and malignancy. Dr. Haines also presented a case of resected Charcot's Joint. There was a history of injury two years ago, followed by gradual swelling, but painless. Dr. Wolfstein called attention to the fact that this condition often exists for years with loss of reflexes, but without any particular discomfort. In cases of the swelling of the joint, the diagnosis very often can be made early by the presence of Argyll-Robertson pupil.

Meeting of April 24.—Dr. Pirrung presented a case of thyroglossal cyst which had been patent for fifteen years. The fistulous tract was dissected out two years ago, but returned and was dissected again. Dr. Pirrung spoke of the etiology of these cysts, which is a failure of the embryonic leading from the thyroid to the base of the tongue, to close.

C. J. Broeman presented a typical case of pityriasis rubra pilaris, or lichen rubra pilaris; a rare disease which is characterized by a grayish, pale red, or reddish brown papules seated at the mouth of the hair follicles. This case is improving with the use of a thyroid extract.

B. M. Ricketts reported a series of 285 cases of carcinoma, which have been treated with plan-tex. The success of this treatment justifies the continued use of this remedy. Dr. Ricketts has twice this number of cases under observation and promises a more detailed report later. Discussion was by Drs. J. Hadley Caldwell, Johnston, Pirrung, and J. D. Miller. Dr. Ricketts also presented a case of hydatidiform mole.

A case of unusual interest was that presented by J. W. Murphy, in which a tracheotomy tube had been dislodged from its opening in the trachea and had slipped down into the left bronchus. The tube was extracted with great difficulty, as the edges were obscured by overhanging swollen membrane. The patient carried the tube for several hours without any symptoms of irritation, which Dr. Murphy explained was due to the fact that it was so firmly embedded in the bronchus that it was not moving freely and therefore acted as part of the bronchial tree.

A case of pernicious vomiting of pregnancy was reported by W. D. Porter. Under careful treatment and dieting, the vomiting was gradually lessened, but the appearance of albumin in the urine necessitated the termination of the pregnancy. Although there were no immediate ill-effects, symptoms of toxemia developed with convulsions, which gradually grew worse and the disease terminated fatally.

Meeting of May 1.—Sidney Lange presented a patient showing excellent results following the use of the Coolidge tube for malignancy. This patient was presented several months ago at the

beginning of the treatment, at which time there was a severe burn. This burn is now completely healed.

M. L. Heidingsfeld presented a patient with a supreme case of hypertrichosis (superfluous hair), illustrating the success of radium treatment in this instance. Wherever radium has been applied, the hair has been completely and apparently permanently removed. That this method is rapid, painless and effective, and the cosmetic result far better than that accomplished by the needle and galvanic current, is the belief of Dr. Heidingsfeld.

Another patient was presented by Dr. Heidingsfeld with parakeratosis variegata (parapsoriasis), which is a chronic, persistent, scaly eruption of the skin, bearing a close resemblance to psoriasis. The differentiation of this condition and psoriasis was dwelt upon.

A third patient with rhinophyma was also presented by Dr. Heidingsfeld. This condition is an adenoma of the sebaceous glands of the skin on the nose. It is gradually clearing up with the use of radium. Dr. Broerman discussed the first case of Dr. Heidingsfeld's, comparing results of the two methods of treatment. Authorities differ as to the value of radium. In the discussion of the second case, Dr. Broerman dwelt upon the similarity of parakeratosis and psoriasis. In closing, Dr. Heidingsfeld called attention to the fact that parakeratosis does not respond to psoriasis treatment.

Dr. Broerman presented a patient for diagnosis, with an eruption on the back of the left hand and elbow. History of no assistance, Wassermann negative. The fact that the patient is improving under mercurial ointment and protoiodid internally, makes the diagnosis offered by Dr. Heidingsfeld that of periostitis gummosa on the elbow and secondary syphilides on the hand, probable.

A report of a case of iridocyclitis, following the presence of a foreign body in the eye, was read by Clarence King. After the removal of the foreign body by the use of a magnet inserted through an incision in the sclera, the iridocyclitis cleared up. This method has, in the opinion of the essayist, the following advantages over the method of drawing the foreign body through the vitreous into the anterior chamber and removal by a corneal incision: First, an anesthetic increases the difficulty of a corneal incision; second, corneal incision further irritates ciliary body and iris; third, iris prolapse likely to occur.

Dr. Schenck presented an unusual case of fibroma of the cornea, which had developed upon a pterygium of several years' duration.

A patient was presented by Dr. Mithoefer with a dental cyst. X-ray negative except for clouding of the antrum, which may have been due to the shadow of the cyst, which is in front of the antrum. Dr. Mithoefer also reported an accidental breaking of a curette during the removal

of adenoids. X-ray revealed the fragments in the post-nasal space. Dr. Staley suggested the removal of these fragments by the use of a magnetized instrument. J. W. Murphy believes these accidents are caused by frequent sharpening of instruments. Dr. Mithoefer described the methodical treatment of nervous aphonia. A careful examination of all sinuses and the tonsils and treatment of any defects is necessary before the commencement of the treatment, which consists of: (1) breathing exercises with prolonged expirations; (2) passive exercises of the neck muscles; (3) producing of a sound by forcing expiration; (4) teaching of vowel sounds; (5) exercises for lips, tongue, soft palate, etc.; (6) faradic current during phonation; (7) home treatment.

Frank Swing reported a case of delayed development of speech, due to a lack of acute hearing and association with mutes at the age when speech is acquired. The child was taught to speak by means of a tube placed in the better ear and kept from her parents, placing her with speaking people. She was politizerized daily. Dr. Souther thinks this case is psychologically similar to one presented by Ralph Reed several weeks ago.

C. H. Weintz presented a submaxillary calculus. Symptoms had been pain in right ear on swallowing. An incision over the lump along the right side of the tongue enabled the stone to be expressed by counterpressure.

Dr. Weintz read for J. A. Thompson a report of an unusual case of esophageal stricture, which, from the history, seems to have been present thirty-two years. X-ray pictures were explained by Dr. Doughty. Case is of unusual interest in that the patient suffered so many years without seeking medical aid.

Dr. Haines presented a specimen of kidney with multiple stones. The history was of interest in that the pain was reflected to the opposite side. Dr. Lange explained the X-ray plates, the proper interpretation of which was attained with considerable difficulty.

Three cases of fracture of the bone of the skull were also presented by Dr. Haines.

Meeting of May 8.—The paper of the evening, "Cesarean Section Following the Test of Labor," was read by W. D. Porter.

The essayist's conclusions were: That Cesarean section should be practically limited to those cases of marked disproportion, which should have been recognized before labor and delivered by section at the onset of labor; induction of labor in case of excessive size of the child diminishes the number of sections; pubiotomy is a valuable expedient in case a little additional space is needed; after a hard labor it is safer than sections; by podalic version, it is sometimes possible to deliver cases which would otherwise fall to Cesarean section; after the test of labor,

a forceps operation is much safer for the woman than section, and should be used unless the disproportion is so great as to make the death of the child highly probable; craniotomy will always be an expedient of last resort. In Cesarean sections hemorrhage is of itself not dangerous; it does, however, predispose to infection, which is the greatest factor to be considered. Infection may be caused by frequent examinations at time of labor, together with the rapid production and delayed examination of waste products produced by the contracting uterine muscles. Supra-vaginal hysterectomy at time of section is the most efficient way of safeguarding the patient from infection. Dr. Zinke opened the discussion, making a plea for more efficient service in obstetrics.

Dr. Gillespie does not consider a pubiotomy particularly valuable, as too much trauma is likely to result. Dr. Gillespie believes induced labor should be more frequently employed. Dr. Miller agrees with this.

Dr. Heidingsfeld brought before the Academy the patient he had presented the week before to show what simple therapy had accomplished in that short space of time. Eruption had improved with the use of zinc oxide ointment. As presented the second time this case could not have been mistaken for psoriasis. Dr. Nelson, in discussion, said a week's treatment could not so change the eruption in psoriasis, therefore this must be a case of parakeratosis.

Louise Southgate presented a specimen of lung stone. History of tuberculosis several years ago. When Dr. Southgate first saw the case, there was pain in the chest over the lower part of the sternum, difficulty in breathing, and, after severe coughing for four days, the stone was expelled.

B. M. Ricketts said that this stone was probably a calcareous degenerated bronchial gland. According to Dr. Ricketts, the first case similar to this was reported 280 years ago.

Drug Addict Bothers Cleveland Men

Several Cleveland physicians and one of the hospitals have lately been annoyed by a man claiming to be an asthmatic and desiring a hypodermic of morphine. He has represented himself either as an engineer who must go directly out on his run or as a vaudeville artist who must meet his engagement. He sometimes calls up on the phone and wishes the physician to make a night call or presents himself at the physician's office. He is conversant with general usage of drugs and always assures the physician that morphine is the only thing which relieves his asthma. He uses different names, but always tells the same general story.

The above, from the bulletin of the Cleveland Academy, is a typical case. Physicians throughout the state should be on the lookout for these characters.

NEWS OF THE COLUMBUS ACADEMY OF MEDICINE

(Report by L. L. Bigelow, M. D. Correspondent)

Regular meeting of the Columbus Academy of Medicine, April 17, 1916; the president, H. M. Platter, in the chair. R. G. Noble and A. A. Peasley were unanimously elected to active membership.

The program of the evening consisted of case reports as follows:

C. J. Shepard presented a patient, a little boy, showing the lesions of Epidermolysis Bullosa.

W. L. Dick presented a patient with a pathological fracture of the humerus resulting from a cyst. The fracture was five weeks old and well united in good position. This patient had been previously operated upon for a cyst of the femur. X-rays were shown. Discussion by Drs. Steinfeld and Warner.

A. M. Steinfeld showed X-rays illustrating syphilitic disease of Ischium. One patient had a 4+ Wasserman. On the other the Wasserman was negative but the patient responded to the therapeutic test.

W. C. Coultrap reported a case of placenta praevia, with hydramnios and hemicephalus, demonstrating the fetus.

R. R. Kahle reported an operation for avulsion of the posterior crucial ligament, a rare internal derangement of the knee joint. Prolonged immobilization following the removal of the detached portion of the femur from the joint was regarded by the speaker as an essential factor in the treatment. Dr. Kahle also reported an operation for perforating gun-shot wound of the abdomen in a child. The bullet punctured both walls of the stomach. Ileus developed in ten days, requiring a second operation.

J. F. Baldwin reported a case of an enormous hypernephroma of the kidney which simulated tumor of the liver so closely that an exploratory abdominal incision was made. The tumor was removed trans-peritoneally.

Frank Warner reported a case of branchiogenic carcinoma, laying stress on the early removal of all tumors in the neck below the angle of the jaw that are painful.

A resolution urging military preparedness presented and signed by the legislative committee, Drs. A. B. Nelles, R. L. Barnes, G. H. Matson—was on motion duly seconded, adopted without dissent.

Attendance 75.

Meeting of April 24.—C. E. Turner read a paper entitled "The Early Management of Premature Infants." Discussion was opened by W. D. Inglis and continued by Drs. Helmick, Horton and Andrews Rogers.

H. B. Blakey presented a paper on "Degenerations of the Myocardium. Discussion by Drs. Rankin, Upham and Ramsey.

Mr. Thatcher, secretary to the mayor of Columbus, urged the need of supporting proposed bond issues.

There being no further business the meeting adjourned.

Attendance 55.

Meeting of May 1.—C. F. Clark reported a case of a tumor of the hypophysis, diagnosed by abborations of the visual fields with certain general symptoms, and the X-ray. The patient was successfully operated upon by H. Cushing of Boston with marked improvement of symptoms.

Hugh J. Means presented a paper entitled "Fractures in and About Joints." He analyzed a series of over 900 cases of fracture showing the frequency of involvement of the various joints. Lantern slides were shown of the more interesting fractures. Discussion by W. J. Means and I. B. Harris.

Clayton McPeck read a paper on "The Physiology of the Pituitary," presenting laboratory dissections and showing many illustrations on the screen. Discussion by C. F. Clark.

Attendance 75.

* NEWS OF CLEVELAND *
* ACADEMY OF MEDICINE *

(Report by J. E. Tuckerman, M. D., Correspondent)

The one hundred and twenty-ninth regular meeting of the Academy of Medicine was held Friday, April 21, 1916, at the Cleveland Medical Library, the president, Dr. Wm. Evans Bruner, in the chair.

PROGRAM

Dr. H. N. Cole, following his paper upon "The Use of Radium in Dermatology," presented a number of patients showing various lesions upon the face cured by the application of radium. He then showed several lantern slides showing the lesions of these patients prior to treatment and also slides of other patients both before and after the use of radium.

Dr. C. W. Stiles' paper upon "Some Public Health Aspects of the Race Question in the South" was exceedingly interesting. During the presentation he showed numerous slides illustrating the nature of the hookworm infection; the character of the unsanitary surroundings by which it is spread; and the retardation of physical development as well as the exceptional lesions and other conditions resulting from the profound anemia caused by the infection.

Dr. J. Bentley Squier showed a very interesting series of motion pictures illustrating surgical technic as seen during an actual operation. The

presentation was commented upon by Dr. G. W. Crile.

Attendance 116.

OPHTHALMOLOGICAL AND OTO-LARYNGOLOGICAL SECTION

The eighty-fifth regular meeting on April 28 was called to order at 8:25 P. M., Wm. B. Chamberlin in the chair.

W. C. Tuckerman showed a child, age 2 years, with a history of inflammatory trouble in the left eye since four months old. When first seen by Dr. Tuckerman the lid was swollen completely shut and no structures could be made out through the cornea unless it were a discolored iris bound down by extensive posterior synechia. Under treatment the eye has quieted down and become inflamed at intervals, raising the question whether the eye ought not to be enucleated.

Dr. J. E. Cogan presented a middle-aged man with a post-nasal tumor presenting in the oral pharynx and adherent to the posterior pillar on the right side. It appeared about ½ inch in diameter and projected ¾ inch below the velum palati. Dr. Cogan stated that the tumor was very much larger, but on attempting to remove a small piece for examination there escaped a considerable quantity of blood with marked decrease in size of tumor. Patient stated that he had had tumor for several years.

Dr. L. K. Baker showed a middle-aged man who, by fixing his eyes, was able to produce at will a very fine lateral oscillating tremor of the eyeball. The excursions of movement were equal in both directions and similar to the spontaneous congenital eye nystagmus except that the rapidity of the motion was much quicker.

Dr. Chamberlin, in discussing Dr. Cogan's patient, suggested that the tumor was a large nasal polyp which had undergone cystic degeneration.

PROGRAM.

Mr. R. B. Irwin, in discussing his paper, "Classes for the Conservation of Vision in the Public Schools," explained that aside from the classes for blind in the public schools there had been opened up several classes for those with marked impairment of vision; that is such impairment of vision as materially hindered progress in school. At first an attempt was made to teach these with the completely blind, using raised letters, but it was soon discovered that children with vision sufficient to make out any letters did not readily learn the blind reading, because whenever the teacher was not looking, and they were uncertain of a letter by the feeling, they would immediately use their vision to correct their feeling. So these children now are classed by themselves and given instruction from books printed in especially large clear type; and from large printing on blackboards. An attempt is made to use characters of such a size

as to put no strain upon the remaining vision.

Mr. Irwin's paper was discussed by L. K. Baker, C. C. Stuart, Dr. Moore of Akron and Dr. Chamberlin.

G. W. Moorehouse's paper on "Treatment of Tuberculosis From the Standpoint of the Internist" was discussed by Drs. W. H. Tuckerman, Chamberlin, and Rockwood. Dr. Tuckerman stated that he was not as optimistic as the writer with regard to the healing of tuberculous lesions of the larynx, but agreed that the general treatment was much the greater factor in cure of this condition than any local treatment. Dr. Rockwood stated that of the 556 cases that he had discharged from Warrensville, 10% showed involvement of the larynx. Other sanitariums have claimed as high as 25% of laryngeal involvement. He said that taking the average length of tuberculosis, which has been estimated as between six and seven years, that at some time during the course of the trouble laryngeal lesions have occurred and healed without their presence being suspected. Dr. Chamberlain said that he thought with Dr. Rockwood that many laryngeal cases were overlooked; that at Warrensville no laryngologist had been employed to make laryngeal examinations.

Dr. Cogan in his paper was quite enthusiastic with regard to the use of ethyl-hydro-cuprin used in 2 and 1% solution for infections of the conjunctiva, lachrymal sac and corneal ulcer. It was recommended first as a specific against pneumococcic infection and while in these cases it seemed to work more favorably than in other, he had had very favorable results when the pneumococcus was the infecting agent.

Dr. Stuart, in discussing the paper, said that he had only seen it used while visiting Prof. Axenfeldt's clinic and in this case violent reaction as set up by a 2% solution. On account of the difficulty in getting the drug he had had no personal experience with it.

COUNCIL MEETINGS

At a meeting of the Council of the Academy of Medicine held Tuesday, May 2, at the University Club, R. K. Updegraff was appointed to take charge of the Summer Outing of the Academy. The Council decided that a general meeting of the Academy should be held in June upon the fourth Friday. The following were elected to membership in the Academy: Active—Geo. A. Allison, M.D.; C. S. Bogart, M.D.; S. H. Franks, M.D.; D. Handmacher, M.D.; L. E. Heabler, M.D.; J. E. Linden, M.D. Non-resident—A. M. Painter, M.D., Youngstown, O.; Carl W. Sawyer, M.D., Marion, O.

The following names of applicants were ordered published: For Active Membership—M. J. Brickman, M.D.; Mary C. Goodwin, M.D.; M. M. Mandel, M.D. Dr. Wm. Clark was reinstated as an active member.

At a meeting of the Council held Tuesday, April 11, the resignation of Dr. Chas. H. Hay was accepted. A request for resignation was received from Dr. Jacob Hyman, who has located permanently in California. Dr. M. W. Carpenter was transferred to non-resident membership from Lake County Medical Society. Dr. I. E. Seward was received in transfer as an active member from Clark County Medical Society. The roster of those suspended for non-payment of dues was read. This year there were thirty-nine active members unpaid to date, as against thirty-two last year. The names of the following applicants for active membership were ordered published: Dr. George A. Allison, Dr. L. E. Heabler and Dr. J. E. Linden. On motion Dr. M. J. Miller was transferred to non-active membership because of his absence at Saranac Lake Sanitarium for his health.

Medical Defense Committeemen Elected

The following have been appointed by their respective societies as county auxiliary committeemen to co-operate with the State Committee on Medical Defense:

Belmont, John A. Clark, Bellaire; Clark, C. L. Ramsey, Springfield; Greene, W. A. Galloway, Xenia; Jefferson, W. A. Strayer, Steubenville; Medina, E. L. Crumm, Lodi; Mercer, J. E. Hattery, Celina; Noble, W. E. Caldwell, Caldwell; Ottawa, H. J. Pool, Port Clinton; Sandusky, C. R. Pontius, Fremont; Wayne, G. W. Ryall, Wooster; Wood, C. C. Greiner.

Red Cross Seal Sale Largest in History

Proceeds from the 1915 sale of Red Cross Christmas seals in Ohio, which amount to more than \$42,000, exceed by \$1,000 those of any other year in the sale's history, according to a report just issued. With seals of the value of more than \$1,000 outstanding, the proceeds received to date total \$41,591.56.

Of the total amount, \$33,000 will be available for the use of the various anti-tuberculosis organizations throughout the state. Approximately \$5,300 of this sum will go to the Ohio Society for the Prevention of Tuberculosis.

Among the larger towns which made unusually good increases in their sale receipts are Akron, Ashtabula, Athens, Columbus, Lancaster, Greenfield, Lima, Mansfield, Springfield, Tiffin, Toledo, Troy, Urbana and Van Wert. In the list of smaller towns, honors went to Milford, New Concord and Waverly.

The report states that in towns which have no local health organization or anti-tuberculosis association, best results were nearly always obtained when women's clubs or federations took charge of the work. Eleven million seals were distributed throughout the state.

COUNTY SOCIETIES

FIRST DISTRICT.

Adams County Medical Society met in regular session, April 19, at West Union, with a good representation of the profession of the county present. T. Stevenson of Winchester, Ohio, read a paper on "Some Complications of LaGrippe," and Woodson H. Taulbee of Maysville, Ky., read a paper on "The Treatment of Gall Stone Disease." Both were excellent and elicited a lively discussion. B. L. Casey, Winchester, was elected to membership, and O. B. Kirkpatrick was elected Medical Defense Committeeman. A committee was appointed to draft resolutions of respect in memory of George Cliness. Visiting doctors were: J. R. Taulbee, Lexington, Ky.; J. R. Samuels, A. R. Quinsley and Woodson H. Taulbee of Maysville, Ky.—S. J. Ellison, Correspondent.

Butler County Medical Society met at the Y. M. C. A. building in Hamilton, Wednesday, April 19. Dr. Gillespie of Cincinnati was the visiting essayist.

Highland County Medical Society met in Hillsboro, April 26, with J. C. Larkin in the chair. The following program was carried out: Annual report of the secretary-treasurer, J. B. Glenn, Greenfield; installation of officers, R. J. Jones, Greenfield; president's address, J. C. Larkin, Hillsboro; papers: "Sex as an Element in Pediatrics," J. L. McAllister, Highland; discussion by V. B. McConnaughey, Hillsboro. "In Days Gone By," L. Nelson, Hillsboro; discussion, W. W. Glenn, Hillsboro, and others present. Address by Robert Carothers, councilor of First District. The meeting was fairly well attended considering the fact that no meetings were held during the winter months. The above program proved to be a very interesting one, and all members left impressed with the idea that organized medicine can not be neglected at the present time if we wish to uphold our high standards and protect ourselves.—K. R. Teachnor, Correspondent.

SECOND DISTRICT.

Darke County Medical Society held its regular session on Thursday, May 4, at the St. Clair Memorial Hall. There were twenty-four members present, which was a good attendance considering the fact that the Briggs fracture lecture was scheduled for the next day at Dayton, and very many of our members attended. C. S. Hamilton, Columbus, was the essayist of the day and his topic was "Prostatic Hypertrophy."—J. E. Hunter, Correspondent.

Greene County Medical Society met May 9 at 11 A. M. in the rooms of the Xenia Business Men's Association, with sixteen members present, Pres. Ritenour presiding. J. W. Murphy of Cincinnati was the guest of the Society and gave a most interesting talk on the "Removal of Foreign Bodies From the Esophagus and Bronchi." Dr. Murphy demonstrated the technique of passing the various types of bronchoscopes, and showed instruments necessary for such procedures, also exhibiting a large collection of foreign bodies removed by him from the esophagus and air passages. The society adjourned to luncheon at the Grand Hotel.—Harold C. Messenger, Correspondent.

Miami County Medical Society met at the Piqua Club, Piqua, Ohio, Thursday, May 4, at 2:30 P. M. G. C. Ullery read an interesting and instructive paper on "The Allen Treatment of Diabetes." The paper was well discussed by all the members present.—R. D. Spencer, Correspondent.

Champaign County Medical Society held its regular monthly meeting in the mayor's office, Urbana, Friday evening, April 14. E. R. Earle read the paper of the evening on "Focal Infections," after which a general discussion was participated in by all members present.

Montgomery County Medical Society met in semi-monthly session at the Dayton State Hospital, Friday evening, April 21. E. A. Baber, superintendent, outlined a plan for the establishment of clinics in various cities, where suspected cases of mental weaknesses can be examined and where cases of insanity could be cared for by preventive measures. The plan was approved by all physicians present.

Dayton Academy of Medicine met in regular session, Friday evening, April 14. E. O. Smith, Cincinnati, delivered an address on "The Surgery of the Seminal Vesicles." The talk was illustrated by a number of lantern slides.

At the meeting held Friday evening, April 28, B. C. West read a paper on "The Essential Causes of Cardiac Disease and their Clinical Significance," and Frank Crowl presented a paper on "Arterio-Sclerosis."

THIRD DISTRICT

Auglaize County Medical Society met on April 27 in regular session at St. Marys, with Dr. Rulman of Minster in the chair. Seventeen members attended the meeting. B. C. West, Dayton, read a very interesting and instructive paper: "Essential Causes of Cardiac Diseases and Their Clinical Significance." He emphasized the point that the most important thing for the patient in such cases is the prognosis and that such could be made only with reasonable cer-

tainty if the causes of the cardiac disease could be determined, as in many cardiac diseases the status praesens is the same while the development of the disease may be vastly different, according to the underlying causes. He divided the causes of cardiac disease into five classes:

- (1) thyrotocicosis, (2) arterio-sclerotic causes, (3) syphilitic causes, (4) nephritic causes and (5) streptococcic causes.

Dr. Richardson of Celina read a paper on "The Eye in General Practice," which was well received. He gave a short resume of the different forms of conjunctivitis, blepharitis and keratitis, with an outline of treatment, and cautioned the use of atropine if there could be a suspicion of glaucoma. The next meeting will be held in Wapakoneta May 25.—C. L. Mueller, Correspondent.

Hancock County Medical Society met with N. L. McLachlan, Wednesday, May 3. State legislation and instruction to delegates were earnestly discussed. The paper of the evening was given by J. C. Tritch on "Anesthesia in Major Surgery." Discussion was general, and covered the giving of anesthetics in general. The program of the evening was to be a symposium on anesthesia. Drs. Mann and Swartzbek, two of our leading dentists, were present, and upon invitation, Dr. Mann participated in the discussion, and brought out many interesting points concerning the giving of nitrous oxide, both in dentistry and general surgery. Dr. Misamore, a recent comer to Findlay, was a guest. The next session will be held in McComb on the evening of June 7.—Nelia B. Kennedy, Correspondent.

Hardin County Medical Society met April 13. The following officers were elected to serve until April, 1917: President, H. E. Heistand, Kenton; vice-president, H. R. Wynn, Kenton; secretary, W. A. Belt, Kenton. A. S. McKritrick, Kenton, was elected delegate, and W. H. Rabberman, Forrest, was elected alternate. J. S. Hedrick, Dunkirk, was elected member of the legislative committee, and L. W. Campbell, of Ada, was elected to serve on the Medical Defense Committee.—W. A. Belt, Correspondent.

Logan County Medical Society met at Bellefontaine, April 7, with twenty-three members of the Society present. J. W. Croft gave a paper on Pneumonia. The discussion following showed that every one was interested in the paper.

W. S. Phillips read a paper on Eclampsia, and the discussion following was for the most part given over to F. A. Richardson. Dr. Richardson has had about thirty cases of eclampsia and he has an interesting theory concerning this disease. The doctor believes that eclampsia is analogous to milk fever in the cow, and believes that

the veterinarians are ahead of the physicians regarding the therapy of the disease. The veterinarian injects atmospheric air into the milk ducts of the mammary gland of the cow. Dr. Richardson has tried this therapy in three cases of eclampsia. One died and two recovered. Dr. Richardson says: "I believe the cause of eclampsia is an anaerobic micro-organism in the mammary gland, whose toxins in the blood act upon the muscular centers of the cord and brain. The inflation of the mammary gland with filtered atmospheric air and massage to distribute it all through the gland, will kill the germ and restore the patient to health within two to six hours." Dr. Richardson earnestly requested that the physicians present try this form of therapy in cases of eclampsia.

The fee bill committee reported on about half of the fee bill, and the fees were advanced in the main about fifty per cent. Dana O. Weeks, councilor of the Third District, visited the Society.—C. K. Startzman, Correspondent.

Seneca County Medical Society held its regular meeting at the Shawhan Hotel, Thursday evening, April 20, George W. Williard, presiding. Plans were made for the members to attend Ohio State Medical meeting at Cleveland, and the American Medical meeting at Detroit. Papers by Drs. Uberroth and Gosling were postponed to a future meeting at Meadowbrook Park, at which time the doctor's wives will be present. The May and June meetings will be held jointly at this time.—George L. Lambright, Correspondent.

Wyandot County Medical Society held a splendid meeting May 10 in connection with its annual banquet. E. A. Hamilton, of Columbus, who spent several months with the American Red Cross on the German front in Silesia gave an exceedingly interesting address covering his experience. Dr. Hamilton served from May to September, 1915, and his description of war conditions in that territory was graphic and thrilling. From the medical standpoint, Dr. Hamilton's address is made additionally interesting by a number of excellent X-Ray plates which he brought home. These illustrate the peculiar type of bone injuries that are proving more common in the present war. His descriptions of conditions immediately behind the German lines gives one a far more graphic realization of the war's tremendous scope, and of its horror.

Dr. Hamilton is not enthusiastic in his praise for the Kaiser, but he was tremendously impressed by the remarkable system that permitted the Central Empires to throw completely equipped armies into the field on such short notice. His lecture, which he has delivered before numerous societies, since his return, is in itself

a strong argument for preparedness, and particularly for medical preparedness.

Mr. Sheridan, executive secretary of the State Association, was the second speaker. He urged the maintenance of a strong working organization in the county, and outlined some of the problems which medical practitioners in Ohio must face in the near future.

Dana O. Weeks, councilor for the Third District, made his annual councilor visit and spoke briefly.

The meeting was followed by an elaborate banquet at the hotel. Until after midnight the members participated in a general discussion which might be summed up under the general head, "For the Good of the Order."

The Society at its last meeting elected the following officers: President, Frederick Kenan, Upper Sandusky; secretary-treasurer, J. Craig Bowman, Upper Sandusky; corresponding secretary, I. N. Bowman, Upper Sandusky. G. O. Maskey was elected delegate to the state meeting, and I. N. Zeis, of Carey, was elected auxiliary committeeman on Medical Defense.

FOURTH DISTRICT

Putnam County Medical Society met Thursday, April 13, instead of the regularly appointed time, the first Thursday in the month, on account of the condition of the roads. A good representation was present and a great interest was manifested. Since this was the first meeting of the new year the society was reorganized, all the old officers being reinstated. C. E. Beardsley gave a talk on the metabolism of food and drugs. There were several cases presented for diagnosis and suggestions for treatment, also a report of a number of cases. Dr. Siddall of Kalida gave a paper on "Poliomyelitis," and Dr. Sink, of Columbus, gave one on "Heart Disease in Children." Both were very instructive and interesting and were freely discussed. Following this, a program committee and a new county fee bill committee were appointed. Dr. Lemley of Vaughnsville was elected delegate to State Society, and Dr. Sheibley, of Ottawa, as alternate, and C. O. Beardsley as member of the State Defense Committee.

The society met again on Thursday, May 4, at the Court House, Ottawa. One every interesting case of paraplegia was presented for diagnosis and treatment suggestions. Following this Dr. Owens, of Ottawa, gave an interesting talk on ophthalmia neonatorum, which was freely discussed. C. O. Beardsley then gave a report on the county fee bill, which was discussed pro and con, and finally tabled until next meeting. The society adjourned to meet Thursday, June 1.—H. A. Neiswander, Correspondent.

Defiance County—One of the best meetings ever held by the Defiance County Medical Society

was the regular bi-monthly meeting held on the evening of April 12th, at the home of George E. Winn, Defiance. Eleven members were present.

J. J. Reynolds, Defiance, read a carefully prepared paper upon "Diagnosis in Heart Affections," which reviewed clearly and in logical order the differential diagnosis in the important diseases of the heart. The paper was freely discussed by all.

John D. Westrick, for several years the capable and conscientious health officer of Defiance, read a paper upon "The Relations of Physicians to the Public Health Service," which was very timely and interesting and which elicited a number of pertinent questions.

Prof. A. B. Stevens, of Ann Arbor, Mich., a brother of M. B. Stevens, of Defiance, and who is professor of Pharmacy in the University of Michigan, was the guest of the society. He gave a very interesting informal talk upon the work of the Council on Pharmacy of the American Medical Association and threw some interesting sidelight upon a certain important damage suit in which the A. M. A. is the defendant and in which Prof. Stevens was a witness.

The Society elected R. B. Cameron, of Defiance, legislative committeeman. Dr. Cameron has been the representative in the legislature from Defiance county for two terms.

Following the meeting, Mrs. Winn invited the assembled physicians to the dining room, where an excellent supper was served. The supper was an innovation in the affairs of the Defiance County society and was heartily appreciated by the doctors.—J. B. Ury, Correspondent.

Sandusky County Medical Society met in the council chamber, Fremont, Thursday, April 27, 1916, at 8 p. m. The following members were present: Drs. Stamm, Ickes, Eyestone, Sackett, Pontius, Smith, Stewart, Kreilick, Phillips, Booth and Philo.

C. R. Truesdall, of Fremont, and J. E. Ott, of Clyde, were elected to membership in our society.

Following the business session S. C. Sackett read an excellent paper on nasal sinusitis, which was followed by a general discussion.

The next meeting will be held on the last Thursday in May at which time C. L. Smith will read a paper.—D. W. Philo, Correspondent.

Van Wert County Medical Society met Monday, May 8, at the office of R. C. Flemming. F. E. Reed read an interesting paper on diphtheria. A committee was appointed to arrange for the opening of the hospital.—C. G. Church, Correspondent.

Paulding County Academy of Medicine held its February meeting on the 23rd in the Commercial Club rooms with a good attendance. J. U. Faus-

ter, Paulding, read a paper on Co-operation, in which he urged closer affiliation in their work by the various physicians of the county—not necessarily the formation of partnerships but the devotion of special attention to that branch of work to which each may feel himself best adapted. He advised the devotion of post graduate work to that end. The paper was well received and fully discussed. A resolution was proposed and adopted requesting *The Journal* to give proper recognition to the only true One Hundred Per Cent Society in the state, which, of course, is Paulding.

The March meeting, owing to the bad weather, was postponed. For the April meeting, we held a banquet at Hotel Barnes, on April 19, an excellent four-course dinner served at 6:30. After the dinner, C. E. Huston, of Paulding, read a paper on ethics entitled "Am I My Brother's Keeper?" In this paper he pointed out some of the errors physicians have fallen into and the means of correction. The good name of every physician is dependent on his brother practitioner. Each physician is his "brother's keeper" because in so doing he protects his own good name. Above all, he is his "brother's keeper" because it is right and just. The subject was freely discussed and I can truthfully say that Paulding county physicians are as free from jealousies and quarrels as any society in the state. The subject of a hospital was discussed and it was decided to get the matter before the voters of the county at the August primaries.—C. E. Huston, Correspondent.

Ottawa County Medical Society met in Port Clinton, Thursday, April 13, with a good attendance. George Jones, of Toledo, read a paper on test meals, etc., for stomach and bowel troubles. H. J. Pool, of Port Clinton, was appointed auxiliary committeeman on medical defense.—S. T. Dromgold, Correspondent.

FIFTH DISTRICT

Lake County Medical Society met at the City Hospital Monday evening, May 1, at 8 o'clock, in regular monthly session. In the absence of the president, A. P. Brady, J. R. Davis, the vice-president, presided. E. S. Jones read a paper on "The Indications For, and Value Of Gastric Lavage." General discussion followed. It was decided by unanimous vote, to have the next meeting, June 5, at 8 P. M. at Broad Lawn Inn, two miles west of Painesville on Mentor Avenue.—E. S. Jones, Correspondent.

Medina County Medical Society met in regular session on April 12. Hypo- and Hyper-thyroidism was discussed by Dr. Brintnall, of Seville. Fees were raised for town work and some slight increase for county calls. The Society endorsed

the effort being made to establish a county hospital at Medina.—R. G. Strong, Correspondent.

SIXTH DISTRICT

Summit County Medical Society met Tuesday evening, May 2. Thirty-nine were present from Akron, Canton, Cuyahoga Falls, Doylestown, and Twinsburg. One member was admitted—A. M. Sherman of Pasadena, Cal., formerly of Kent, and a member of the society of 1866-81. Dr. Sherman is in his ninety-second year. Eleven applications were presented from three towns in the county.

As both president and vice president were absent, J. G. Grant presided, he being the senior past-president attending the meeting.

PROGRAM

1. A series of Roentgen plates: Cardiospasm, hour-glass stomach, patent ileo-saecal valve, jejunum obstruction, tuberculosis, steel punch in orbit, aneurysm, cargentos injection of kidney, etc.

They are owned by A. J. Keeley, R. H. McKay, G. W. Rockwell, C. R. Steinke, D. W. Stevenson and were exhibited by Dr. Rockwell.

2. "Fracture of Spine Causing Division of the Cord." Case report by J. D. Smith.

3. "Oral Hygiene vs. Systemic Maladies," by R. B. Chamberlin, Twinsburg. Previous to beginning the study of medicine Dr. Chamberlin practiced dentistry for four years and has not lost interest in the subject, thus enabling him to compare the results. The lecture was illustrated by lantern slides, which exhibited the various deformities found in teeth with their correction and methods of treatment and formed with the lecture a most interesting and instructive subject, and a convincing proof of the need for and value of proper dental treatment. Discussion was by W. Wilson, J. D. Smith, J. A. Van der Hulse, J. G. Grant, L. E. Brown, A. S. McCormick.—A. S. McCormick, Correspondent.

Richland County Medical Society held its April meeting, Wednesday, April 19. Letters from Dr. Masenhimer, of Cleveland, Dr. Campbell, of Chicago, and Dr. Ultes of Springfield, were read and considered. Dr. Lavender, of Pavonia, was elected to membership. A very interest paper on "Physiological Changes in Old Age" was read by A. H. McCullough. Cabot's case records were read by Drs. Woltman and Smith. Sixteen members were present.—F. A. McCullough, Correspondent.

SEVENTH DISTRICT

Coshocton County Medical Society met in regular session at Carnegie Library on Thursday, April 27, with a good attendance. Papers were read by E. C. Carr and J. G. Smailes. It was decided to give a free banquet the first week in

May for the physicians outside of Coshocton, in the country, and endeavor to rejuvenate the society.—J. D. Lower, Correspondent.

FINE FOR COSHOCTON!

Harrison County Medical Society met in Cadiz, April 28. The following officers were elected: President, I. H. Heavilin; secretary-treasurer, R. P. Rusk; delegate to state convention, S. B. McGavran; auxiliary member on medical defense committee, James A. McGrew. The death knell of the society was announced when the secretary read a letter saying that the dues of each member must be paid by midnight, May 1. Only one member had his dues paid. Every physician was called by phone: "Hello, doctor; your dues must be paid to the State Medical Society at once." "Well, yes, how much?" "Three Dollars." "All right, put me down." Each physician was delighted to be called. *The end results*—22 members, sixty-six dollars in the state treasury, and only three physicians in the county not members of the society.—S. B. McGavran, Correspondent.

Jefferson County Medical Society met in the Chamber of Commerce rooms, Steubenville, Tuesday evening, April 11. After the business and scientific session, a lunch was served by the society. The program for the session Tuesday evening, May 9, consisted of reports of clinical cases.—J. R. Mossgrove, Correspondent.

Tuscarawas County Medical Society was favored with a very interesting and instructive address by E. R. Shilling, of Columbus, on Vaccines and Serums, at the meeting held Tuesday evening, April 4, in Uhrichsville. The address caused a great deal of discussion, and was thoroughly enjoyed by every one present. The society feels very grateful to Dr. Shilling for many points that he has made clear. J. A. McCollam, Uhrichsville, read a paper on "The Possibility of State Medicine." His paper was discussed, but not thoroughly, as it was getting late, and some had to leave to catch their car. So the discussion is to be continued at our next meeting.—Tracy Haverfield, Correspondent.

EIGHTH DISTRICT

Muskingum County Academy of Medicine met Wednesday evening, May 10, in Dr. Geyer's office.

R. E. Wells, Nashport, read an interesting paper on "General Paresis." Dr. Crossland addressed the Academy on "Obstetrical Therapeutics." Discussion opened by Dr. Davis. Dr. Crossland condemned the too promiscuous use of pituitrin. Dr. Davis vigorously opposed the use of this drug, and condemned too early interference in obstetrical cases. Dr. Kennedy advocated large doses of morphine in first stage, and had

seen no effect from quinine. He had seen no good effects from pituitrin.

In discussing Dr. Wells' paper, Dr. Melick called especial attention to the statement that syphilis is the principal cause of paralytic dementia. He condemned meddling midwifery and advocated examination per rectum.

Dr. Bowman occasionally uses pituitrin; believes in anti-syphilitic treatment in paresis. He had success with pituitrin in aiding expulsion of placenta in miscarriage cases. Dr. Bainter called attention to the large number of paralytic syphilitics. He uses pituitrin when he has full servical dilatation and believes we are justified in using currette in sapremic cases. He facilitates drainage in septicemic cases by elevating head of bed and leaving genitals alone. Gives large doses of morphine in slow first stage. Dr. Loebel used pituitrin when head is engaged and cervix dilated; uses ether in preference to chloroform in second stage. Dr. Bateman is not surprised at spread of Christian Science and Eddyism when doctors condemn useful measures in managing obstetric cases. Has had gratifying results with pituitrin. Dr. Long called attention to the increasing number of syphilitics among paralytics. Discussion closed by Dr. Wells and Dr. Crossland.—C. H. Higgins, Correspondent.

Athens County Medical Society—which, by the way, is now almost in the super-One Hundred Per Cent class—held an interesting meeting on May 7 in the office of A. L. Pritchard in Nelsonville. Despite the rather inclement weather, twenty members representing almost every town in the county, were present. J. H. J. Upham, Columbus, outlined in detail the Allen treatment for diabetes, preceding his paper on this subject by a discussion of the causes of the disease, and the methods of treatment followed in the past. It was a subject of very general interest, and was handled in a manner which elicited an interesting and helpful discussion.

Mr. Sheridan, executive secretary of the State Association, reviewed the recent history of medical legislation in Ohio, and discussed the proposed plan of sickness insurance. Members of the society indicated a very keen interest in these subjects, and left the meeting with a determination to build an even stronger organization in Athens county.

S. E. Butt, of Nelsonville, famous through this section for his clever topical poems, delivered two or three of his more recent selections. They were greatly enjoyed.—C. S. McDougall, Correspondent.

Perry County Medical Society met in New Lexington, Thursday afternoon, April 27, with a good attendance. Papers were read by Drs. Shaw, of Junction City, and McTeague, of New Lexington.

NINTH DISTRICT

Pike County Medical Society met in regular session at Waverly, May 2, at 1 P. M., the president, W. Tidd, in the chair. There was no meeting in April, on account of the flood. Dr. O. C. Andre read a very interesting and instructive paper on "Addison's Disease," which was greatly appreciated. The paper and the discussion by all the members present brought out so very many interesting points of true diagnostic value that the president, Dr. Tidd, agreed to write a paper on some diagnostic points in the early recognition of some of the other more obscure diseases. The paper is to be read at the June meeting at the office of Dr. Tidd, at Stockdale, Ohio, on June 5.—I. P. Seiler, Correspondent.

TENTH DISTRICT

Ross County Academy of Medicine met on the evening of April 24. A. Henry Dunn, who has recently located in Chillicothe, was elected to membership. *This now makes a net gain of eight members over the 1915 mark.*

Emery R. Hayhurst, of the Bureau of Industrial Hygiene of the State Board of Health, was the speaker of the evening; subject, "The Relation of the Physician to the State-wide Compulsory Health Insurance." Dr. Hayhurst introduced the subject with a review of the workings of Health Insurance in some of the foreign countries in which it has been tried for some years. The present status of the movement to enact laws introducing health insurance in our country was then discussed. The model bill promulgated by the American Association for Labor Legislation was explained by the speaker. And the needs of the laboring classes—who are now largely subject to charity treatment or else are exploited by the patent medicine interests and quacks—and the relationship of the physician to the whole movement were discussed with a good deal of detail both by Dr. Hayhurst and the members present. The address was a stimulating one, the consensus of opinion being that it is time for the physician to be thinking about the whole matter so as to be ready to take an intelligent part in the discussion of the subject when it is introduced into our own legislature.—R. E. Bower, Correspondent.

Delaware County Medical Society met at the Court House, Friday evening, May 5. Reading of special case reports occupied the greater part of the time. Drs. McCarty, of Cheshire, Gorsuch, of Galena, and Porterfield, of Olive Green, were voted into membership in the society. Dr. McCartney, of Delaware, a medical missionary from China, was made an honorary member. O. W. Bonner, A. H. Buck and G. W. Morehouse were elected delegates to the state meeting.

Madison County Medical Society met at Plain City, Friday evening, April 28, in the mayor's office. Wells Teachnor, councilor for the Tenth District, addressed the meeting, reading a paper dealing with rectal surgery and supplementing the scientific with a practical discussion of organization work. Madison county has come to the front in organization work recently. It is a "live" society.

Knox County Medical Society met at the Hospital-Sanitarium, Mt. Vernon, on Wednesday, April 12. Owing to the amount of sickness and the heavy roads the attendance at the preceding two or three meetings had been small, but those present had shown much interest. The April meeting was better attended.

C. D. Conard, Mt. Vernon, read a paper on "The Value and Limitations of Blood Examinations," and F. F. Dowds, Mt. Vernon, read on "Treatment of Anaemia." Both were interesting papers and were freely discussed.

It has been the custom of the Society to hold meetings from September to May, inclusive, only. Some years a mid-summer meeting of a social nature has been attempted. This being true of last summer, when the Society met in Gambier and enjoyed a most pleasant meeting which had been arranged for by F. W. Blake.

A committee consisting of I. S. Workman, F. F. Dowds and E. V. Ackerman, was named at the last meeting to consider the advisability of holding meetings during the summer months and then taking the vacation during the months of January, February and March. They will report at the May meeting.

One new member, Dr. T. L. Ely, of Mt. Vernon, was elected to membership.—E. V. Ackerman, Correspondent.

Crawford County Medical Society met in regular session in Bucyrus on April 13. Dr. E. R. Schoolfield, Bucyrus, demonstrated a beautiful case of dextrocardia. Dr. Horton, of Columbus, read a very practical paper on the "Etiology and Treatment of Convulsions in Infancy."—W. G. Carlisle, Correspondent.

HOSPITAL NEWS

Total value of the assets of the medical department of the University of Cincinnati is \$1,346,404; the number of students, 88; and the number of patients treated at the dispensary last year, 29,000, according to the report of Dr. Frank Cross, secretary of the faculty of the department, recently submitted to the state medical board. Jesse F. Williams, assistant professor of physical education at Columbia University, becomes professor of hygiene and physical education, September 1.

Points in Connection With the Harrison Act

Of the total number of cases in which Ohio physicians have been charged with violating the Harrison drug act, only a very few have reached the courts. Owing to their technical nature, most of the violations have been settled out of court on a compromise basis. The physicians of the state, as a medical body, have been co-operating splendidly with the government officials in the enforcement of the law. These points were brought out in a recent interview with United States District Attorney Bolin, in Columbus.

DON'T OVERLOOK THIS!

The special tax of one dollar which all physicians registered under the Harrison Anti-narcotic Act must pay annually to the internal revenue collector of their respective districts, is due July 1.

Internal revenue collectors are preparing to mail to each physician registered blanks which are to be filled out and returned to the collector when the special tax is paid. Payment of the tax may be made by certified check, money order or registered letter.

If the tax is not paid on or before July 30, a fifty per cent penalty is added and any physician who fails to renew his tax license is liable to prosecution.

Since the drug act is on the statute books as a revenue measure, laws governing the prosecution and settlement of internal revenue cases apply in cases growing out of the act. These provide for compromises. In the event the person charged with violating the law admits his guilt out of court and desires to enter into compromise negotiations with the internal revenue department with a view to securing a settlement of his case, he files with the revenue collector a compromise offer, the amount of which depends solely on the gravity of the offense.

On recommendation of the collector, the offer is accepted or rejected by the commissioner of internal revenue, W. H. Osborn, who has arbitrary power in fixing the amount of the compromise. Acceptance, of course, is followed by payment to the United States Treasury Department of the amount agreed upon. If the first offer is rejected, it may be increased until the demands of the department are met, but failure to meet these demands means that prosecution will follow in the regular manner.

Aside from the provision that "any person who violates or fails to comply with any of the requirements of this act shall, on conviction, be fined not more than \$2,000 or be imprisoned not more than five years, or both, in the discretion of the court," the act contains no schedule or

guide which might be used in determining the fine to be paid by the alleged offender who attempts to compromise his case.

All dealings in connection with compromises are secret and no publicity is given the settlement of cases. According to Mr. Bolin, the federal officials are hampered to some extent by these provisions. The inhibition against giving information regarding cases settled by compromise to state officials, particularly members of the state medical and agricultural boards, makes perfect co-operation between the state and federal authorities in the enforcement of the act impossible.

The amounts fixed in the few compromise cases in which physicians have been involved seldom run as high as \$800 or \$900. Most of these cases have been settled for much smaller sums.

The special tax, which all physicians, registered under the Harrison act, must pay to the internal revenue collector of their respective districts, is due July 1. If not paid before July 30, a fifty per cent penalty is added and any physician who fails to renew his special tax license is liable to prosecution.

Join the American Public Health Association

Drs. George D. Lummis, Middletown, E. J. Schwartz, Salem, Norman E. Brundage, Delphos, Wm. W. Smith, Portsmouth, health officers in their respective towns, and Dr. Otto P. Geier, president of the Cincinnati Social Workers' Club, have applied for membership in the American Public Health Association, which holds its annual meeting in Cincinnati next October. Applicants for membership should apply to Dr. W. H. Peters, assistant health officer of Cincinnati.

Every physician in Ohio interested in public health work—and every physician in Ohio should be so interested—should be a member of this important association, and be qualified to participate in the splendid meeting which will be held this year in Ohio.

Ohio's recent experience in wondering what to do with two lepers—one from Norwalk and one from Dayton—indicates the need of a national leprosarium. A bill is at present pending before Congress for the erection of an institution at which lepers can be given a home, and where the disease may be studied with a view of prevention. Our present treatment of these unfortunates is barbaric, and judging by the amount of hysteria developed in consideration of the case of the Norwalk man who was held in San Francisco, one would think he had committed a heinous crime.

Only three states now maintain leprosariums, and it is certainly time for the federal government to make some definite provision for the several hundred cases now in the United States.

Industrial Commission Broadens Its Scope

Two death claims, recently approved by the Ohio Industrial Commission, indicate that the commission is broadening the field from which death and accident awards may be granted under the workmen's compensation act.

In one of the claims—one of the most unusual ever considered—the commission granted an award of \$3,744 to a Bellevue, Ky., woman for the death of her husband, who was an employe of a Cincinnati firm. The man was putting mirrors in frames and was wording with several small brads in his mouth. One of the brads lodged in a cavity where a tooth had recently been extracted and his jaw became infected. Later, an operation failed to save the man's life. One of the attending physicians stated that the tack was the immediate cause of death, while others made a diagnosis of carcinoma and asserted that the man was suffering from carcinoma of the jaw before the tack lodged in the cavity.

In the other claim, a Columbus woman was awarded \$2970.24 for the death of her husband, who had sustained a bruised hand in which blood poisoning had developed. The infection left the fingers of the hand stiff and a corrective operation was attempted. The man's death occurred while he was under the influence of the anesthetic in the attending physician's office.

Medical and funeral expenses in both claims were also paid from the state insurance fund.

Clinical Program for Reserve Reunion

The following is the provisional program for the annual reunion of the Alumni of the medical department of Western Reserve University. The meeting will be held in Cleveland, June 8, 9 and 10.

Thursday, June 8.

Lakeside Hospital, 8:30, surgical clinic, Dr. Crile and Dr. Lower; 10:30 a. m., medical clinic, Dr. Hoover; gynecologic clinic, Dr. Weir; gynecologic pathology, Dr. Fullerton; 11:30 a. m., laboratory methods, Drs. Christie, Blankenhorn; 2:00 p. m., orthopedic surgery, Dr. Morrill and Dr. Bauman; transfusion, Dr. Sloan; ear, nose and throat surgery, Dr. Ingersoll and Dr. Chamberlain; 1-3 p. m., demonstrations in Lakeside, Charity and Babies' Dispensaries by members of the visiting staffs.

St. Luke's Hospital—8:30 a. m., ear, nose and throat surgery, Dr. Lenker.

Charity Hospital—1-5 p. m., surgical clinic, Dr. Hamann; 3-4 p. m., medical clinic, Dr. Sawyer; pelvic surgery, Dr. Monaghan.

University Club, 3813 Euclid Ave., 8:00 p. m., complimentary smoker.

Friday, June 9.

Charity Hospital—8:30 a. m., surgical clinic, Dr. Bunts; 10 to 11, gynecologic clinic, Dr. Hum-

iston; 11:00 a. m., surgical clinic, Dr. Herrick.

German Hospital, 9:00 a. m., surgical clinic, Dr. Becker;

St. Luke's Hospital, 8:30 to 12, surgical clinic, Drs. Skeel, Spurney and Stepp; 9:00 a. m., medical ward demonstration, Drs. Lichty and Stoner.


College Building—1-2 p. m., anatomy, Dr. Todd (clinical applications) embryology and teratology, Dr. Ingalls; 2-3 p. m., surgical anatomy, Dr. Hamann (demonstrations); 3-4 p. m., some applications of bedside physiology, Dr. Macleod; 4-5 p. m., histology and embryology, Dr. Waite; 4-5 p. m., X-ray demonstrations.

University Club, 6:30 p. m., annual dinner, followed by Alumni Association business meeting. Address of John B. Deaver, M. D., L. L. D., Philadelphia.

Saturday, June 10.

City Hospital—10:00 a. m., clinic on diagnosis and discussion of surgical cases, Dr. Deaver, Philadelphia; 12:00 m., lunch at City Hospital; 1:00 p. m., general clinic: medicine, Dr. Carter, demonstrations of electro-cardiograph, Drs. Dexter, Geib, Cummer, Scott, Hanzlik and Cole; surgery, Drs. Hamann, Lenhart, Thomas, Bill; pediatrics, Drs. Ruh, Goehle, Beekel; neurology, Drs. Stone and Keyser.

(City Hospital offers an extremely varied clinical material).



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ACTIVITIES OF OHIO CITIES

IN PUBLIC HEALTH WORK

HOW ABOUT YOUR CITY?

Members of the Marion County Medical Society will maintain an emergency hospital of 40 beds during the State G. A. R. encampment. Dr. Dana O. Weeks is chairman of the committee.

Elyria council has been asked to pass an ordinance regulating housing conditions. From six to ten persons were living in two small rooms. The city has a large foreign population.

In Youngstown the city council has passed an ordinance providing for an annual clean-up week, which provides a penalty for the property owner who fails to observe the sections of the ordinance.

Infant mortality rate in Cincinnati last year was the lowest in the city's history, according to Health Officer J. H. Landis. He ascribes the low rate to the work of the Little Mothers' Leagues in the public schools.

Dr. Thomas H. Haines, director of the bureau of juvenile research under the state board of administration, recently delivered an address at Salem which constituted a part of a week's campaign for better children.

"The Control of Epidemic Diseases" was the subject of an address delivered by Dr. Frank G. Boudreau, director of the department of communicable diseases, state board of health, at a meeting of the Miami Valley Health Association at Dayton, April 14.

A health survey of the grade schools is in progress in Delaware under the direction of a committee consisting of representatives of the physicians and dentists of the city, the board of education, the board of health, the teachers, the mothers' clubs, the Ohio Wesleyan University and the Health and Welfare League.

Health Officer A. L. Smedley recently reported to the Hamilton board of health that he had reliable information that there exists in Butler county an organization which is making a business of buying diseased cattle and hogs, dressing them and sending the meat into Hamilton to retail butchers. He urged the appointment of a meat inspector.

At a recent meeting of the Cincinnati board of health, Health Officer Landis and Chief Food Inspector Blume charged that a secret fund of

\$10,000 has been collected to fight orders of the health department. It was stated that the money was raised among cow dealers who opposed the regulations of the board respecting the health of cattle used for milk and meat supply and the sanitation of dairies.

Dr. A. L. Light, health commissioner of Dayton, in a circular to physicians of the city recently called attention to the great number of cases of scarlet fever and measles that recur in families. Of the 404 cases reported in March, 66 were repeat cases. Dr. Light attributes this unusually high proportion to the fact that attending physicians are not using sufficient care in providing for the isolation of the patient.

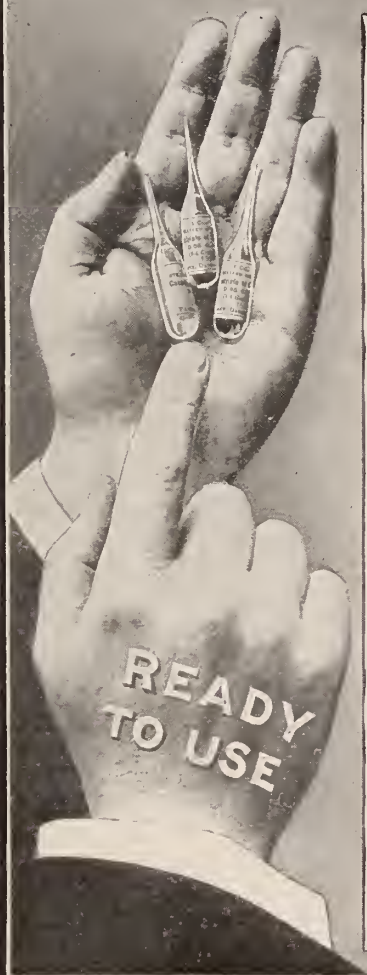
Thirty-five promiscuous spitters were arrested by sanitary patrolmen in Cleveland on "anti-spitting day," the next to the last day of the city's two-week clean-up campaign in April. Dr. R. H. Bishop, Jr., commissioner of health, gave his sanitary officers orders to arrest all who ignored the city ordinance against spitting. The maximum fine was \$10 and costs. Boy Scouts distributed cards, warning offenders. City police co-operated.

Thirteen Dayton physicians have agreed to conduct free clinics for the Tuberculosis Society on Tuesday and Thursday afternoons in the visiting nurses' office. Physicians who have consented to conduct the society's clinics and aid in an advisory capacity are: Drs. W. B. Beatty, W. C. Marshall, J. D. Kramer, C. E. Shawan, F. C. Rounds, A. J. Moorman, J. G. Marthens, E. B. Markey, W. B. Bryant, F. L. Shively, J. Funderburg, W. B. Rice and Lloyd H. Cox.

Edward M. Newsbaumer, of Norwalk, the Ohio leper, who is now in a hospital at San Francisco, will soon be taken to the Culion leper colony in the Philippine Islands. Surgeon General Gorgas has notified Attorney General Turner that arrangements for Newsbaumer's admission to the colony have been made and the attorney general has secured from the state emergency board an appropriation of \$1,000 which will be used for the leper's transportation and maintenance expenses—costing about \$37.50 per month.

A report on a tuberculosis survey of Cincinnati, made by the United States Public Health Service, says the tuberculosis death rate in Cincinnati is 50 per cent higher than the average, and traces a direct connection between poverty and disease. In the survey, 19,932 workers in 154 factories submitted to a physical examination. The Rotary Club of Cincinnati has placed itself at the head of a movement to increase the annual appropriation for the Cincinnati municipal tuberculosis sanitarium.

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Tentative Draft of Sickness Insurance Bill Which May Be Considered By the Ohio Legislature Next Winter

Sickness insurance, managed by the state, is becoming a real possibility in Ohio. Manufacturers and insurance men are becoming alarmed at the possibility, on the one hand, while social workers are becoming rather generally convinced that such a measure may be passed.

We are printing this month a part of the "model bill" providing for this insurance which has been drafted by the Committee on Social Insurance of the American Association for Labor Legislation, and which will probably be the general basis for any similar measure introduced in Ohio.

This committee, in its recent report, first laid down the general standards to which such a system of insurance should measure. These are interesting:

1. To be effective health insurance should be compulsory, on the basis of joint contributions of employer, employee and the state.

2. The compulsory insurance should include all wage workers earning less than a given annual sum, where employed with sufficient regularity to make it practicable to compute and collect assessments. Casual and home workers should, as far as practicable, be included within the plan scope of a compulsory system.

3. There should be a voluntary supplementary system for groups of persons (wage workers or others) who for practical reasons are kept out of the compulsory system.

4. Health insurance should provide for a specified period only, provisionally set at twenty-six weeks (one-half year), but a system of invalidity insurance should be combined with health insurance so that all disability due to disease will be taken care of in one law, although the funds should be separate.

5. Health insurance on the compulsory plan should be carried by mutual local funds jointly managed by employers and employees under public supervision. In large cities such locals may be organized by trades with a federated bureau for the medical relief. Establishment funds and existing mutual sick funds may be permitted to carry the insurance where their existence does not injure the local funds, but they must be under strict government supervision.

6. Invalidity insurance should be carried by funds covering a larger geographical area comprising the districts of a number of local health insurance funds. The administration of the invalidity fund should be intimately associated with that of the local health funds and on a representative basis.

7. Both health and invalidity insurance should include medical service, supplies, necessary nurs-

ing and hospital care. Such provision should be thoroughly adequate, but its organization may be left to the local societies under strict governmental control.

8. Cash benefits should be provided by both invalidity and health insurance for the insured or his dependents during such disability.

9. It is highly desirable that prevention be emphasized so that the introduction of a compulsory health and invalidity insurance system shall lead to a campaign of health conservation similar to the safety movement resulting from workmen's compensation.

THE MODEL BILL.

The first twenty sections of the model bill are of chief interest at this time, so far as Ohio is concerned, as the remainder of the law deals with a plan of administration based upon the German system of administering the law through district mutual associations.

It is not improbable that, should such a measure be adopted in Ohio, it would be managed as an extension of the present workmen's compensation fund. The only other alternative would be the organization of approved societies, as in England. Because of this uncertainty it is rather unprofitable to discuss at this time the possible administration of such a law.

The salient features of its proposed benefits, the class of persons insured, and the method of raising the necessary revenue is set forth in these sections, as follows:

SECTION 3.—Compulsory Insurance. Every person employed in the State at manual labor under any form of wage contract, unless exempted under Section 4 of this act, and every other employee whose remuneration does not exceed \$100 a month, shall be insured in an association or society, except employees of the United States.

SECTION 4.—Home Workers and Casual Employes. Special regulations shall be made by the Social Insurance Commission for the insurance of home workers and casual employees, or for their exemption from compulsory insurance.

SECTION 5.—Voluntary Insurance. Self-employed persons whose earnings do not exceed \$100 a month on an average; persons formerly compulsorily insured who, within one year from the date on which they cease to be insured, apply for voluntary insurance; members of the family of the employer who work in his establishment without wages, may insure themselves voluntarily in the local health or local trade health associations of the locality in which they live and of the trade at which they are employed, subject to conditions of this act.

SECTION 6.—Cases in Which Paid. Insured

members shall receive benefits in case of any sickness or accident or for death, not covered by workmen's compensation.

SECTION 7.—Minimum Benefits. Every carrier must provide for its insured members as minimum benefits: Medical, surgical and nursing attendance; medicine and surgical supplies; cash benefits; maternity benefits; funeral benefits; medical and surgical attendance and medicines for dependent members of their families.

SECTION 8.—Beginning of Right. Insurance, with the exception of maternity benefits, begins with the day of membership. The maternity benefits shall be payable to any woman insured against sickness for at least six months during the year preceding the confinement, or to the wife or widow of any man so insured; provided, that those persons who lose their membership in a fund on account of unemployment shall retain their rights to normal benefits for a period of one week for each week of membership during the twelve months preceding.

SECTION 9.—Medical, Surgical and Nursing Benefit. Medical, surgical and nursing attendance and treatment and all necessary medicine shall be furnished from the first day of sickness for the period of continuance of sickness, but not to exceed twenty-six weeks from beginning of disability in any one case. If medical, surgical and nursing attendance and treatment and medicine are not furnished, the carrier must pay the cost of such service actually rendered by competent persons, but not to exceed in any week one-half of the weekly cash benefit to which the sick person is entitled.

SECTION 10.—Medical and Surgical Supplies. Insured persons shall be supplied with all necessary medicines, surgical supplies, dressing, eyeglasses, trusses, crutches and similar appliances prescribed by the physician, not to exceed \$50 in cost in any one year.

SECTION 11.—Hospital Treatment. Hospital or sanatorium treatment and maintenance may be furnished instead of all other benefits (except as provided in Section 13), with the consent of the sick insured member, or that of his family where it is not practicable to obtain his consent. The carrier may demand that such treatment and maintenance be accepted when required by the contagious nature of the disease, or when in the opinion of its medical officer such hospital treatment is imperative for the proper treatment of the disease or for the proper control of the patient. Cash benefits may be discontinued during refusal to submit to hospital treatment. Hospital treatment shall be furnished for the same period as cash benefits. This benefit may be provided in those hospitals with which the associations and societies have made satisfactory financial arrangements which have met the approval of the Social Insurance Commissioners, or in hospitals erected and maintained by the associations

and societies with the approval of the Commission.

SECTION 12.—Cash Benefits. A cash benefit shall be paid beginning with the fourth day of disability on account of the illness; it shall equal two-thirds (66⅔ per cent.) of the weekly wages of the insured member. It shall be paid only during continuance of disability, and shall not be paid to the same person for a period of over thirteen weeks in any one case, and not over twenty-six weeks in any consecutive twelve months.

SECTION 14.—Periods of Payment. Cash benefit shall be paid weekly where possible, and in no case less frequently than semi-monthly.

SECTION 15.—Maternity Benefits. Maternity benefits shall consist of: All necessary medical, surgical and obstetrical aid, materials and appliances, which shall be given insured women and the wives of insured men. A weekly cash benefit, payable to insured women, equal to the regular sick benefit of the insured, for a period of eight weeks, of which at least six shall be subsequent to confinement, on condition that the beneficiary abstain from gainful employment during period of payment.

SECTION 16.—Funeral Benefit. The carrier shall pay for the actual expenses of the funeral of a deceased insured member, as arranged for by the family or next to kin, or in absence of such by the officers of the fund, up to \$50.00.

SECTION 17.—Additional Benefits. The carriers may grant additional or increased benefits, with the consent of the Commission.

SECTION 18.—Division of Expenses. The expenses of the associations shall be met by contributions from employees, employers and the State. The State shall contribute one-fifth of the total expenditures for benefits, subject to the provisions of Section 38; one-half of the balance shall be paid by the employer, one-half by the employee, except that if the earnings of the insured fall below \$9 week, the shares of the employer and employee shall be the proportion of their joint contribution indicated in the following schedule:

If earnings are under	But not under	Employer	Employee
\$9.00	\$8.00	60%	40%
8.00	7.00	70%	30%
7.00	6.00	80%	20%
6.00	5.00	90%	10%
5.00	.....	100%	0%

In all cases the contributions shall be computed as a percentage of wages.

It will of course be seen that no plan is offered for the administration of the medical service under this act. As in Workmen's Compensation, this feature will be left to development by the commission or group which is finally charged with the management of the fund.

We hope to publish various articles on this subject during the next few months, and to bring out the possibilities of such a system—both good and bad.

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Examination for Hospital Superintendents

The civil service examination held April 27 for the position of superintendent of the state hospitals at Columbus and Dayton, has been annulled by the State Civil Service Commission on the ground that it was too technical and did not conform with standards the commission desires to fix for such tests. A new board has been appointed to assist the commission in preparing another examination: Drs. Henry E. Eyman, Massillon; W. B. Patton, Springfield, and J. E. Tuckerman, Cleveland.

Dr. E. A. Baber, superintendent of the Dayton state hospital, will be eligible for reappointment along with the three physicians who receive the highest grade in the test. The position of superintendent of the Columbus institution is vacant owing to the death of Dr. Charles F. Gilliam. Those who took the examination which was annulled were: Drs. John V. Koch and L. G. Klepinger, Dayton; Kensie S. West, Cleveland; Walter E. List, Cincinnati; Charles C. Dreyer, Wilson H. Young, C. C. Kirk, C. A. Faber, Toledo; E. D. Harper, Athens; A. H. Buck, Delaware; D. S. Burns, Bryan; H. J. Alismaugh, Massillon; Charles F. Talley, Powell; W. H. Pritchard, Gallipolis; Clark T. Elder, E. E. Gaver, G. A. Rowland, Guy H. Williams and I. B. Hamlin, Columbus; A. J. McCracken, Bellefontaine.

Survey Sanitary Conditions in Workshops

First steps toward the drafting of new rules and regulations for the ventilation, sanitation and illumination of workshops and factories in Ohio were taken at a recent meeting held at Cincinnati by the Public Health and Sanitation subcommittee of the general Committee on Safety and Sanitation, appointed by the state industrial commission. The plan outlined contemplates a comprehensive survey of health and sanitary conditions affecting the working people of the state. Detailed reports on the subjects under consideration will be submitted after public hearings have been held. In the legislative act creating the industrial commission, that body is authorized to adopt industrial health and sanitary codes.

Members of the committee are Dr. E. R. Hayhurst, director of the division of hygiene of the state board of health; Dr. Sidney M. McCurdy, Youngstown; E. R. Merrill of Hamilton, representing the employers; Thomas J. Donnelly, secretary of the Ohio Federation of Labor; Mrs. Ethel Ruhl, Cincinnati, deputy state inspector of workshops for women, and Victor T. Noonan, safety director of the industrial commission.



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— TROMMER —

LIEBIG was the first physiological chemist to call attention to Malt Extract and advocate its use as a food medicine. That his views were correctly based is evidenced by the wide use of Malt Extract in America and Europe and the popularity of many infant foods in which maltose is the principal constituent.

Leibig's process for making Malt Extract destroyed the diastase and it remained for Prof. Trommer to develop the fact that while maltose as prepared by Liebig was an excellent nourishment for the sick, that diastase as preserved in a properly prepared Malt Extract such as **TROMMER'S** is the element which effects transformation of the carbohydrates into an assimilable form of food.

"Diastase normally exists in constant proportion all the tissues, organs and fluids of the human body where its action has been demonstrated to be intracellular, as for example, converting the glycogen of the liver that its product may be utilized for structural growth and repair of wastes."

Bechamp and Moro discovered that human milk contains diastase and that cow's milk does not contain it. In infant feeding many physicians have achieved brilliant results by the addition of diastatic Malt Extract to pure cow's milk, thereby supplying the vitalizing and energizing element (diastase) of which an artificially fed infant is otherwise deprived. Sixty-six per cent of the solids of human milk are carbohydrates, which the diastase of human milk seems to dispose of to the advantage of the growing child. Cow's milk solids consist of 36 per cent of carbohydrates, to which often more carbohydrates are added to make the quantity equal to human milk. Few realize the importance of adding normal diastase to assist the process of metabolism in the new born.

MALT SOUPS (Malzsuppen) have been largely used by Keller, Czerny, Gregor and Koplik. The latter says: "The Keller method of feeding with dextrinized gruels is one of the most useful methods of feeding marantic infants, and one in which, in a great number of cases of atrophy, has given me brilliant results. I have used this method of feeding in cases in which all other known methods have failed."

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OHIO

STATE BOARD OF HEALTH

The wave of measles which has been sweeping over the state is believed to have reached its highest point in April. During that month 13,213 cases were reported to the state board of health, breaking all records. During the first four months of 1916, more than 36,000 cases of measles were reported as against 19,348 for the entire year of 1915. Judging by early reports, statisticians estimate that the number of cases for May will not reach 10,000.

The disease at present is most prevalent in and about Cincinnati, Youngstown and Toledo. During April and May it spread to many small towns and rural communities.

* * * *

Two hundred and eleven cases of smallpox were reported during April, most of them occurring in country districts in Williams, Fulton, Wood, Fayette and Clinton counties. In May outbreaks of smallpox were reported in Paulding, Adams and Lake counties. The total number of cases reported in March was 202.

* * * *

Scarlet fever cases reported during April numbered 1,070. Centers for this disease were Dayton, Springfield and Akron.

* * * *

The total number of diphtheria cases reported for April was 410, a low figure.

* * * *

The total number of cases of communicable diseases reported to the state board of health during April was almost 20,000. This established a record, but health officials explain that the high figure is due to some extent to better reporting and co-operation between local and state health authorities.

* * * *

Health reports for Youngstown show that while smallpox claimed 378 persons as its victims during the year ending May 8, 1916, there was not a single fatality. The total number of cases re-

ported during the year is within 12 of the total number registered in the 22 preceding years.

* * * *

Eye Diseases.—The division of public education of the state board of health received during April, 109 case reports of inflammation of the eyes of the new born, including 11 cases reported as ophthalmia neonatorum and 17 case reports of trachoma. Of the 109 case reports of inflammation, responsibility for proper treatment was assumed by the local health authorities in 104 cases.

Continuing its campaign to secure prompt and complete reports in cases of inflammation of the eyes of the new born, the division has sent out letters explaining the provisions of the law. According to Robert G. Paterson, director of the division, health officials believe that physicians

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and other persons affected by the law stand ready to comply with all its provisions provided they understand the requirements and realize that a nursing service and other assistance is available.

Urges Babies' Health Conference.—Dr. Frances M. Hollingshead, director of the division of child hygiene, urges the establishment of babies' health conferences, especially in small places, as an effective means of lowering infant mortality. In an article on "Summer Welfare Work for Children," written for the Public Health Journal of the state health department, Dr. Hollingshead says that intelligent co-operation of the members of a community, together with very little money, would make such conferences possible.

Clean Advertising Can Be Profitable

We received the following communication this month from E. W. Mattson, Chicago, advertising manager of the co-operative bureau maintained by the American Medical Association. It's your Journal so we pass it on:

"We notice your advertising revenue for the year ending December 31, 1915, amounts to \$5,988.30, while the entire cost of journal printing and postage is \$5,205.51. That is, your advertising more than pays the cost of printing the Journal.

"You are to be congratulated, not only for this excellent financial showing, but because your advertising income is altogether from approved and ethical business. The problem of making a state journal pay for itself from ethical advertising alone, is still in the *quod demonstrandum* stage. But at the rate the Ohio Journal is advancing, we believe you will soon demonstrate that this is possible.

"Your Publication Committee's report, in your May issue, is noteworthy, in that it points out to every reader that he is *protected* when dealing with Journal advertisers; and your guarantee to make good the loss on goods purchased from your advertisers is a double assurance that purchasers are always safe, and the advertised goods have quality. The high character of the Journal in these respects, makes it a more powerful medium for the many reforms it is leading.

"In view of the fact there are many medical journals which seem to be coining money by the advertising of products which physicians cannot honestly use, or prescribe in their practice, it is encouraging to find the Ohio State Medical Journal demonstrating that the advertising columns of a state journal can be conducted on ethical lines and yet pay its own way.

"We wish to congratulate the physicians of Ohio on their excellent publication."

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1. All claims or suits for alleged civil malpractice, error or mistake, for which our contract holder,
2. Or his estate is sued, whether the act or omission was his own
3. Or that of any other person (not necessarily an assistant or agent),
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5. All claims arising in autopsies, inquests and in the prescribing and handling of drugs and medicines.
6. Defense through the court of last resort and until all legal remedies are exhausted.
7. Without limit as to amount expended.
8. You have a voice in the selection of local counsel.
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MEDICAL PROTECTIVE COMPANY
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Recently there was launched in Cleveland a concern known as the Co-operative Hospital Association of Ohio, capitalized at \$100,000, the announced intention of which is to provide complete sickness insurance.

After securing three or four prominent physicians for official positions, the company through solicitors started an active campaign to secure practitioners in all sections of the city to take care of such cases as the company might refer to them. It offered to pay regular fees for all cases so referred.

Inasmuch as such a plan if carried out would have a considerable bearing on medical practice in Cleveland, the matter was brought to the attention of the Academy of Medicine at its regular meeting on April 21. A statement concerning the operation of the company, based upon information collected by Dr. J. E. Tuckerman, Secretary of the Academy, was presented.

Inasmuch as similar companies may be launched in other large cities of the state, we herewith print in full the statement presented to the Cleveland Academy—which statement caused the unanimous adoption of the resolutions appended:

WHEREAS, There is being formed in Cleveland a company, under the name of the Co-operative Hospital Association, which proposes to furnish medical and other services to its members in return for a monthly premium, and,

WHEREAS, This company must depend upon the medical profession for the chief service it proposes to render, it is eminently fitting that some of the facts bearing upon the subject be presented to the Academy, and further, that the Academy express its judgment of the project.

"According to the prospectus issued by the company, the Co-operative Hospital Association supplies its members with all medical, surgical and hospital care in case of sickness or accident. It

gives its members the best possible medical and surgical service that can be had. Hospital service includes ambulance to the hospital, all operations, medicines, surgical dressings, private room and board in the leading hospitals in cities where it maintains regularly established offices. Office service includes consultation and treatment for minor ailments in the general offices of the Association. Home service includes medical and surgical attention day or night; and all medicines and dressings. Contract holders have their choice of any physician employed by the Association. Dental treatment includes examination, cleaning, extracting, and treating all acute temporary affections of the gums and teeth. All work done by Association dentists at twenty per cent discount.

CLASSES OF MEMBERSHIP

"All persons are eligible to membership provided that they are in good health at the time they make their application for membership. The Association will then furnish every medical and hospital service that is required. When you have become a member of this Association and have paid your dues, you are at liberty to call upon any of our Medical Staff, Attorneys or Dentists at any time through this office. The hospital service shall include board, nurse and private room not to exceed 104 weeks for an individual on payment of \$2.00 membership fee and \$1.00 per week (Class A), or, not to exceed 75 weeks, for an individual on payment of the same membership fee and \$0.75 per week (Class B) or, finally, not to exceed 50 weeks for a family, including man, wife and children, up to fourteen years, on payment of \$3.00 as membership fee and \$1.50 per month (Class C).

"In addition to hospital care the prospectus further specifies for all classes of membership: (2) Unlimited medical or surgical services, day or night, home or office, as required. (3) Free

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are the best "MADE IN AMERICA" slide on the market to-day. We have paid particular attention to the uniformity of size, thickness, smoothness and perfection of surface. The edges are all well and uniformly ground free from defects. These slides are made of the best and clearest non-convex glass and have met with the highest of praise from the many users. We are also the agents for the Bausch and Lomb Microscopes. Write us to-day for samples and our catalog of complete Laboratory Materials.

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transportation to any part of the United States reached by steamship or railroad, in lieu of medical service, when sick or injured. (4) Ambulance service to any part of the city. (5) Drugs furnished free at any of our drug stores on prescriptions of our doctors. (6) Dental services, extraction and cleaning of teeth; relief or toothache and examination; all other work at twenty per cent discount. (7) Consultation of the Association's Attorneys without cost to members. (8) Free examination of the eyes by the Association's Optometrist or Oculist, all other work and appliances at twenty-five per cent discount. (9) Hospital and medical services in any city where offices are established or affiliated with other Associations.

"It also contains this clause: 'Special rates in all classes on annual and semi-annual contracts. See agent for blanket rates.'

STOCK-SELLING PLAN

"The efforts of the promotor of this company appear at present to be limited to the sale of its stock at a par value of \$10.00 per share. Any physician desiring to become "one of our doctors" is required to purchase at least one share of stock, although it seems possible that an exception may have been made in the case of a few men of prominence whose names would have been valuable assets to the company. The requirement that a share of stock be purchased is also true

with reference to druggists, dentists, and lawyers, and presumably so with surgical supply houses, undertakers (since these are the only owners of ambulances) and optometrists—the latter appearing to be preferred by the writers of this prospectus to the oculist for the examination of the eyes.

"Whether an attempt is being made at present or is to be made in the future to sell this stock in blocks rather than by the single share, as it has been purchased by the majority of physicians, is not known with certainty. It would seem, however that a capitalization of at least modest size would be required to finance the projected hospital.

"In attempting to judge this project, physicians must consider its effect upon (a) the members of the Association, those who seek health insurance through it; (b) the physicians employed by it; and (c) the stockholders. It appears entirely immaterial that the holding of a share of stock is required of any physician who is desirous of increasing his income by selling his services to the Association. It is by no means immaterial to our consideration of this matter that there are to be physician stockholders whose interests are the same as those of the lay stockholder.

POINTS TO CONSIDER

"A. Membership in the Association may appeal

The Lebanon Office Sterilizing Outfit

Entirely Nickel Plated

Consisting of a 17-inch Combination Dressing and Instrument Sterilizer and a 3-gallon Water Urn. No advance in price, yet... **\$55.00**

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20-inch General Surgical	\$4.00	24-inch Obstetrical, with covered	
24-inch General Surgical	4.75	apron (most popular)	\$5.00
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to the layman as a desirable form of insurance. The prospectus appears to offer the highest type of medical service. We know that the most skilled among the physicians who have allied themselves with this project are busy men enjoying the rewards of that skill in a large private practice which we see no reason for believing they would reduce for the sake of entering upon what is in effect lodge practice.

"It is further interesting to note that the promoters of this concern are making use of the popular articles by Dr. Richard C. Cabot which appeared in recent numbers of the *American Magazine*. In these articles Dr. Cabot calls attention to the fact that for satisfactory work in medicine at the present day much more than the qualifications of any one man are necessary for the complete study that is requisite for the proper handling of many cases met with in private practice. The Company appears to claim that the desired co-operation, which, according to Cabot, is a co-operation of practitioners and of laboratory experts, will be the type of service they will be in position to offer their members. Physicians may well regard this suggestion as one which will not bear close scrutiny.

"B. The close relationship of the offer made by the company to its physician employee with that of lodge and contract practice should not be forgotten by any physician considering the acceptance of such a relation. Physicians have been solicited to ally themselves with this organization on the promise that they are to be one of the few so allied in their neighborhood. In this connection it should not be forgotten that all calls for services must be placed through the Association's offices, and that all office practice is to be limited to these offices, according to direct and positive statements quoted above from the company's prospectus. If the physician feels that he can do conscientious medical work with advantage to himself, under the conditions proposed, other physicians may well question his judgment but need not necessarily question his motives.

THE PHYSICIAN-STOCKHOLDER

"C. The relation of the stockholder to the general scheme is quite different from that of the member, or the physician accepting employment by the Association. The stockholder cannot find his investment profitable unless the amounts received from members exceed the amounts paid to physicians for services rendered. It would appear that the Association intends to capitalize the misfortunes of its members and to use its physicians as a means of deriving profit from this capitalization.

By some laymen this might be regarded as a legitimate proposition, the buying and selling of services, buying at a lower price what they can sell at a higher. To the physician stockholder, who in appearance at least looms large in this whole scheme, such buying of the services of his

colleagues and selling them at a profit to the sick may well be considered as an impropriety, which, as related to the public, is similar to the receiving of rebates from drug stores, brace-makers and hospitals. The physician, whose services are thus bought and sold, should be competent to form his own conclusions concerning the transaction in its relation to himself.

"The inability of the office of the secretary of the Academy to secure the names and office addresses of related organizations, which are claimed to be operating successfully in other cities, either from the promoter or the Association's attorney; the further failure to secure information of satisfactory character from cities in which these organizations are stated to be in operation, are added reasons for great hesitation on the part of any physician in allying himself in any way with the Co-operative Hospital Association.

"*Therefore, Be it resolved*, By the Academy of Medicine of Cleveland, that it deprecates and regrets the alliance of any physician with the Co-operative Hospital Association, and most emphatically criticises the relation of any physician to that institution as a stockholder.

Dr. G. W. Moorehouse moved that the Academy proceed to the consideration of the resolution by Dr. Thomas. Motion seconded and carried.

Dr. F. E. Bunts then moved that the Academy adopt the resolution as offered. Motion seconded and carried.

PUBLIC HEALTH

More than half a ton of dirt fell upon Fountain Square in Cincinnati during the month of April, according to tests made by Chief City Smoke Inspector Charles W. Health in a study of soot-fall. Jars containing distilled water were placed at different points in the city. At the end of the month their contents were examined by chemists at the University of Cincinnati. Analysis of the contents of the jar taken from Fountain Square disclosed that atmospheric pollution at that point fell at the rate of 217 tons per square mile.

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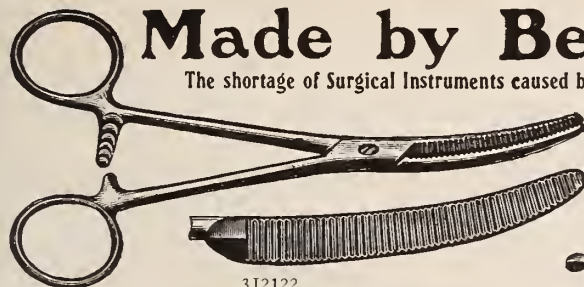
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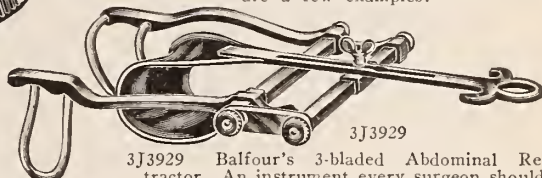
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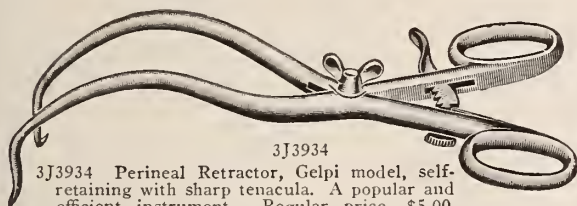
3J2122A Ochsner's Haemostatic Forceps, 6 inches, curved, long, screw lock, round shank, cross serration, as shown, each **\$1.00**

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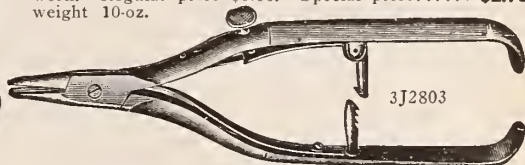
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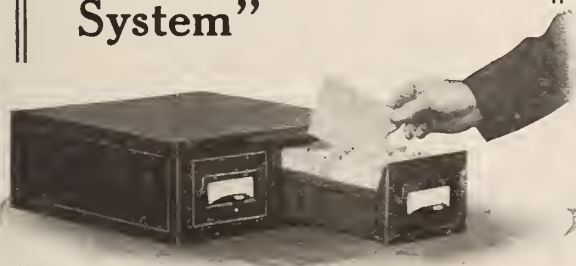
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If you are not already dealing with us, why not arrange to buy where you can get everything? Think it over.

Pertinent Literature on Health Insurance

We have had many inquiries for citations to current literature on state health insurance—in view of the probability that such a measure will be introduced in Ohio. The following was prepared for us by Dr. E. R. Hayhurst, of the State Department of Health:

"Health Insurance—Standards and Tentative Draft of an Act," 3rd edition, May, 1916, submitted for criticism by the Committee on Social Insurance of the American Association for Labor Legislation, 131 East 23rd St., New York City. (A 32-page, long, narrow pamphlet which can be secured free of cost by applying to the above address.)

"Social Insurance and the Medical Profession," I. M. Rubinow, M. D., Ph. D., Jour. American Medical Association, Jan. 30, 1915, Vol. LXIV, pp. 381-386. (Dr. Rubinow is now Secretary of the Committee on Social Insurance of the Amer. Medical Assn. His address is 131 East 23rd St., New York City.)

"Memorandum in Opposition," P. Tecumseh Sherman, 15 Williams St., New York City. (30-page pamphlet.)

"The Federation News," published by the National Council of Insurance Federations, issued monthly. Office of the Secretary, 937-39 Dime Bank Bldg., Detroit, Mich. (This may be said to represent the united opinions of the insurance companies' opposition. Vol. I, No. 1, began latter part of 1915. ,

"Eastern Underwriter," New York City. (Weekly publication devoted principally to insurance companies' interests. Attention is especially called to the issue of Friday, March 17, 1916.)

"The Medical Organization of Sickness Insurance," Michael M. Davis, Jr., Ph. D., the Medical Record, Jan. 8, 1916. (The author especially outlines a plan for the organization of medical units of associations of physicians to meet the demands of the health insurance associations when they are established.)

"The Mills Bill"—an act to establish a system of insurance to provide benefits for employees in case of death, sickness and accident not covered by the workmen's compensation. (Introduced into the New York Senate, January 24, 1916. This is practically the same as the first reference given above. Copies of the bill may be obtained from the American Association for Labor Legislation, but the original standard bill it recommended in its stead for the purpose of persons who are intending to study the subject.)

"A Plan for the Regulation of the Practice of Medicine," O. V. Huffmann, M. D., Sec., Long Island College Hospital, Brooklyn, Monthly Bulletin, Federation of State Medical Boards of the U. S., April, 1916, Vol. II, No. 1, pp. 16-21, 535 N. Dearborn St., Chicago, Ill.

"Memorandum on Health Insurance Legisla-

Losing Weight

Occasionally breast-fed babies without apparent reason show a steady loss in weight and strength. Intelligent investigation usually lays the blame to faulty diet.

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tion" (4-page leaflet,) issued by the American Association for Labor Legislation, 131 E. 23rd St., New York City.

"The Gist of the Health Insurance Bill," (2-page leaflet,) issued by the American Association for Labor Legislation, 131 East 23rd St., New York City.

"Health Insurance," The American Labor Legislation Review, Vol. VI, No. 1, March, 1916. 131 East 23rd St., New York City. (Contains papers by various experts on the subject, and a general discussion of the subject which took place in Washington, D. C., December 28-29, 1915.)

"Health Insurance—Its Relation to the Public Health," V. S. Warren and Edgar Sydenstricker. Public Health Bulletin, No. 76, March, 1916, prepared by direction of the Surgeon General, Washington, D. C. (76 pages.)

"Conflicts Between Physicians and Sickness Societies." Report of Judicial Council, Jour. American Medical Association, July 3, 1915, pp. 74-92.

"Old-Age Relief in Wisconsin," Wisconsin Industrial Commission, Madison. March, 1915. (76 pages; an abstract may be seen in the Monthly Review of the U. S. Bureau of Labor Statistics, Vol. II, No. 3, March, 1916, pp. 76-80.)

"The Twentieth Annual Report on the German Sick Funds, Year 1913." (Abstracted by the Monthly Review of the U. S. Bureau of Labor Statistics, Vol. II, No. 4, April, 1916, pp. 98-99.)

"Social Insurance in Germany," Monthly Review of U. S. Bureau of Labor Statistics, Vol. II, No. 5, May, 1916, (pp. 71-78.)

"British National Insurance Act, 1911," Bulletin of U. S. Bureau of Labor, Whole No. 102, July, 1912. (87 pages.)

"Sickness and Accident Insurance of Switzerland," Bulletin of U. S. Bureau of Labor, Whole No. 103, Aug. 1, 1912. (27 pages.)

"Law Relating to Insurance of Salaried Employees in Germany," Bulletin of U. S. Bureau of Labor, Whole No. 107, Sept. 3, 1912. (67 pages.)

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Every member of the Ohio State Medical Association is now entitled to defense by the association, against suits for civil malpractice.

The insurance, which is offered without additional cost as one of the prerequisites of membership, became effective at midnight on Thursday, May 18, 1916. The Association will bring its entire resources to your support in any case that originated, or may originate after that date, providing you are in good standing in the State Association with your dues paid for 1916.

At the time this article was written no suits had developed, but the committee has organized and is ready to defend all suits in the future. After carefully considering the matter, the committee retained as general legal counsel the law firm of Smith, Baker, Effler, and Allen of Toledo. This firm was retained because of its high professional standing, and particularly because for several years its members have served as legal counsel for the Toledo Academy of Medicine, which has operated a somewhat similar defense plan.

If you are sued or are threatened with suit, take up the matter immediately with the medical defense committeeman for your county. A revised list of these committeemen is printed on page II of the advertising section of this issue. If this is inconvenient, get in immediate communication with Executive Secretary Sheridan at the Columbus office. Either the auxiliary committeeman or Mr. Sheridan will supply you with the necessary blanks upon which you must furnish the committee complete information relative

to the suit. This will set in motion the entire machinery of the State Association, and your suit will be defended for you without cost to you in the courts.

The Association is determined to eliminate, as far as possible, the promiscuous attempts on the part of shyster lawyers to blackmail physicians through fake suits. The Association will not spare money or effort to fight these blackmailing attempts to the court of last resort.

In order to carry forward this new system of insurance it will be necessary for the Association to adhere strictly to the rules and regulations that have been promulgated by the State Committee on Medical Defense—Drs. J. E. Tuckerman, of Cleveland, W. J. Stone, of Toledo, and Charles T. Souther, of Cincinnati. These men have devoted considerable time to studying the operation of the cooperative defense system in other states, and the rules which they have developed are based upon the experience of other associations where first-class protection is afforded. These rules are again printed in this issue on page 474 and we suggest that you preserve them for future reference.

The Journal is delighted to observe that almost without exception the county societies have selected men of high type to serve as local committeemen. Unstinted cooperation of these committeemen in those counties where suits will be filed will be an invaluable aid to the Association, not only in affording first class protection, but in protecting the fund which will bear the expense of this protection.

The state committee will endeavor to keep these local committeemen informed relative to the more common causes of malpractice suits, and will expect the local committeemen to keep constantly before the members of the county societies the necessity of so regulating their practices as to avoid real basis for these court actions.

The institution of cooperative medical defense should lend great impetus to our membership campaign. We trust that you will explain the system to eligible non-members in your county and urge them to affiliate with the county society, and to secure at a very moderate cost a very valuable form of protection.

Here Are the Rules and Regulations Under Which the State Society Will Operate Defense Against Malpractice

1. A member sued or threatened with suit for alleged malpractice shall at once fill out an application blank which can be secured either from the secretary of his county society, the local defense committeeman, or the Executive Secretary of the state association. The association will not assist in the defense of any member unless within ten days after the service of summons his application be sent to the Executive Secretary, 25 Ruggery Building, Columbus.

2. In case a member is threatened with suit he should not wait for suit to be filed, but should immediately notify the Executive Secretary by filling out and mailing to him the application blank. This will then be placed immediately in the hands of the committee on medical defense in order that if possible suit may be avoided.

3. A member to be entitled to assistance in defense must be at all times in good standing (dues fully paid up) in his county society, and therefore in good standing in the state association. A member in arrears is not in good standing. A member will not be defended in case of suit if the alleged cause of suit occurred or the suit was filed during a period for which the member is or was in arrears. A member will not be defended in case of suit the alleged cause for which occurred previous to membership in the association.

4. To be in good standing throughout the year for the purposes of assistance in medical defense *a member must pay his dues on or before January first.* The records of the secretary-treasurer shall be final as to record of standing. (This rule becomes operative January 1, 1917.)

5. A member desiring medical defense must sign an agreement vesting in the committee on medical defense sole authority to supervise the defense of his suit, and must agree to make no compromise or settlement of the case without written consent from the chairman of the committee.

6. The association will not contribute to the defense of any member who, after investigation by the committee, is believed to be guilty of criminal abortion, feticide, homicide, or any criminal act, or who has not conformed to the recognized ethical laws in regard to these cases. The association will only contribute to the defense of suit brought in course of legitimate professional work.

7. The association will not contribute to defense of a suit if brought on cross complaint where the physician has sued to collect his bill within one year of the termination of his services.

8. The association will not contribute to defense of a suit in any case of fracture or like injury where X-ray plate was not taken and kept on file unless it can be shown that at the time and place it was impossible to secure an X-ray plate.

9. The association will not contribute the expense of witnesses residing within the county, nor will it contribute judgment or fine awarded or imposed by the jury or court.

10. The association will not contribute any attorneys' fees incurred in the defense of any member, except those of attorneys approved by the committee on medical defense.

11. It should be understood by members of the association that the amount for medical defense is not large and consequently it should be conserved by every effort on the part of the membership of the association.

12. It should be understood that members of the local society will be expected to give not only their moral support but also active participation in the conduct of the trial in any way they may best assist, such service to be without thought of pecuniary returns.

13. A member holding an indemnity insurance or any defense insurance in any company, shall decide which shall take charge of his defense, the company or the committee on medical defense. Where the defense is conducted by an indemnity insurance company under the provisions of a policy held by a member with the company, the association will not contribute any expense, but will give all other aid possible.

14. Medical defense shall become operative in case of suits, the alleged cause of which occurred on or after the adoption of the medical defense amendment to the By-Laws by the House of Delegates.—May 18, 1916.

+ + +

We notice that when the call for troops was issued the government neglected to summon any of our Platt-Ellis "limited practitioners of medicine and surgery," or any osteopaths or Christian Science healers, to look after the health of the enlisted men.

Please bear in mind that members of the next General Assembly—both branches of the legislature—will be elected this fall and that candidates will be nominated at the primaries to be held in August. Medical men in each county should carefully consider the qualifications of primary candidates for the House and Senate, with a view of favoring men of the highest standing—men who will not be easily influenced by lobbyists representing the special interests which every year seek to destroy our public health laws and to tear down our system of medical licensure.

If your representative or senator has been active in safeguarding public health and is a candidate for re-election, get busy at the August primaries and see that he is renominated. Use your entire influence in his behalf, with the full knowledge that you are working in a worthy cause.

The Legislature which convenes next January will have under consideration problems of tremendous interest to medical men. Not the least of these will be state sickness insurance. Therefore be very careful this year in the selection of men whom you will send to Columbus to represent you in our great lawmaking body.

+ + +

Do not forget that all Ohio legislative candidates will be nominated at the state-wide primaries on August 8.

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*Two or three years ago advertising in this journal was confined strictly to announcements pertaining to drugs and medical supplies. Like other state medical journals, we were ignored by general advertisers. Even some of the drug supply houses were not enthusiastic, and many of them seemed to regard our requests for advertising contracts as a polite form of hold-up. This has changed radically. Today *The Journal* carries the announcements of not only the leading houses which deal directly with the medical profession, but we are securing general advertising: For instance, in this issue we carry the announcement of the Johnson Educator Food Company, of Boston. Their products include all-food crackers of every kind, from the food teething ring for the baby to the special wafers and crackers designed for special purposes. We did not solicit this advertisement. It came voluntarily. The directors of the company felt that it would be worth their while to interest our 4200 members in their product. They know that if the physicians of Ohio could be prevailed upon to recommend these crackers where need is indicated, it would mean a substantial and permanent increase in their legitimate business. They issue a little booklet that describes the various purposes for which these crackers are suited, and we hope that many of our members will get in touch with this company, and show that their advertising support is appreciated, and can be made valuable.*

GREETINGS

To the 1124 physicians who were in attendance at the seventy-first annual meeting of the Ohio State Medical Association in Cleveland, we need not say that it was good to be there. We sincerely hope that the 3000 physicians, whose names do not appear on the convention register, fully appreciate what they missed. Don't let it occur again. Come—next year to Springfield—and renew old acquaintances, form new ones and incidentally gather and carry home with you some practical ideas that may be helpful to you in your practice. Come and gather new inspiration and reinvigorate yourself. You will find your work lighter and your tired brain more active and elastic and your patients will appreciate your efforts the more.

Now that the meeting is over, get busy. Don't forget nor neglect your county society. Let us all work together to maintain the present high standard of the Ohio State Medical Association.

H. B. GIBBON, President.

News from the Beyond.—Under the title, "A Message from the Grave," the weekly report of the Board of Health for the week ending May 27, 1916, is one of the most startling that has yet been issued. It apparently brings authentic news from that bourne from whence no traveler returns. It is most tellingly written, and the promoters of the medicine mentioned must feel unusually elated over it. Here it is:

"Under date of May 24, 'Tanlac' advertisements appeared in Cincinnati announcing in heavy type: '*He Gave Up Hope; Was Unable to Hold Job. Flora Street Man Had Kidney Trouble. Today Says Tanlac Restored His Health.*'"

"The man 'credited' with the 'testimonial' is described as a tailor with 'kidney trouble attended by severe pains in the back,' who 'had no appetite and was in a run-down condition'; who 'hardly ate enough to keep a chicken alive' and whose 'trouble came on like this: 'Several years ago I had an accident and my leg was broken in five places. This weakened me and I did not seem able to get over it. My health ebbing and ebbing to such an extent that I just gave up hope. Of course I gave up my job and was unable to work.'"

"At this critical stage he began to take 'Tanlac,' and 'after taking several bottles of Tanlac' desires to say that, 'It is the greatest medicine on earth. It has given me back my health and with it my strength and vitality.'"

"*'My old enemy—sore stiff back and pains—have entirely left me—entirely—did you get that?'*

I eat and sleep good and feel better in every way. (The italics belong to the health officer.)

"Ordinarily the above statement would create very little in the way of comment, but when it is known that the testimonial came from a man *two days after his death*—'did you get that?'—then it is plain that we are bordering on the supernatural and that the Society for Physical Research is due to take notice.

"Keep the dates in mind—testimonial appears May 24—death certificate on file in the Cincinnati Health Department shows that death took place on May 22.

"No wonder that 'my old enemy, sore, stiff back and pain, have entirely left me.' While there is room for reasonable doubt concerning the accuracy of the statement 'I eat good,' no one will question the accuracy of that other portion of the testimonial 'I sleep good.'

"The question naturally arises, 'Do the people financially interested in Tanlac 'sleep good'?"

"The possibilities arising from a judicious employment of this remedy are respectfully referred to 'spiritualistic mediums.' Armed with a bottle of Tanlac the historic trumpet can be discarded entirely, or, better still, transformed into a useful dinner horn. Post-mortem testimony can be secured in murder mysteries and contested wills can have real light shed on obscure details. The possibilities residing in a bottle of this 'greatest medicine on earth' are not bounded by reason, experience, or the imagination. *Do the manufacturers of Tanlac 'sleep good'?*"—The Cincinnati Lancet-Clinic.

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You are now protected against civil malpractice suits by the State Association.

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It Pays the Manufacturer to Maintain Ethical Standards.—The notice of the removal of the Dextri-Maltose manufacturing plant from Jersey City to Evansville, Ind., published in one of our advertising pages, deserves more than passing attention. It furnishes evidence of the natural growth of a manufacturing enterprise which is now vacating its old factory with 18,000 square feet of floor space for a new location in the Central West and in a new plant with 300,000 square feet of floor space—sixteen times larger than the old one.

This removal from a comparatively small to a very large housing also affords striking proof that success awaits the manufacturer who produces something the physician really wants, and markets his products in accordance with the standards set up by doctors for the sale of products they use. The first commandment for the direction of the manufacturer under these standards is: "Thou shalt not offer to both physician and public, by advertising or otherwise,

anything which requires medical skill to properly use."

This commandment has been ignored by some manufacturers of infant foods, who have persistently educated the public with pseudopediatrics, thereby tending to increase infant mortality and hampering the physician in the practice of scientific, or even rational infant feeding.

But ultimate reform in the manufacture and sale of infant foods was as inevitable as the reform that has taken place in the sale of pharmaceutical products. The day of mystery and tradition in infant feeding is passing rapidly.

The recent simplification of bottle feeding, rendering it possible, without impractical complication, for the family physician to successfully adapt the diet to the individual baby, has brought about a strong conviction that the direction of infant feeding is distinctly the proper work of the physician.

This conviction has in turn created a demand for forms of carbohydrate foods which can be freshly prepared in exact proportion to meet clinical indications; and for their sale without directions for use, so that the physician can personally control the administration of the food.

The firm which announces herewith its removal from the East to larger opportunities in the West, early recognized the requirement by the medical profession for a product used in infant feeding, made and sold exclusively for physicians, with no appeal, nor information to the public.

This firm deserves no special commendation for the course it has pursued, it being its duty to follow it. Reference to the sales of Dextri-Maltose is made simply to show that it is remunerative for manufacturers to treat the medical profession fairly.

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State membership is climbing rapidly, and despite the increase in state dues, will exceed any previous record.

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The Commissioner of Internal Revenue has ruled that where a physician, dentist or veterinarian prescribes any of the drugs enumerated in the Harrison act "in a quantity more than is apparently necessary to meet the immediate needs of a patient in the ordinary case, or where it is for the treatment of an addict or habitue to effect a cure, or for a patient suffering from an incurable or chronic disease, such physician, dentist, or veterinary surgeon should indicate on the prescription the purpose for which the unusual quantity of a drug so prescribed is to be used."

Owing to the conflicting court opinions on this point, it would seem advisable for the physician to follow this ruling of the department if he desires to avoid trouble with the government.

Usually we land in hot water when we endeavor to say something nice about a county society. The next mail brings us three or four rather pointed letters from officers of other county societies in which equal claims for recognition are set forth. So we will not state unreservedly that the Athens County Medical Society is the best in the state. We will not even express our private opinion on that point, but we will risk the statement that it is one of the best.

There are fifty-three physicians in the county who are eligible to membership. There are fifty-two physicians in the society, and their dues are paid. Their meetings are held regularly, and are well attended from all sections of the county—not merely by a handful from the county seat, with a few faithful regulars from the outlying towns. And when the State Society needs co-operation in Athens county, it gets it, quickly and completely. This particularly applies in legislative matters.

In every county where the organization is pulling on the bit, you will find one man whose energy and interest in organization work is in a measure responsible. In Athens county it is Dr. Copeland. It is not a one-man organization by any means, for there are many men who work constantly to make the society successful, but Dr. Copeland, the secretary, keeps their work organized and thereby aids in getting results.

We reiterate: Athens county may not be the best society in the state, but we wish that every organization could be as effective and as alive to the possibilities of the situation.

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If you are not receiving the *Cincinnati Lancet-Clinic* you are missing a delightful weekly treat. Recently under the editorship of Dr. Martin Fischer and Dr. Anthony G. Kreidler this publication has been materially changed, and the improvement is causing wide comment.

The scientific articles are well selected and the editorial comment is clever and stimulating. Its typographical appearance has been measurably improved.

The thing that particularly deserves your support, however, is the courageous action of the directors and financial backers of this publication in purging its columns of unethical and objectionable advertising. At a considerable financial loss, all pharmaceutical advertising has been excluded that does not conform to the rules of the Council on Pharmacy of the American Medical Association. The management arbitrarily cancelled many of its most profitable contracts. This required courage. It was more courageous than the similar action this journal took three years ago, because the *Lancet-Clinic* is published by a stock company, and the loss falls upon comparatively few men, while the loss sustained by our *State Journal* is borne by the entire Association.

We believe that eventually the *Lancet-Clinic*

will profit by this action because legitimate advertisers are keen to realize the increased value of a clean journal. But the temporary loss is considerable and you can help them bear it, with profit to yourself, by sending the *Lancet-Clinic* a trial subscription.

The *Cleveland Medical Journal* has operated ethically for years, and is nationally recognized as a credit to the Ohio profession. We are glad to see the *Cincinnati* publication take a similar position.

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After a week in Detroit, at the American Medical meeting, many of our Ohio men returned with a new appreciation of the work that is being done for the profession, and for humanity, by this great organization. And we were all proud of the showing made by the Ohio members. We are working out organization problems in Ohio in a manner that is attracting nation-wide attention. Ohio, medically, is "on the map."

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Careful Records Necessary.—Establishment of medical defense by the Ohio State Medical Association makes necessary that every member should be careful to keep exact records of his cases. The following editorial from the *California State Journal of Medicine* is very much to the point:

"Once more we refer to the very important subject of records. This time it is brought forcibly to mind by two suits which have been filed quite recently against members of the society in San Francisco. In one case the physician who originally treated the patient kept very careful records and insisted that the hospital keep careful records of everything that happened. Subsequently when this patient, becoming dissatisfied, went to another hospital and came under the charge of other physicians, they, too, kept careful records of everything. This suit, should it ever come to trial, will not be a difficult one to defend, for the reason that the record was complete and it can be easily shown that the physician member sued did everything consistent with due care, skill and judgment. In the second case the conditions of things is entirely otherwise. Not only did this physician keep no records, but there is no record in the hospital of his connection with the case. He is a man of rather poorer memory than the average and it is going to be exceedingly difficult to present to a jury, should it come to that point, satisfactory reasons and explanations for a number of things in connection with the treatment. Nothing is so simple as to be unimportant; a cut finger may eventually mean a lost arm or a dead body, and it may be necessary for the physician who treated the cut finger to explain. You may think it too much trouble to keep careful records of your work from day to day, but you will sadly and regretfully wish that you had them in the event that a suit is filed against you and you find yourself without records."

Many leading editors are coming to realize the danger that lies in opening their advertising columns to promiscuous exploitation of medical quacks. Recently the Columbus Academy of Medicine held a joint meeting with the Columbus Advertising Club. Mr. W. G. Sibley, editor of the *Gallipolis Daily Tribune*, was invited to attend. He was prevented, but he sent the following letter to Secretary Bigelow—a letter interesting in that it represents the changed viewpoint of the better class of editors:

The advertising columns of the newspapers are too valuable to be abandoned to the adventurers of the medical profession, while the worthy men of medicine suffer in silence from their raids on the afflicted. I hope that some day some middle ground may be occupied by the profession where the quacks may get the publicity they deserve and the sick may be warned of the dangers they brave when they go to the "visiting doctor." For a long time none of them have been admitted to my columns, and I hope the day may come when men engaged in legitimate practice may be permitted to use the press to put out of business the men who disgrace the profession. There is not a community in Ohio where there is not a doctor who could not ruin the confidence of the ignorant in the men who promise cures of all sorts of diseases. Personally I think it the duty of the profession to avail itself of the most potent influence of our times to save the public from the lies and malpractice of the rascals in their line."

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Read the advertisements in this issue.

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Attorney General Turner, in a recent opinion, states that there is no statute broad enough in its terms to authorize the payment of losses of income or profits from one's business arising from the promulgation of quarantine orders by a board of health in conformity to the statutes. The question came up when the health authorities of Miami county refused to allow a farmer, quarantined for scarlet fever, to secure persons to take care of his cows and chickens, and collect and market the milk and eggs. The order caused the farmer the loss of from \$50 to \$100 during the quarantine period.

"Business losses," the attorney general says, "are a probable incident to quarantine orders, yet the legislature while dealing with kindred matters of compensation for property destroyed by order of the board and payment of expenses incurred in certain cases, has not made a corresponding provision in regard to compensation for losses to one's business interests occasioned in some degree by the quarantine order."

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Take a vacation. We are. If the news columns of *The Journal* appear rather "skinny" next month, you will know the reason.

When Medicines Are Not Required or Are Useless.—Promoters of proprietary "uterine tonics" would have their preparation administered to girls and to pregnant women whether indicated or not and in conditions where medicines plainly can do no good. The testimony of E. E. Montgomery, Professor of Gynecology at Jefferson Medical College, Philadelphia, in the recent libel suit of the Wine of Cardui promoters against the A. M. A., forcibly brings out the objections to the indiscriminate administration of medicines to girls and women and the futility of their use in cases which need surgical attention. Regarding the administration of "tonics" to girls at puberty he said that to advise a girl who is undergoing a physiological process that she must take some medicine which contains alcohol or any habit-forming drug at this period of her life, which is the most impressionable period of her existence, is doing that which is placing her future in peril, and is without any possible benefit. Regarding the administration of a "tonic" such as Wine of Cardui is supposed to be, he testified that it can do nothing but harm; that a woman because she is pregnant, pregnancy being a physiological process, does not need medicine, but needs attention. Regarding the use of medicines in uterine prolapse as a means of strengthening the unstriated muscle and thus to help the muscle to perform its work to hold the womb in place, Dr. Montgomery explained that the unstriated muscle in the women is not likely to be affected by medicine and that the tissue outside the womb is unlikely to be affected by medicine; to give medicine in the case of a woman who has prolapsus is just about as reasonable as to bathe one's suspenders with a solution when the elastic tissue has been destroyed from them.—(*Journal A. M. A.*, May 6, 1916, p. 1481.)

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This from the monthly bulletin of the Butler County Medical Society Bulletin, published at Hamilton:

"Contrary to the belief of many, the raising of the dues has not 'busted' the state organization. Some counties have fallen down in membership this year, just as some do every year, and it is an open question as to whether the increased membership fee has had anything to do with it or not. Butler county has a membership to date of 48 and there are some who will undoubtedly pay yet, still increasing the number. Last year the list prior to the state meeting was 56, so we have varied a very little from 1915. The medical organization of Ohio is not dead. In fact, it is so much alive that today it is stronger than ever and will grow and must grow stronger as the years come and go. In our opinion the state organization of Ohio is really doing things that vitally interest the physicians and surgeons of the state and will do bigger things if it can get the united support of the profession."

Original Articles

Constructive versus Defensive Medical Organization *

William E. Lower, M. D., F. A. C. S.

President of the Ohio State Medical Association.

FOR the short time for which I shall ask your indulgence, instead of passing in review the more important matters undertaken by your Council and officers during the past year, reports of which have already been published, I am going to invite you to forecast with me what may come within the scope of our activities during the coming years.

We have in this state a splendidly organized medical association, which has made, and is making, important medical history, but this Association, like many medical societies, has been organized too much on a defensive rather than an offensive plan. Like all defensive organizations, we have made ourselves subject and vulnerable to attack, and are thus kept busy parrying the blows of any and all cults which may see fit or feel inclined to make an assault. If we could become more aggressive, and organize for constructive purposes, we would not only anticipate these attacks, but would leave no place for them.

For example, we should all feel more keenly the need of familiarizing ourselves with the *science* of medicine, until we have reached the limit of its application to the treatment of human ills. However, if we would find the widest scope of usefulness, instead of stopping abruptly with the *science* of medicine, we must seek to master the *art* of medicine as well. We too often fail to consider the patient *as a whole*, but rather treat only the specific part of his anatomy which may be organically deranged. It is for this reason that many people search for aid from those who have capitalized their personality or have taken advantage of the patient's mental condition solely for pecuniary purposes. In short, our failure to comprehend the art as well as the science of medicine has given rise to organizations and individuals against whom we are now on the defensive.

A like offensive attitude is needed for the efficient direction of legislative acts. We should

not wait until an act is passed which vitally interferes with the community health, or limits the usefulness of the medical profession, but rather should have a hand in the shaping of such legislation. This is specifically the task of your Legislative Committee, and they have done well, but you must not depend upon them alone—you must lend a helping hand.

It is generally considered that the greatest influence on medical legislation is possessed by the profession in the large cities. Never was there a more mistaken idea. No one has as great an influence on the individual legislator as the country doctor whose advice is often sought by the senator or representative from his district, who is generally his neighbor and patient, while in the city someone other than a regularly



A Centralized School in Rural District.

licensed physician is too often the legislator's medical and personal advisor. Again, these physicians can often get the influence of the local press in supporting progressive legislation and measures for the suppression of the conscienceless quack. In the large cities, unfortunately, there still exist certain publications which are unable to resist the large income secured from the use of their columns for the exploitation of malicious promises—promises made for the sole purpose of financial profit—the most tainted of all tainted money, that extracted from the poor, unfortunate sick. Happily, each year shows that a greater number of the newspapers are elevating the standard of the advertisements which deal with human ailments; and I have every reason to believe that the time is not far distant when the hardened conscience of the rest will

* President's address delivered before the Ohio State Medical Association, at Cleveland, Ohio, May 17, 1916.

have softened or when the last of these papers will have ceased to exist. The influence of newspaper publicity for the health of a community, which is its wealth, is extremely great. This

men to "come out and help us" goes unheeded.

A possible method of coping with this problem was suggested by Dr. Gordon Wilson, of Baltimore, in a recent number of the Journal of the American Medical Association. He proposes a double system of medical education, one to supply the "teachers, research workers and specialists and practitioners and consultants in the larger towns and cities"; the other, less restrictive, both in its requirements for admission and in its courses, to train the general practitioner. The objection to this plan is obvious. Those who are ill in the country are just as much entitled to the consideration of a physician of advanced education as are those in the city. Moreover, there must be no suggestion of lowering the standards of medical education.



Carryall on Way to Centralized School.

fact has been attested during the past year by the coöperation with our State Society of more than 20 newspapers throughout this state, through which more than a million readers have been reached. To influence the extension of such coöperation is within the power of each of us.

MEDICAL CARE IN RURAL DISTRICTS.

I wish to urge also the earnest coöperation of this Association in meeting another need of prime importance to the welfare of the state. I refer to rural sanitation and the medical care of the rural districts. Here lies a great field for constructive work! Do you realize that when those country doctors, who are still faithfully looking after the health of the rural district, have passed away, there will be few others to take their places? The romantic figure of the "saddle bag and gig" in this state has already gone forever. The coming generation of doctors cannot be induced to go into the country districts and establish themselves there. Why? The explanation is clear. The present requirements for a medical education are so high, and the course so expensive, that the recent graduate will not go where he sees no opportunity to get appropriate returns for his educational investment. He does not want to be isolated from his medical associates. Therefore the call of the rural districts for medical

tion as are those in the city. Moreover, there must be no suggestion of lowering the standards of medical education.

CENTRALIZATION PLAN PROPOSED.

To meet this contingency, I beg to present for your consideration a proposition, which can be expressed in one word—CENTRALIZATION. The nucleus of this plan has already been used in the centralization of rural district schools—a system which I believe will soon spread all over the state, to the great and lasting advantage of the country child. By this method, with which



Township Schools Are Carefully Graded — First Grade.

you are no doubt familiar, the various districts schools of a township are combined into one central school, where better facilities in every department of the education of the child are provided than would be possible in the old isolated "district schools." All children of school age

are transported to this township school in large vans so that it is possible for them to be in school every day, regardless of the inclemency of the weather.

The centralized township school is carefully graded, has classes in domestic science and manual training, and in its efficiency and opportunities ranks with the average city school. Because of this centralization, the country child has many advantages in education and sanitation he has never had before, but in this state, at least, he still lacks one feature of vital importance in city schools—health inspection and the consequent recommendation of treatment for the correction of the remedial ailments by which so many children are handicapped.

The need of better sanitary conditions in the rural districts is apparent to any who will take the trouble to compare the vital statistics of rural and city communities, both the mortality and the morbidity being greater in the country than in the cities.

With a view to bettering sanitary conditions in rural districts, the necessary information is being secured by the United States Public Health Service, in which Drs. Kerr and Lumsden are especially interested. Under this service, a sanitary survey and canvass has been made of all the homes, in town and in open country, in nine coun-

pollution from out-houses and stables. The hopeful aspect of this situation, however, is that in every case in which adequate recommendations were made, efforts were at once inaugurated to



Class in Manual Training in Country.

improve the condition of the water supply, provide screens and promote general cleanliness. A second inspection of the same districts from one to four months after the first, which showed that considerable progress had already been made, proved the value of acquainting these people with the prejudicial effects of the unsanitary conditions. For example, in the two counties already mentioned, the second canvass showed an increase of from one-tenth of one per cent to 25 and 36 per cent in the number of homes with provision for the disposal of human excreta.

COUNTRY SCHOOL CHILDREN HANDICAPPED.

As would be expected, unsanitary conditions of rural districts, in general, have affected the health of the children in these communities. The Committee on Health Problems in Education has made the statement that country school children are less healthy, and are handicapped by more physical defects than are the children of the cities, including all the children of the slums.

Remedial measures are not as easily applied as in the city, but adequate and acceptable ways and



Class in Domestic Science in Country.

ties of eight different states. Nearly 50,000 homes were visited. In two counties it was found that in only one-tenth of one per cent of the homes visited was there any provision for the sanitary disposal of human excreta. In over 50 per cent, the water supply was exposed to direct

means must speedily be found and put into operation if children of our rural schools are to be freed from removable handicaps. To carry proposals for a child betterment directly to the parents would be inadvisable and ineffective, and would probably arouse resentment. The school

is the agency endowed for the accomplishment of this special task of a higher civilization. The children of our rural districts are certainly of as much potential value to society as the children of our cities. One may, indeed, question if they are not of far greater value, when it is remembered how large a proportion of our national leaders were country boys. Under sanitary conditions, the potentiality of the country child would be greatly increased.

But if the best point of attack in correcting conditions in rural districts is the school, what is to be said on the sanitation of the country school? Three nurses, employed by the County Commissioners, recently made a canvass of the rural schools of Cuyahoga County. They gave detailed reports of conditions so shocking that over a score of the schools have been ordered closed by the State Board of Health unless these conditions are remedied. Among the most common unsanitary conditions were: no drinking water, polluted water, a common pail and drinking cup, an open drinking pail exposed to the dust, no washing facilities, common towels, no ventilation, and filthy and unscreened outhouses.

In spite of the fact that three-fifths of all the children in our land live in the open country, or in small towns under rural conditions, and in spite of much improvement in the condition of rural schools in the past few years, many children are still taught in houses unfit to be the homes of children during the years when environment means so much for health and character. Many of us have permitted the memories of the years to touch with transforming colors the little old schoolhouse of our boyhood days. The country school conditions found in Cuyahoga County are by no means exceptional. Not one of us need go far from home to find other school houses which defy every known tenet of sanitation. Nor does it take an undue amount of imagination to picture the results of such unsanitary conditions on the general health and development of the pupils.

REMEDIAL DEFECTS FOUND.

Doctors H. G. Sherman and T. P. Shupe and I recently made a visit to one of the best centralized township schools in the State, where conditions were far better than in the average country school. There we examined the eyes, ears, throats and teeth of 205 of the pupils. We were amazed at the large number of remedial defects which we found. Only 34, or 17 per cent, of these children were normal; 66, or 31 per cent, had visual defects; 24, or 17 per cent, had defective hearing; 112, or 53 per cent, had enlarged tonsils or other throat troubles; while 56, or 26 per cent, had poor and uncared for teeth. The largest proportion of handicapped children were in the fourth, fifth and sixth grades, just before the unfit began to drop out. In these three grades, there were only four normal pupils, or six per cent of the enrollment of the classes.

Unfortunately, the teaching of sanitation, and

especially of rural sanitation, is not given the prominence it deserves in most of our medical schools; consequently we cannot blame the country doctor if he neglects something which he has never been taught. The new product of our medical schools will not establish himself in the smaller places, which means that the rural districts will be neglected. This deficiency, I believe, can best be met by establishing a system of *centralization*. Let the doctors group themselves in the larger towns of the districts, as in the county seats. Then let them arrange for medical inspection and diagnostic clinics at the centralized township schools, where not only the children, but the parents as well, will come for diagnosis—not for treatment but for advice. From the centralized school clinic, those needing treatment will go to the medical centers, where properly standardized hospitals will provide for those needing such care. By such a program, the health of the community will not only be better looked after, but the physician will find a stimulus which he would lack when working alone in the small village. Just how such a plan should be inaugurated and administered, I am not prepared at this time to advise, though it would probably be through coöperation with the State Board of Health.

SUGGESTIONS FOR IMPROVEMENT.

There is one way, however, in which this Society, as an organization, can help at once in the general promotion of state-wide sanitation and health. This is through the university extension plan which has already been inaugurated. This plan could be made to include subjects of general health interest, so that not only doctors but the lay public as well would benefit. The work among the laity could be readily and profitably carried on at these centralized schools.

To conclude, then, the following points are suggested:

That the boards of education be encouraged to further the centralization of district schools;

That a system of medical inspection be established in these centralized schools;

That in these schools provision be made for diagnostic examining rooms and small laboratories;

That a nurse be provided for each centralized school;

That physicians group themselves in the larger centers where proper hospitals and laboratories can be established, and from these centers direct measures affecting the health of the community.

In short, by applying the principle of *centralization* to the work of this Association, we shall not only meet the urgent problem of rural sanitation, but we shall establish such personal relations with the people of the rural communities that the problem of medical legislation, of medical advertising, of the charlatan, and others of kindred nature will be more readily solved.

1021 Prospect Avenue, Cleveland.

Cholecystostomy vs. Cholecystectomy*

Harry S. Noble, M. D., St. Marys, Ohio

THE question of the disposition of the gall bladder is, perhaps, today the most unsettled subject in abdominal surgery. The status of cholecystostomy, after a quarter of a century of apparently gratifying results, is now suddenly called upon to show reasons for its existence. The one feature of abdominal surgery upon which all surgeons agreed, until very recent times, was the drainage of the gall bladder in the presence of infection. This was as axiomatic, as is appendectomy today, for appendiceal inflammations or the evacuation of pus, under pressure.

The attack upon cholecystostomy is a serious one, and cannot be ignored; for it is championed not by the rabble, who mistake change for progress or the radical enthusiast, seeking new shrines at which to worship, but is led by the giants of the profession, as it were—men whose ability and surgical judgment none would question. For the good of the profession and the laity as well, this controversy should be settled, and some unanimity of opinion attained; if cholecystectomy as a routine procedure is right, then cholecystostomy is wrong, and *vice versa*. At the present time, all gall bladder surgery is suffering in the cross fire of the dispute, surgeons themselves are unsettled, and the laity, with an ear ever near the earth, has heard the controversy, and has taken up the quarrel.

Neurotic and disgruntled patients are condemning their surgeons, because they did, or did *not*, remove their gall bladders. A slight feeling of flatulence, which might follow either operation, affords an opportunity for dissatisfaction, and causes them to wish the other thing had been done.

Recently the author sent out fifty letters, to representative men of the profession, twenty-five surgeons, and twenty-five internists, asking their opinion as to the usefulness of the gall bladder and their choice of operation as between removal and drainage. Replies from eighteen, of the twenty-five surgeons, showed they were removing from 50% to 95% of all gall bladders operated on by them. Another series of four ranged from 25% to 40% for removal, and three practiced removal in from 5% to 25%. Seventeen of the twenty-five surgeons believed the gall bladder to be a vestigial or functionless organ; six thought it possibly had a function—while two made no reply to the question. The surprising feature, however, was the blood-thirsty reply of the internists; for among their replies nineteen were found who believed that the gall bladder was a vestigial organ, and should be removed whenever diseased to an extent requiring surgery. The remaining six were not so sure of the unimportant

ance of the gall bladder, and advised its removal only when hopelessly destroyed by disease.

A summary of this canvass readily shows the cholecystectomy surgeon to be greatly in the ascendency, and that his judgment is confirmed by the internist.

In order to fix a value for X, and establish a foundation on which to stand, let us assume that *every* surgeon and *every* internist concedes the fact that a gall bladder which is gangrenous, whose mucosa is destroyed, or deeply infected, whose duct is obliterated, in other words, a gall bladder whose function, if it ever had a function, is permanently lost, *should be removed*. This view of the subject is subscribed to by practically all; it furnishes the warrant for the cholecystectomy, as well as the excuse for the cholecystostomist; one surgeon subscribes to it, and removes 95% of all gall bladders treated by him; another subscribes to it, and removes but 5%. This would indicate that the *real* difference is in the mental attitude of the surgeon. *Both* are perhaps wrong; and *somewhere* between the 5% and the 95% lies the real zone of truth. The mental attitude of the surgeon, in this particular instance, is perhaps determined by his belief or disbelief in the function of the gall bladder. Has the gall bladder a function, or is it the vestigial remnant of an organ whose function has served its turn in the economy of the body? It must be accepted as a common law that the presence of an organ in *any* animal marks a function—past or present. It would then seem that the first thing to determine is the *tense* of the function of the gall bladder, and that upon this finding would depend largely the question of tectomy *vs.* tostomy, as applied to this organ.

The presence of a gall bladder is the typical condition of all vertebrate life, from fishes up; and while its absence may be noted in a few members of this family, it must be looked upon as an exception to a very general rule. The horse, the deer, and the rhinoceros, constitute the most noted exceptions.

As far as can be ascertained, after a rather extensive investigation, the gall bladder is *universally present* in the carnivora. In the human foetus the gall bladder appears about the second month of gestation; and by the third month of uterine life, the organ seems well formed and developed. Thus is man given a gall bladder before he is given a urinary bladder, for the urinary bladder does not appear until near the beginning of the third month. The early appearance of the gall bladder in the foetus, as well as the frequency of its presence throughout the animal kingdom, would indicate that its function is an important one. A feature which would argue against the charge of it being a vestigial organ, is the fact

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that throughout the animal kingdom there is *no* organ in the abdomen more rigidly uniform in structure and appearance. If it is a vestigial organ, what is it the vestige of? What organ has preceded it, and why has it shown no disposition to atrophy or change somewhere along the line? Why is it as prominent and as well developed, in man, as in the lowest member of the vertebrate scale; and why is it so uniformly regular, in size and proportion, in man, mouse, or elephant. The fact that the gall bladder undergoes no change in form or structure, from the time of its appearance in the *fœtus* until the end of the life of man, would indicate that the purpose for which it was created was still in existence. The appendix, which is the most typical example of a vestigial organ, is found as an *appendix* only in man and the anthropoidal apes. The *cæcum*, however, from which it is derived, and of which it is the true vestige, is extensively present in the lower animals. The *cæcum* shows the greatest variability in size and length down through the scale of animal life, ranging from many feet in length, in the herbivora, to but a few inches in some of the carnivora.

In the human *fœtus*, the appendix appears late in fetal life, as the terminal portion of a *cæcum*, which fails to develop and which remains narrow and contracted. This process of forming an appendix is not complete even at time of birth in many instances, for the appendix is less an appendix at the termination of gestation, than a few years afterward, in a large percent of cases. Thus we see how recent is the appendix in comparison to the gall bladder. The present radical treatment of the gall bladder is perhaps, to some extent, the result of the brilliant and successful campaign of extermination which has been waged against the appendix; and it is not surprising that such would be the case, for, all things considered, the war made on the appendix was perhaps the most justifiable and the holiest of all wars ever engaged in by the surgeon.

Concerning the physiology of the gall bladder much has been said, and but little proved. That it is a reservoir for the storage of bile during intervals of fasting, would seem to be indicated by its general structure and mechanism. But when it is considered that the average gall bladder holds but little better than an ounce, and that the ordinary individual secretes as much bile as he does urine, it would seem ridiculous to maintain this opinion. The thin walls of the gall bladder and its lack of muscular development as compared with the stomach and urinary bladder, would also preclude the idea of the gall bladder being intended as a contractile receptacle for bile, to be used at a specific time. By way of further confirmation of evidence against the reservoir function of the gall bladder it might be said, *no one* has ever seen a gall bladder contract, nor has a normal gall bladder ever been found empty.

There is one feature of this view, however, that

we must not fail to consider. Bile removed from the gall bladder is more concentrated (because of the absorption of its watery elements), than bile taken from the hepatic ducts; and while the amount contained in the gall bladder is small, it may be sufficient to meet the demands of the duodenal laboratory, until the hepatic mill can furnish it. That the gall bladder does contract following the ingestion of food, would seem to be indicated by the pain following feeding, in the impaction of stone in the cystic duct. Ochsner has called attention to this fact, and not only advises abstinence from food until the stone is removed, but washes out the stomach for relief of pain. The *mucus* function of the gall bladder has been proved to be a very important one; for nowhere in the body do we find such a lavish flow of mucus from an equal surface of mucosa. Opie has shown by experimentation,¹ that the injection of pure bile into the pancreatic ducts will produce a rapidly fatal acute pancreatitis. This finding has also been confirmed by Halstead.² Flexner³ has shown by experimentation, that when bile is mixed with mucus, and injected into the pancreatic ducts, only the subacute or chronic form of pancreatitis is produced, if any affect at all results.

Mayo⁴ says, "86% of all pancreatic disease, which they have found at operation, has been found to be complicated with gall stones; and that 7% of all cases of gall stones in the gall bladder operated on have had pancreatitis in some form; while in 27% of all cases of stones in the common duct marked pancreatitis was present."

Courvoisier⁵ found, long ago, that stone in the common duct, in 84% of all cases, rendered the gall bladder practically functionless; thus we see, by Mayo's finding, that pancreatic complications are four times as frequent, when stone is found in the common duct, (the condition which most frequently destroys the function of the gall bladder), as when found in the gall bladder only.

That the gall bladder plays the role of a pressure-relieving organ, there can be no doubt. Its thin and elastic walls, permitting of such great distension, renders it an ideal organ for such a function. Neither the pancreatic or biliary ducts have valves, hence they have no protection against back pressure, in case the papilla of the common duct should, normally or abnormally, prevent the free escape of the pancreatic and biliary secretions into the duodenum. The ampulla of Vater is a receiving tank in which bile, pancreatic fluid, and mucus, mix; a sort of gasoline carburetor, as some one has termed it. If the secretions are not permitted to escape readily into the duodenum, the back pressure exerted by the ducts can force this mixture back on to the liver and the pancreas. That there is normally a time when bile is not permitted to flow into the duodenum at all, or when bile is secreted more rapidly than it is allowed to escape into the intestine, there can be little doubt. The small size of the

gall bladder would suggest the idea that the period of obstruction was a very temporary one.

There is *one* fact that argues loudly for such a function of the gall bladder and which, it would seem, should positively preclude its unnecessary removal, and that is the observation noted by many surgeons, that when a gall bladder is removed, nature makes an effort to regenerate another. Not only does the stump of the cystic duct take on the appearance of a diminutive gall bladder, but the common duct also shares in this process of dilatation, and sometimes enlarges to great proportions. Florcken⁶ reports a case of regeneration of the gall bladder with the formation of a stone two years after the gall bladder had been removed.

Three years ago Mayo said, "In some of our cases of secondary operation in which the gall bladder had formerly been removed, we have observed that dilatation of the stump of the gall bladder and cystic duct had taken place, and that the common duct was almost universally dilated; evidently compensatory to the pressure reducing gall bladder." These facts may be accepted as indisputable evidence of the function of the gall bladder and should forever preclude the idea that the gall bladder is a vestigial or functionless organ.

Kemp,⁷ of London, many years ago called attention to the fact that there was a difference in physical and chemical properties of bile as it immediately came from the liver, and the same fluid after retention in the gall bladder. He observed that when the contents of the gall bladder were evaporated to a syrupy consistency, the bile at first neutral became alkaline; and that when the mucus of the gall bladder was removed by means of alcohol or acetic acid, the fresh bile, so treated, did not show this change. Following an elaborate series of experiments, in an effort to determine the cause of these changes, he arrived at the following conclusions: That the mucus of the gall bladder is not merely a secretion destined to lubricate the interior of that organ, and protect it from irritation, but is an essential, integral portion of cystic bile. Second, that the gall bladder is not merely a receptacle and reservoir for bile, but an organ of highly endowed organic function, and that the proper secretion of the liver is converted into cystic bile mainly through the agency of its mucus membrane; that the mucus membrane of the gall bladder is a highly catalytic body, capable of producing molecular changes in bile."

In view of the fact that the liver is not only the largest gland in the body, but is the *only* organ which is provided with a *double venous* circulation; and because of its several functions, biliary, glycogenic, excrementitious, and blood elaborating, it would seem unwise to interfere, where so much is doing, and so little known.

The popularity gained by cholecystectomy has been made possible only by the failures of cho-

lecystostomy. The recurrence of symptoms following the drainage operation is perhaps many times due to the presence of stones overlooked at time of operation, or to the reformation of stones, due, in many instances, to foreign material introduced at the time of operation. Kerr⁸ pleads guilty to having overlooked stones in 2½% of 1100 cases. McWilliams⁹ found stones left behind seven times in 69 cases at the Presbyterian Hospital; while Whitemore¹⁰ reports the finding of stones in 30 secondary operations following 325 cholecystostomies, at the Massachusetts General Hospital. Stanton,¹¹ of Schenectady, has compiled an interesting series of recurrent cases. He publishes the history of nine cases of recurring stones, in which were found pieces of catgut and silk ligatures, or threads of gauze as a nucleus. The time of recurrence was from one to five years. Baldwin has also found catgut in recurring stones. Stanton's conclusions were, "If no foreign body is left in the gall bladder or ducts, after operation, the reformation of gall stones is so rarely observed as to constitute almost a negligible factor in gall bladder surgery. The reported cases do not bear out the assumption that cholecystectomy affords a much greater immunity against reformation of calculi, than does cholecystostomy."

A long period of drainage through a large tube is perhaps one of the most essential factors in ridding both the gall bladder and ducts of infection, thus preventing a recurrence of symptoms. There has been a tendency in recent times to reduce both the size of the tube and the time of drainage.

The usual method of swabbing out the gall bladder with a gauze sponge is the most efficient means of removing sand or pieces of stones, and ridding the mucosa of infectious material; but especially prepared sponges should be used for this purpose, in order that no threads or particles of cotton be left behind. Plain catgut should be used for the first circular suture which anchors the tube in the gall bladder, as this suture perhaps many times finds its way into that organ; and iodine catgut should be selected for the second.

In the after treatment of the drainage operation, where hard iodine catgut had been used for this purpose, the author has frequently observed that but *one* suture appeared in the discharge. Every surgeon has perhaps marked the tendency to sagging, of the pelvis of the gall bladder, to a level lower than the cystic duct, thus creating a *status residuum* which greatly predisposes to infection; in this instance the gall bladder should be fastened to the abdominal wall, in order to take up the slack and afford better drainage.

Ochsner advises packing the gall bladder with gauze instead of the usual method of draining by means of a tube. He believes the intimate contact of the gauze has a stimulating effect on the infected mucosa and thus brings about its repair.

Obstruction of the common duct, subsequent to cholecystectomy, presents one of the most serious aspects of hepatic surgery; for under these conditions all other means for the escape of bile is removed, and the surgeon, like an aeronaut at sea, finds his balloon settling, and has no ballast to unload. Mayo¹² reports three cases of reformation of stones in common duct, after cholecystectomy had removed the usual site of formation. Karte is reported to have found *two* cases of reformation of stone in common duct following removal of the gall bladder and choledochotomy.

The removal of the gall bladder ordinarily is not as safe as the drainage operation. A larger incision is required, greater manipulation necessitated, and the dangers of hemorrhage are increased many fold. Occasionally, however, a short, shrunken, and cirrhotic gall bladder can be removed with greater ease and safety than would attend its drainage.

Cholecystitis, sufficiently severe to demand surgery, is many times accompanied by cholangitis or pancreatitis of more or less severity. The removal of the gall bladder leaves no remedial provision for these conditions, as there is afforded no opportunity for drainage of the hepatic ducts. Injury to the hepaticus or choledochus in the removal of the gall bladder, is a possibility to be considered. Mayo¹³ has but recently written an article on the subject of their repair. We grant you can live without a gall bladder even as you can live without teeth, or dine without salt, or do surgery without gloves, but we do not believe it can authoritatively be said that its indiscriminate removal may not be attended by harm, until a follow up system, including many cases and extending over a long period of time, has been recorded; for who knows but that the offended gall bladder, like the Pope's mule, may hold its kick for seven years. The fact that numerous people are living in splendid health, upon whom cholecystectomy has been practiced, should not argue for the promiscuous adoption of the operation; the same might be said of those who have suffered nephrectomy, for while the loss of the organ has been cared for in a compensatory manner, yet we know the individual with but one kidney is at a disadvantage under some circumstances at least. You might dispense with many of the equipments on the modern automobile; and yet successfully operate the car for an entire season, perhaps, before the need for the article would arise, and the chauffeur, who was not aware of the purpose for which the article was designed, would even then make no deductions in cause and effect.

To the charge that the modern abdominal surgeon loosens every organ that's fast, and fastens every organ that's loose, let it not be added that he also removes every organ of which the patient is not conscious as soon as he rouses from the anesthetic.

If you must remove the gall bladder, sacrifice

it as you would a tooth, or an eye, or a kidney, only when its potentiality for harm is greater than its possibility for good, and *remember*, you pay a price for your immunity.

REFERENCES.

- ¹ Opie: Diseases of the Pancreas, 1903, p. 30.
 - ² Halstead: Bull. John Hopkins Hospital, 1901, xli.
 - ³ Flepner: Contributions to med. dedicated to Wm. H. Welch, 1901.
 - ⁴ Mayo, W. J.: "Innocent" gall stones a myth.
 - ⁵ Courvoisier: Pathologie und Chirurgie der Gallenwegen, 1890.
 - ⁶ Florcken, H.: Gallenblasenregeneration mit Steinreidiv nach Cholecystectomy, Deutsche Ztschr. f. Chir., Leipzig, 1912, cxliii, 604.
 - ⁷ Kemp: Proc. Royal Soc. London 1856-7-1109, Vol. III, pp. 133-40.
 - ⁸ Kehr: Wie können wir Rezidive nach Gallensteinoperationen vermeiden und einschränken? Munchen. Med. Wehnschr., 1911, lviii, 2425-2506.
 - ⁹ McWilliams: N. Y. Med. Journal, lxxxiii, 1109.
 - ¹⁰ Whittemore, W. Surgery of the Biliary passages, X X, at Massachusetts General Hospital. Boston Med. and Surgical Journal, 1913, clxix, 571-576.
 - ¹¹ Stanton, E. MacD.: Reformation of gall stones after operation—Annals of Surgery, Feb., 1915.
 - ¹² Mayo, W. J. & C. H.: Keen's Surgery, 1908, iii, 1001.
 - ¹³ Mayo, W. J.: Restoration of bile passage after serious injury of Common or Hepatic ducts. Surg. Gyn. & Obst., Jan., 1916.
- I am indebted to Dr. E. MacD. Stanton, of Schenectady, N. Y., for report of recurrent cases and statistics.

Greatly increased cost of living has forced physicians residing in the rural districts and smaller cities to adopt increased fee bills. In several communities material increases have been made, and reports indicate that the public has recognized the necessity of this move. With gasoline a luxury, and the price of drugs soaring to an outrageous figure, and practically every expense materially increased, this action has been absolutely necessary in many communities. We herewith present a portion of the fee bill adopted some time ago by the twelve physicians of Nelsonville, a city of about 5,000:

OFFICE FEES

Examination with prescription	\$1.00	to	\$5.00
Electricity .....	.50	to	\$5.00
Dressing minor wounds	\$1.00	to	\$5.00
Urinalysis	\$1.00	to	\$3.00
Vaccination .....	.50	to	\$1.00
Closing wounds with sutures	\$3.00	to	\$10.00
Administering anesthetics	\$5.00	to	\$10.00
Examination with certificates or affidavit....	\$2.00	to	\$ 5.00
Advice and prescription over telephone ....	.50	to	\$ 1.00

VISITS		DAY		NIGHT	
Visits in Corporation		\$ 1.50		\$ 2.00	
Stop calls		\$ 1.50		\$ 2.00	
Country visits according to distance.					
Visit and dressing minor wounds	\$ 2.50	to	\$ 5.00		
Visit and closing wounds with sutures	\$ 5.00	to	\$10.00		
Consultation visit	\$ 5.00	to	\$10.00		
Accompanying patient to hospital	\$10.00	to	\$25.00		
Administering Antitoxin, first			5.00		

OBSTETRICS	
Natural delivery	\$15.00
Delivery by forceps	\$25.00
Delivery of placenta alone	\$5.00 to \$10.00
Lacerated cervix or perineum	\$5.00 to \$25.00
Out of City cases, trip fee additional.	

The above represents a material increase over the previous card. For example, the prevailing charge for obstetrics, for natural delivery heretofore has been \$10.00, while the prevailing visit fee has been \$1.00.

Uterine Fibromyomata and Cardiovascular Changes*

Ben R. McClellan, M. D., F. A. C. S., and R. H. Grube, M. D., Xenia

THE frequent concurrence of uterine fibromata and dilatation of the heart in our patients especially in women seeking advice for troubles at the menopause, led us to think that there is a causal connection between them. In a number of our patients who presented no symptoms of uterine trouble, but wanted relief from "nervousness," "nervous heart," or shortness of breath on exertion, a pelvic examination revealed the presence of fibroid tumors. The marked relief of the heart distress which followed the surgical treatment of the pelvic trouble led us to think that we had made a valuable discovery and caused us to search for literature on the subject. This we found a difficult task. Among the first of our finds was an article by H. J. Boldt, in the New York Medical Journal, October 28, 1905, which he prefaces with the following:

"In looking through standard text books for information as to the connection between fibromyoma of the uterus and heart disease, one will fail to be rewarded for his trouble. It is strange, because this has been alluded to in gynecological literature for many years. The latest text books, Colbeck, Satterwait, Rankin, fail to give myomata a place as ætiological factors of cardiac degeneration, nor are they mentioned by truly scientific writers, such as Northnayd, Ebstein, and Schwalbe. The circulatory symptoms in patients having uterine fibroids suggest a relationship between these neoplasms and the circulatory apparatus, showing a detrimental effect on the latter. Cardiac changes in women having fibromata occur too often to be simply coincidences."

Then reviewing the history of our patients on whom hysterectomy had been done since our attention had been called to this concurrence of conditions, we found twenty-three in which the heart was affected by hypertrophy and dilatation with periods of broken compensation. In two of these cases, where both conditions were extreme, death followed shortly after the operation from surgical shock and old preoperative infections. In all the other cases, except two, which are too recent to consider, the improvement in heart condition is discernible and in some of them improvement has been very marked.

Why cardiac changes should occur in fibromyomata of the uterus is not easily accounted for. Various solutions have been offered, but none are wholly satisfactory. In general, however, we know that whenever there is a rise in blood pressure, long sustained, as in nephritis or fibrosis of the lung, there occurs first a dilatation, then a hypertrophy, then, on failing compensation, dilatation again. Likewise in pregnancy

there is a cardiac hypertrophy due partly to increase of work to be performed and partly to vaso-motor influences in the pelvic and abdominal ganglia.

Probably both conditions obtain in these fibroid cases and contribute as ætiological factors. Namely, obstruction to the flow in the blood stream because of large arterial supply, by reason of the demand of the growing neoplasm for nutrition, and the relatively poor venous circulation in these cases. Minimizing this factor, however, is the fact that small fibromata may cause extensive heart changes as was illustrated by one of our recent cases. A patient of forty-four consulted us for shortness of breath on exertion, palpitation and general weakness. The pelvis was examined and the uterus was found to contain fibroids. Hysterectomy was done and in the uterus were found two small fibroids.

The frequent hemorrhages in many of these cases and the resulting anemia may impair the nutrition of the heart muscle and thus lead to fatty degeneration or brown atrophy. But that the dilatation is not always caused by the anemia is shown by the fact that in anemia caused by malignant neoplasms of the uterus, and in continued metrorrhagia no such dilatation occurs.

The frequent occurrence of tachycardia, so like that found in hyperthyroidism, leads one to think of the possibility of an endo-toxin, formed within the neoplasm, as a possible cause of the cardiac changes, but this remains as yet a theory only—worthy, however, to be further studied and proven or disproven.

Mechanical interference with the digestive organs and the resorption of the toxic substances from the colon seem more probable.

Pressure on the urinary tract interfering with urinary excretion may also be a factor. This, of course, could only occur in case of very large fibromata.

Pressure on the pelvic and abdominal nerve ganglia causing the "nervousness" complained of by the patients may enter into the ætiology of the heart changes by reflex action through the brain. The ability of a severe mental shock to cause dilatation of the heart is a well-known fact and it is reasonable to assume that long-continued irritation would reflexly affect the heart.

It has not been our object to discuss this question from a scientific standpoint or to critically analyze such literature as we have been able to find, but to give succinctly our conclusions reached from a study of our own cases and the literature.

Our application of these conclusions in our own work has been so satisfactory that we wish to call the attention of the profession to this concurrence of conditions which seems to be so little

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known. One of our cases is especially illuminating in this connection. The patient was about the menopause, but had no symptoms of pelvic trouble whatever. Examination showed a somewhat dilated and hypertrophied heart with occasional arrhythmia. She was treated for about a year for these conditions, when the possibility of the presence of a fibromyoma suggested itself and a pelvic examination was made. The uterus was found to be enlarged and a subserous fibroid tumor apparently about the size of a hulled walnut located. Hysterectomy was done, and a multiple fibroid condition was found. An uneventful recovery was made and a complete disappearance of the heart symptoms followed. In several other cases we had this same result.

The subject under discussion calls for the urgent need of team work in our professional practice. If the internist persists in drugging the stormy symptoms of the menopause when the removal of the diseased and no longer useful uterus would give relief, he is not doing justice to his patient or to his art.

To get the best results, surgical interference should be done early, that is, before degenerative changes in the myocardium are beyond repair. Unfortunately the surgeon does not often see these cases in the early stage. If our contention is true the surgeon can do much to call it to the attention of his internist colleagues.

The following bibliography has been both interesting and instructive to the authors of this brief paper, and is appended with the hope that both internists and surgeons may be aroused to the importance of early diagnosis and intervention in these often overlooked cases. *In this way only can the mortality from hysterectomies be reduced.*

- Boldt, H. T. Uterine myofibromata and visceral degeneration. New York Medical Journal, Oct. 28, 1905.
 Webster, J. C. A consideration of fibroid tumors of the uterus based upon a study of a series of 210 cases treated surgically. Amer. Med., Vol. 9, p. 401, March 11, 1905.
 Winter, Geo. Die Wissenschaftliche Begründung der Indikation zur Myomoperation. Zeitschrift für Geburt. und Gynäk., 1905, Vol. 4, p. 49-154.
 Williams, W. R. Uterine tumors; their pathology and treatment. p. 106-109. New York, W. Wood & Co., 1901.
 Hofmeier, M. Zur Lehre vom Shock. Zeitschrift für Geburt. und Gynäk., 1885, Vol. 11, p. 366. Zeitschrift. f. Geburt. und Gynäk., 1885, p. 371.
 Hennig, Carl. Zeitschrift f. Geburt. und Gyn., Vol. 29, pp. 131, etc.
 Cumston, C. G. Cardiac Disease and Uterine fibromata. New York Medical Journal, Oct. 28, 1905.
 Samuels, A. Fibromata Uteri. New York Medical Journal, May 28, 1910.
 New, M., & Wolf, A. Munch. Med. Woch., 1912, lix, 72-75.
 Barrows, O. C. Amer. J. Surg., N. Y., 1912, 26, 161-166.
 Jäschke, R. T. Centralbl. f. d. Grenzgeb. d. Med. u. Chir., Jena, 1912, 15, 249-274.
 Payne, R. T. J. A. M. A., Can., 1911, lvi, 1324-1326.
 McGlinn, J. A. The Relation of Uterine Myomata to Heart Disease. N. Y. M. J., 1911, xciii, 1085-1088.
 Simpson, F. C. Sudden Death. Louisville Month. J. M. and S.
 Doane, P. S. Surg. Gyn. and Obs. 1912.
 Baldy, J. M. Am. J. Obs., lli, 370, 1906.
 Wettergreen, Carl. Centralbl. f. Gyn. Woch. 1904.
 Fleck, Geo. Archiv. f. Gynakol., Vol. lxxi.
 Kelly & Cullen. A recent work on myomata of the uterus. 1909, p. 414; 421-426; 451; 456.
 Saenger. Centralblatt f. Gynæk., 1884, p. 589.

Conservation of Vision*

George C. Schaeffer, M. D., Columbus

AFTER reading the very excellent paper on this subject presented by Dr. de Schweinitz before the National Committee for the Prevention of Blindness, in November of last year, I feel a great hesitancy in attempting to present the matter before this body. It is not my intention to take up your time with a lengthy recital of statistics, to show the relative frequency of blindness resulting from the various causes, nor to take up in detail the methods of prevention. These are things too well known to you to need any elucidation on my part. I do wish, however, to review briefly the organized work for the conservation of vision, which has today assumed national significance. The Council on Health and Public Instruction of the American Medical Association has appointed a committee for the conservation of vision. This committee, with Dr. Frank Allport as its chairman, has representatives in many states, and will eventually be represented in every state of the union. The object of the committee is, of course, as its name implies, the conservation of vision and the prevention of blindness. Its work thus far has been

mainly along educational lines, a campaign of publicity, the encouragement of medical inspection of public schools, and insistence upon better home and school hygiene. The committee is publishing many instructive pamphlets dealing with the common causes of blindness, the commoner eye diseases, the effects of eye-strain, the dangers of poor and improper lighting of school rooms, and the best recognized methods of prevention. These pamphlets are being distributed as widely as the means at the command of the committee will permit.

In many states, Ohio being foremost in this list, state commissions for the blind carry the work still further. These commissions of course have no official connection with our committee but their work is recognized and most highly appreciated by the committee. During the past year, something over a hundred lectures were given in Ohio, on the prevention of blindness, before mixed audiences aggregating thirty thousand people. Of these lectures, seventy were given under the auspices of the Ohio commission.

The work of this commission is necessarily much more comprehensive than that of the A. M. A. committee. They too are conducting a very valuable campaign of education and publicity,

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through the distribution of instructive pamphlets, through newspaper articles and by word of mouth. In addition to this they have a corps of nurses who are going into all parts of the state seeking out those in whom blindness or even partial impairment of vision is threatened, and seeing to it that proper medical attention is being given, with a view to conserving vision. They are interesting themselves too in the work of midwives. They are on the ground in epidemics of eye diseases, to help the physicians, and in many other ways are proving that the state has made no mistake in their creation. Their work has no pauperizing tendency, but rather has been the means of rendering many of our otherwise helpless and dependent citizens self-supporting and independent. This commission deserves our hearty support, and I beg of you that whenever the opportunity presents itself, you shall lend your influence toward enlarging their powers and increasing the means at their command.

In thus giving credit to the commission for the blind, however, I do not intend to overlook or overshadow the work done by the members of the medical profession. You, gentlemen, have been the real, original conservators of vision. You have worked for many years without organized help of any kind, with no thought but the betterment of humanity, and the bulk of this work has been done without hope of monetary recompense. That we do not have a great deal more blindness in the world, with its attendant suffering, impairment of usefulness, and dependence upon state or other charity, is due to your untiring efforts and you well deserve your mead of praise.

And now I come to ask you to cooperate with the A. M. A. committee for the conservation of vision—to ask you all to be active members of the Ohio committee, to work with that committee that our next year's work may be greater and better than ever before.

We want to continue our campaign of education and publicity. You who are teachers in our medical colleges can do much to further this work by making your students enthusiastic teachers of the public, and ardent advocates of methods of prevention. We all have opportunities to speak before county societies, and can keep up interest in the work and stimulate the general man to more careful methods of prophylaxis. And this is not an unimportant part of the educational program. It is surprising and distressing indeed to compute the great number of cases of blindness that are due to someone's ignorance, neglect or stubbornness in cases of confinement and to find that this someone is too often one of our own profession. The general practitioner and the obstetrician naturally look to the eye man for advice in these matters and unless we are active in urging proper methods of prophylaxis upon them, they are very apt to fall into careless habits. The responsibility thus reverts to the oculist.

The education of the laity is being attempted through lectures upon the common causes of blindness and their means of prevention, the advantages of medical inspection of school children, and the evils of unhygienic surroundings in home and school. I wish I might be assured that each member of this section would give at least one such lecture during the next year. It is good work, it requires very little time, and the benefits accruing to mankind from it cannot be computed in dollars and cents.

I wish to discuss briefly only a few of the most pertinent things in connection with my subject. First of all in importance is ophthalmia neonatorum, which in itself sends nearly twenty-five per cent of all of the students to our schools for the blind.

In this presence I feel that any argument favoring prophylaxis would be superfluous and unnecessary. I think we will all sanction its wisdom. It is essential, however, that we realize that such is not universally the case, and that many men have not yet seen the light. Whether from carelessness, ignorance, or prejudice, I know not, but the fact remains that a prophylactic is not used in all cases attended by men of our profession. It should be our duty at all times to instruct these men and to urge them to greater care in handling the eyes of the new-born. The publicity campaign has done much in educating the people in this particular, and many mothers and fathers are today demanding that a prophylactic be used. We are getting away from the bug-bear of gonorrhoeal infection—I mean by this that since we recognized the fact that a large percentage of the cases of babies' sore eyes are not due to the gonococcus, it is much easier for the doctor to talk to the mother about ophthalmia, and to insist upon a prophylactic. It makes it much easier too, to secure reports of cases, as the doctor is no longer in danger of inciting domestic disturbances.

Now, taking it for granted that we agree on the advisability of prophylaxis, how shall it be accomplished? Our new ophthalmia law is in operation and we hope for much from it. If it is to fulfill our hopes, it must have the hearty support of the profession. Much time and care were spent in framing this law, which has received the commendation of many other state organizations. It may not be perfect, but it will accomplish much with proper support. A question may be raised as to the advisability of placing a prophylactic, such as silver nitrate, in the hands of a midwife or an unskilled nurse as provided by the law. It was thought, by the framers of the law, that this would be safe so long as the state board of health should have the power to say what that prophylactic should be. At present a 1 per cent solution of silver nitrate is being furnished by the state board of health. Now comes the question as to whether this is too strong—whether a weaker solution might not

be just as efficacious and less dangerous. You, gentlemen, should be the advisors, and your opinion is most earnestly sought. You, who have the advantage of large dispensary practices, and the obstetricians in large maternity homes should be the ones to determine what sort of prophylactic the health board should distribute, and your advice to the board or to the commission for the blind will be most gratefully received.

The law makes reporting of cases of ophthalmia compulsory and imposes upon local health boards the duty of providing proper medical attention when this is not already provided. We can materially assist in the operation of the law by prompt response to the calls of our health boards when such cases need treatment. I do not believe that all of our profession realize the necessity for extreme, instant, and constant care in the handling of these cases, if favorable results are to be obtained.

But, so much for ophthalmia. As Dr. de Schweinitz points out, so much has been said upon this subject, and it has been talked of so much to the laity that there is just a little danger that both the profession and the laity will come to consider "the prevention of blindness and the prevention of ophthalmia neonatorum as synonymous terms."

The rather recent outbreaks of trachoma in several sections of the state, notably at Youngstown have served to stimulate our interest in this disease. For many years it was seen so infrequently that we lost interest in it and our study of the disease has lagged in consequence. Our knowledge of its etiology, pathology and cure is frightfully meagre. Better and more thorough methods of investigation and research are greatly to be desired. For the present those who are having the most to do with the disease should give us the benefit of their experience.

Omitting any consideration of cataract, glaucoma and other causes of blindness, I want to take just a few minutes in the consideration of the ocular diseases of syphilitic origin, particularly those occurring in children. It not infrequently happens that the oculist is the first person to become aware of the existence of syphilis in a family. A child is brought in with an interstitial Keratitis. A Wassermann is made and found positive and the child is put upon anti-syphilitic treatment. The ocular condition clears up after a time, the patient discontinues the treatment and the underlying condition is lost sight of. What the future of the patient may be no one knows. The treatment carried on for the eye disease has not in itself been sufficient to rid the patient of syphilis. Is it not likely that later in life some other ocular condition, a retinitis, or choroiditis, or possibly an optic atrophy may occur from this same cause? And then too, what of the other members of the patient's family? If one child has congenital syphilis, is it not likely that others have it? And are not they

too liable to develop some eye condition that may lead to blindness? Should not all of the family be subjected to close scrutiny and be given adequate treatment simply as a means of prevention? Just recently such a case came under my own observation in my clinic. A little girl, one of six children, came in with an interstitial keratitis, Wassermann positive. Examination of the other five children and of both parents gave positive Wassermans in all cases. The entire family was at once put under the case of the medical clinician and will be treated and watched until he thinks it safe to let them go. Fortunately, a follow-up service through the district nursing association was possible in this case. I believe we have been guilty of neglect in many such cases. We have had a false fear of mentioning "syphilis." I personally find the *possibility of innocent infection* a valuable talking point. It gives me a chance to talk plainly to the victims without fear of getting their ill will. The guilty are glad of an excuse and the innocent less likely to condemn the guilty. We have special tuberculosis clinics and state and city aid for this class of cases, and yet we have a vast army of syphilitics going about without treatment and without supervision spreading the dread disease broadcast. Not taking into consideration all of the bodily ills that come directly or indirectly as a result of it, and considering only its effect on the eye, it would be well worth while if something of the same care and attention given to tuberculosis were bestowed upon the disease. We can at least do much when we recognize a syphilitic ocular lesion, by spending a little time with our patient going over the necessity for thorough and long-continued treatment, and if there is likelihood of other members of the patient's family having contracted the disease, by giving this our thoughtful consideration and acting in accordance.

In presenting this paper I have had no thought of presenting anything new. I wished merely to keep the idea of conservation of vision before you and to enlist your aid in the work we are trying to carry on.

Plan Big Meeting for the Northwestern in Toledo

In Toledo they are busy planning for the biggest meeting in the history of the Northwestern Ohio Medical Association.

The Northwestern meets in Toledo, October 19 and 20. The president, Dr. Sidney D. Foster, announces that Dr. I. A. Abt, of Chicago, has been secured for a pediatric paper, and that Dr. J. S. Stone, of Boston, assistant professor of surgery in the Harvard Medical School, will read a surgical paper. Another feature of the program will be an address by Dr. Harvey Wiley, of Washington.

Supervision of the Health of School Children in Cincinnati*

William H. Peters, M. D., Cincinnati, Ohio

Chief Medical Inspector and Assistant Health Officer.

THE health promotion of school children in Cincinnati is a function of the Health Department co-operating with the Board of Education. One hundred and eighteen public and parochial schools are included in our system. In sixty-seven schools (48 public and 19 parochial) the work of the physicians is supplemented by that of the school nurses.

A routine sanitary inspection of all school buildings is undertaken by the doctors at the beginning of each school year, after the Christmas Holidays, and from time to time, in order to insure the best possible environment for the pupils and teachers.

Last year examinations were made with reference to the seating of the children and lighting of class rooms. Several inspections of the night high schools were undertaken to see if the illumination of the class rooms came up to the minimum requirements by law. Reports and recommendations were gratefully acknowledged by the superintendent of schools who requested the business manager to make the necessary changes with reference to faulty seating and inadequate lighting as a result of the surveys made by the school physicians.

In a room specially provided by the school authorities, the district physician examines the following: Children who have been absent from school four consecutive days and those who are referred to him for examination by the principal, teacher and nurse. Comprehensive and systematic examinations of children in the second and third grades are also conducted to determine and correct, if possible, such physical defects as interfere with a child's efficiency in school life.

Of special interest from an educational as well as medical point of view were the physical examinations and study of 2,434 children out of a total of 4,738 pupils who were not promoted in the public schools at the end of the last school year. The survey was conducted by the district physicians assisted by the visiting school nurses. Of the total number examined, 1,143 were retarded one year; 669, two years; 365, three years, and 257, four years or more. Expressed in years of retardation we have a grand total of 4,604, representing an economic loss to the community of \$138,000.00 based upon a cost of \$30.00 per pupil per year. If the same ratio held for all failures the loss would approximate \$275,000.00. We found that 1,236, or a little over half of the children, had marked physical defects. A tentative diagnosis of mental deficiency was recorded in 220

cases based upon 4 years of retardation without apparent cause. Home investigations were undertaken in 1,896 cases by the school nurses. In a general way we may summarize by saying poverty, crowding in the home, lack of opportunity to study, frequent change of residence, and the appalling fact that many mothers must work to support the family, contribute very materially to the retardation of children. We hope to circumvent further retardation in a good proportion of the children who had physical defects, by intensive follow-up work.

We are again recommending to the board of education the establishment of a hospital school on the site of the Cincinnati General Hospital, for children handicapped with chorea, epilepsy, tuberculosis of bones and joints, who are not accomplishing much in regular classes, interfering, when they do attend, with the progress of normal children.

Opportunity classes tried out so successfully in one or two centres, should be extended generally for slow and backward children.

Compulsory attendance during the first year, admitting pupils at the age of seven, would cut down the percentage of failures.

Under existing laws children are obliged to attend school until they have reached a certain age. It would probably be better if the law was amended, exempting certain individuals who should be compelled to go to work.

A minimum amount of retardation will always exist, due to illness, faulty home environment and other factors over which educators and public health officials have no control.

The report of the survey and the conclusion drawn with reference to the results, were acknowledged by the superintendent of schools, Randall J. Condon, with a desire to cooperate fully and to extend the organization of the schools along the lines indicated.

VACCINATION.

Vaccination of school children is compulsory. During the last fiscal year 3,623 pupils were inoculated by the district physicians and I am sure as many more by general practitioners. It is interesting to note that over 95 per cent of the school population is vaccinated.

Fifteen thousand and twenty-one defects were recorded by the district physicians. The number of children needing treatment was 14,564. We are not including in this total the children with defective teeth as disclosed by the regular dental inspections. American cities offering statistical reports regarding defects treated show that anywhere from 10 to 80 per cent of the children need-

*Read before the Section on Hygiene and Sanitary Science, Ohio State Medical Association, in annual session at Cleveland, May 17, 1916.

ing treatment were benefited. Last year in our city 86 per cent of the children recommended for treatment were cured or showed marked improvement. While a certain irreducible minimum of defectiveness must remain uncorrected, it seems certain that this minimum has not been reached. Let me cite a few concrete examples of the effectiveness of school medical examination:

During the last three years 4,320 children attending our public and parochial schools were discovered with defective vision. Two thousand four hundred and fifty-two of these children, or 56 per cent, were wearing glasses on or before April 20, 1916. Surgical interference was the method employed in treating 1,596, or 42 per cent, of the 3,754 school children who had diseased tonsils and adenoids.

Of the 14,564 children needing treatment last year, 3,046, or 20.9 per cent, consulted with the family physician; 4,746, or 32.6 per cent, applied to the various clinics, hospitals and dispensaries; 3,281, or 22.5 per cent, were treated by the school nurse for minor ailments and the eradication of pediculosis; 3,491, or 24 per cent, went without professional interference, trusting to home remedies and the like. You will note from the above that 11,073, or 76 per cent, of those needing treatment, applied for medical or surgical interference.

Eighty-six per cent of our work was accomplished in the school visited by nurses. The school nurse is the most valuable adjunct to school medical examination. The average number of pupils per nurse is approximately 2,600.

MOUTH HYGIENE.

We are still under obligations to the members of the Cincinnati Dental Society, especially the Oral Hygiene Committee, for their active and financial support during the fiscal year ending August 31, 1915. Nineteen careful and well-planned inspections were conducted by volunteers of the Cincinnati Dental Society, assisted by the women of the Free Dental Clinic Society. Ten thousand two hundred and eighty-one children were examined, and of this number 8,326, or 81.4 per cent, were found with defective teeth.

When the midsummer crisis confronted us and it was found necessary to abandon the Free Dental Clinics August 1, 1914, the dentists responded by conducting a splendid tooth-brush sale which netted \$3,986.00. The clinics were reopened and financed entirely for the rest of the year by the Oral Hygiene Committee. A temporary clinic was established in Carthage by the committee for the benefit of poor children in the section, who for various reasons, could not attend the downtown clinics.

Two thousand two hundred and twenty-six public and parochial school children patronized the clinics. Every effort is made to minimize the abuse of this charity.

On the first of January, 1915, the dental operators and clinic assistants were again placed

upon the city pay roll, the committee continuing to pay for supplies, materials and the salary of third assistant. The total amount expended by the committee was \$2,350.42.

CONSERVATION OF VISION.

Under the direction of Prof. R. B. Irwin of Cleveland, the Board of Education has established three special classes for the benefit of those children who have such marked impairment of vision that they can not keep pace with the children in regular classes. The primary object of our classes is to teach the pupils as seeing children and to rescue them from a life of blindness and dependency. Everything is done to conserve what vision remains and to promote their general health. Standards for admission, proposed by a local committee of oculists, were adopted in May, 1915, following a conference arranged by the chief medical inspector.

At the present writing thirty-five children have been recommended for conservation of vision classes by our oculists from among the cases referred to them by the school physicians. Of this number twenty-eight are being taught under ideal conditions. The Board of Education is now considering compulsory attendance of the other seven children whose parents, for various reasons, refuse to sanction the transfer.

General rules and regulations have been published for the guidance of teachers and nurses, and as a special feature we have arranged a course of lectures for teachers and normal school girls in training, covering the anatomy and physiology of the eye, fundamental principles in optics, and the various eye conditions on account of which children have been referred.

A course of this kind should be very profitable for the teachers. It certainly ought to strengthen the bond between them and the pupils.

Two children under treatment who participated in the conservation classes during the current year, will return to regular classes next September much improved and without the loss of any time.

The improvement noted in the children attending open air schools warrants additional classes. Instead of pale and delicate children as they were on admission, we see them with the roses in their cheeks, heavier, happier and mentally abreast with the children in regular classes. One is almost tempted to say, "Why place a premium on ill health?"

The average gain in weight of the children attending the school for tuberculosis children, situated on the site of the Municipal Tuberculosis Sanatorium, last year was 6.6 pounds. The children here are resident pupils. A beautiful new building with accommodations for fifty, on a seven-acre plot, has just been completed and is now ready for occupancy.

The average gain in weight of the children at-

tending the New Guilford Open Air School was 6.2 pounds. In order to make up home deficits a morning lunch is furnished by the domestic science department. Some of the children partake a hot noonday meal in the penny lunch room.

The children in the Dyer Open Air School represent profound cases of anaemia from all parts of the city. The average gain in weight here was 5.6 pounds. The children in this school are given a hot noon-day meal prepared by the domestic science department.

Some extraordinary improvement was noted among these children; one boy who had been tuberculous gained 23 pounds; a girl in the same class 14½ pounds. Over at the New Guilford School one lad took on 18 pounds; and a little girl 10½ pounds. At the Dyer School one boy gained 15 pounds and a girl 11 pounds.

In accordance with the laws of Ohio, the district physicians examine all children applying for work certificates in order to determine whether or not the applicant is physically fit to be employed in any of the occupations permitted by law for boys between 15 and 16 years of age, and for girls between 16 and 18 years of age. One thousand and forty-one applicants presented themselves. Certificates were withheld in 23 instances (a little over 2 %) pending the correction of physical defects. All applicants complied with the recommendation of the district physician. Light work was recommended for seven children who had organic lesions; six children were advised to take out-door work.

In any program of child welfare the Little Mothers' Leagues should occupy a position of prime importance. The intelligent interest displayed by the girls in Cincinnati who availed themselves of this opportunity to learn the principles of personal hygiene, home sanitation and the care of smaller ones at home, was remarkable; their enthusiasm and expression in the work inspiring. Since the organization of the first little mothers' league in New York City five years ago, some provision is made for this kind of work in 75 cities.

In our own city the work was undertaken for the first time in the year of 1914, in eleven public and four parochial schools. Last year 1700 girls volunteered and this year 1200 were enrolled, a total of 4200 girls in 28 schools during the last three years. The attendance this year was not quite so large because we decided to limit the classes. We found by experience, that when the classes are too large they become somewhat unwieldy.

The syllabus or outline of the course was prepared and later revised by the chief medical inspector.

Short talks were given once a week to the girls by the nurse, supplemented with practical demonstrations, such as washing the hair, manicuring

the nails, care of clothing, dusting, sweeping, house cleaning, bathing infants, selecting and making their garments, etc. These conferences last an hour and continue over a period of ten weeks. The children were taught how to conduct themselves at meetings; they were well organized, officered by a president and secretary and governed by the ordinary rules of parliamentary procedure. Volunteers were given an official badge and those who attended regularly merited a certificate issued by the health department. The lectures are over, but the enthusiasm continues unabated. The girls are now making elaborate preparations for their exhibit and demonstration during baby week and the outing at Chester Park, June 15, 1916.

Cincinnati is particularly fortunate in having a citizenship alive to the needs of a growing and progressive city. The latest demonstration is seen in the proposal of Dr. Wade MacMillan, submitted to the Board of Health and the Board of Education and heartily approved by both boards, that a bureau of Child Welfare be established as a municipal undertaking. The function of this bureau is the examination of children under school age; its object is to correct conditions handicapping children before they enter school and to create a health sentiment.

The staff consists of Dr. Wade MacMillan, an experienced surgeon in orthopedics and the surgery of childhood; Dr. J. W. Bentley, a physician of experience in the diseases of children; and Dr. Lenore Doughty, an eye, ear, nose and throat specialist. All members of the staff serve without pay.

Mothers are encouraged by the kindergarten teacher to bring their children on certain afternoons to the school for examination. No medical or surgical treatment is offered. If pathological conditions are found the parents are referred to the family physician, hospitals or clinics. Jewish children are followed up by social service department of the United Jewish Charities; gentiles, by the nurses of the children's department of the Ohio Miami Clinic.

HOME NURSING.

We find the course of instructions on Elementary Hygiene and Home Care of the Sick outlined by the American Red Cross gaining favor. Classes were organized in Woodward and Hughes High Schools last year and the year before by the Board of Health, with the approval of the Board of Education, under the supervision of the nursing service committee of the local chapter of the American Red Cross. We believe that all high school girls should have the benefit of a few lessons in home nursing; not that we wish to encourage them to take up nursing as a profession, but rather that they should be able to assist intelligently in the home during time of illness.

The staff consists of 15 district physicians, 14

school nurses, 6 dentists, 2 dental clinic assistants and the chief medical inspector. With the exception of four district physicians in the suburbs and six dental operators who work on half-day shifts, all employees devote full time to the work of the health department.

The estimated budget of expenditures for school hygiene last year was \$22,500.00. in round numbers. This is an average cost of a little less than forty cents per pupil per year, based upon an approximate attendance of 57,000 in the elementary grades.

Our reference manual explaining the various phases of school hygiene to the teachers, calling their attention to symptoms on account of which children should be referred to the inspectors, containing the rules governing the duration of quarantine, and instructions on "first aid" were distributed in all public and parochial schools.

It is a pleasure to state that we have always had the hearty cooperation of the school superintendent, principals and teachers, hospitals and clinics. Without their assistance the work could not have been effective.

Ohio Was Well Represented at Splendid Annual Meeting of the American Medical Association in Detroit

Ohio physicians took full advantage of the opportunity to attend an annual meeting of the American Medical Association. Several hundred from this state visited Detroit during the third week in June, and participated in the scientific and social sessions of the sixty-seventh annual gathering. The registration from Ohio was larger than from any other state, Michigan included. Those who attended the sessions of the House of Delegates and heard the reports of the various activities of the Association were impressed by the wide scope of work undertaken. Ohioans were particularly impressed by the splendid report of the Council on Health and Public Instruction. It includes a sub-committee report dealing with health insurance that is probably the most concise and complete resume of this subject published.

Ohioans took an active part in the meeting. Dr. George B. Evans, third vice president, presided at one of the sessions of the House of Delegates. Drs. B. R. McClellan, Xenia, and J. H. J. Upham, Columbus, served on reference committees of the House. Dr. Otto P. Geier, Cincinnati, was elected chairman of the section on public health and sanitation. A number of Ohio men read papers and participated in the discussions of the scientific sessions.

One of the interesting scientific exhibits was made by the Cushing Laboratory of Western Reserve University. It showed histologic studies in exhaustion and restoration, dealing with changes in brain, adrenals, and liver produced by exhaustion from various causes.

Ohio was well pleased with the selection of Dr. Charles H. Mayo as president-elect of the Association and our delegates supported him.

Satisfaction was felt over the selection of New York for the 1917 meeting. The Cincinnati Chamber of Commerce invited the Association to Cincinnati, but members of the Cincinnati Academy of Medicine after carefully considering the hotel and meeting place accommodations, refused to en-

dorse the invitation. The A. M. A. has grown to such proportions that it is doubtful if either Cleveland or Cincinnati could successfully entertain its annual meeting.

The Ohio plan of organization, particularly the maintenance of the central Journal and Association office under the direction of a full-time layman, was the chief topic under consideration at the conference of presidents and secretaries of the State Associations. President Gibbon and Executive Secretary Sheridan explained the Ohio plan, and were closely questioned as to various organization details that have been developed in this state.

A number of allied organizations met in Detroit during the week. One of the largest and most important of these—The American Academy of Medicine—signally honored Ohio by selecting as its president Dr. J. E. Tuckerman of Cleveland. Dr. Tuckerman has been active in the organization for a number of years. Through its large and influential membership, the American Academy has been in the forefront in dealing with problems of sociologic medicine.

Ohio took a very active part in the tournament of the American Medical Golfing Association. E. E. Gaver, Columbus, won the beautiful president's trophy, and W. E. Shackelton, Cleveland, won a cup for the choice score, handicap. A. B. Thrasher, Cincinnati, took second in the Class B handicap; H. L. Sanford, Cleveland, second in the Class C; R. H. Birge, Cleveland, first in the Class D.

One of the reports that attracted wide attention was made by the committee on industrial sanitation of the Public Health Section—Dr. J. W. Kerr, U. S. P. H. S.; Dr. S. M. McCurdy, Youngstown, and Dr. Otto P. Geier, Cincinnati. The report held that the final solution of the drink evil would be settled on an economic basis through refusal of the employer to employ the alcoholic. Further it endorsed state and national health insurance.

The following is a list of those registered from Ohio:

Adair, Valloyd, Lorain.
 Alderdyce, Wm. W., Toledo.
 Allard, L. D., Portsmouth.
 Anderson, J., Cleveland.
 Austin, Mary L., Gallipolis.
 Alexander, E. R., Seville.
 Allison, K. W., Youngstown.
 Allwood, R. R., Montpelier.
 Anders, C. E., Old Fort.
 Andre, Orrin C., Waverly.
 Ailes, Melville D., Garrettsville.
 Allen, Edgar D., Crooksville.
 Anzinger, F. P., Springfield.
 Arn, Elmer R., Dayton.
 Barnard, B. C., Alliance.
 Blair, Thomas, Lyons.
 Barr, D. R., Grand Rapids.
 Boerstler, George W., Lancaster.
 Basinger, A. F., Lima.
 Brady, E. L., Marion.
 Bowers, L. G., Dayton.
 Bishop, Park S., Delta.
 Biddle, J. K., Steubenville.
 Brookhart, L. S., Cleveland.
 Bussdicker, L. S., Dayton.
 Banker, D. F., Canton.
 Banker, N. S., Cleveland.
 Barker, F. Dale, Dayton.
 Bauer, M. M., Lake.
 Beardsley, C. E., Ottawa.
 Beiter, J. R., Canton.
 Berkes, Harvey A., Cleveland.
 Bessey, J. M., Toledo.
 Blosser, C. R., Dunkirk.
 Bachman, U. M., Cleveland.
 Bonner, Horace, Dayton.
 Bowman, H. H., Canton.
 Bradley, Isabel A., Akron.
 Brailey, H. E., Swanton.
 Brant, Austin C., Canton.
 Brant, E. D., Canton.
 Breck, T. B., Cleveland.
 Breese, E. S., Dayton.
 Brewer, L. A., Toledo.
 Biggs, D. B., Findlay.
 Bowman, Galen F., Toledo.
 Broeman, C. J., Cincinnati.
 Brooks, Ernest B., Cleveland.
 Brown, Charles G., Mansfield.
 Bryant, Wm. W., Dayton.
 Buchanan, John U., Youngstown.
 Buchman, L. A., Canton.
 Bull, Maud L., Marion.
 Burgess, Thomas E., Toledo.
 Bard, I. W., Cleveland.
 Barnes, Robert L., Columbus.
 Battels, Mary Miller, Ashtabula.
 Bauer, E. O., Middletown.
 Becker, Bernard, Toledo.
 Becker, Kurt C., Toledo.
 Bidwell, P. J., Toledo.
 Biercamp, F. J., Youngstown.
 Bickley, R. S., Dayton.
 Bliss, Chester C., Sandusky.
 Bookwalter, Harry, Columbiana.
 Brelsford, H. H., Cleveland.
 Briggs, E. C., Wilmington.
 Brindley, A. A., Swanton.
 Brokaw, Wm. F., Cleveland.
 Brockway, P. Bruce, Toledo.
 Bruner, William Evans, Cleveland.
 Brush, Edmund C., Zanesville.
 Burritt, C. A., Toledo.
 Butt, William Redfield, Canton.
 Byall, H. M., Montpelier.
 Caywood, J. Robert, Piqua.
 Christopher, H. V., London.
 Cole, Harold N., Cleveland.
 Cox, Ernest H., Cleveland.
 Cox, S. S., Lorain.
 Crane, Charles A., Canton.
 Cushing, C. H., Elyria.
 Caldwell, J. H., Cincinnati.
 Campbell, Elizabeth, Cincinnati.
 Chamberlain, Wm. B., Cleveland.
 Chapman, George L., Toledo.
 Chollett, Burt G., Toledo.
 Christie, Chester Dale, Cleveland.
 Clark, Colin R., Youngstown.
 Clark, William, Cleveland.
 Colvin, B. B., Cleveland.
 Cook, R. Harvey, Oxford.
 Cooper, H. Wilbur, Steubenville.
 Coplan, M., Cleveland.
 Corlett, William Thomas, Cleveland.
 Cozad, H. Irving, Cuyahoga Falls.
 Craig, Charles A., Seneca Falls.
 Crane, A. Melville, Marion.
 Crotty, Nora, Cincinnati.
 Cusher, L. M., Cincinnati.
 Cutler, Franklin E., Cleveland.

Conklin, D. B., Dayton.
 Coldham, William W., Toledo.
 Clarke, Robert, Cleveland.
 Cummer, Clyde L., Cleveland.
 Cameron, R. L., Youngstown.
 Coleman, Warren, Troy.
 Connell, A. E., Cleveland.
 Courtright, L. R., Dayton.
 Cherrington, M. H., Logan.
 Chrisman, C. N., Dayton.
 Coy, M. E., Dayton.
 Corl, H. E., Middle Branch.
 Crile, George W., Cleveland.
 Dexter, Richard, Cleveland.
 Dutrow, Howard V., Dayton.
 Duckwald, M. W., Dayton.
 Dale, George B., Dayton.
 Dennison, John M., Akron.
 Dauer, A. J., Toledo.
 Davis, W. W., Bainbridge.
 Davisson, J. Alex., Dayton.
 Derfus, L. F., Salem.
 DeVilbiss, Allen, Toledo.
 Dewitt, J. P., Canton.
 Doolittle, Wm. F., Cleveland.
 Dauch, S. Bertha, Cincinnati.
 Douglas, Jean S., Wooster.
 Downing, C. B., Genoa.
 Drysdale, H. H., Cleveland.
 Dunham, Alonzo H., Dayton.
 Dunn, A. Henry, Chillicothe.
 Duncan, James A., Toledo.
 Daniels, Ralph B., Toledo.
 Dolloway, L. Marsh, Toledo.
 Douglass, Fred M., Toledo.
 Duncan, James T., Toledo.
 Dyson, E. B., Rootstown.
 Evans, George B., Dayton.
 Eichberg, Julius, Cincinnati.
 Earle, E. R., Urbana.
 Everhard, N. S., Wadsworth.
 Eastman, W. H., Fredericktown.
 Elder, R. P., Columbus.
 Englander, S., Cleveland.
 Everhard, Eleanor S., Dayton.
 Evans, Henry C., Youngstown.
 Flidner, G. B., Cleveland.
 Frame, A. B., Piqua.
 Faragher, James L., Cleveland.
 Fouts, J. D., Dayton.
 Felker, Gertrude, Dayton.
 Firmin, John M., Findlay.
 Follansbee, George E., Cleveland.
 Foster, S. D., Toledo.
 Frieberg, Albert H., Cincinnati.
 Friedrich, Martin, Cleveland.
 Friend, John M., Cleveland.
 Fuhs, I. H., Canton.
 Faller, Albert, Cincinnati.
 Ficklin, Frank B., Toledo.
 Fuller, G. B., Loudenville.
 Fisher, Virgil L., Mt. Vernon.
 Fischer, Martin H., Cincinnati.
 Floyd, J. C. M., Steubenville.
 Gilmore, William N., East Liverpool.
 Green, Amos F., West Jefferson.
 Gardiner, Will, Toledo.
 Garver, Charles V., Lorain.
 Geier, Otto P., Cincinnati.
 Gillespie, H. P., Lower Salem.
 Glass, Geo. F., Cleveland.
 Green, Howard I., Toledo.
 Griffin, J. Gordon, Akron.
 Guiss, W. H., Tiro.
 Gantt, S. O., Centerburg.
 Gardiner, John, Toledo.
 Garnhart, R. E., Milan.
 Gaver, Earl E., Columbus.
 George, J. F., Ft. Jennings.
 Gillette, E. Benjamin, Toledo.
 Gilette, W. I., Toledo.
 Griewe, J. E., Cincinnati.
 Grubb, Edw. W., Akron.
 George, Elmer A., Cleveland.
 Gill, Wm. C., Cleveland.
 Glenn, W. W., Hillsboro.
 Gill, George, Elyria.
 Goudy, Grover Cleveland, Canton.
 Greenebaum, J. Victor, Cincinnati.
 Haines, Thomas H., Columbus.
 Hogue, Delos W., Springfield.
 Hahn, E., Leetonia.
 Haines, W. D., Cincinnati.
 Hall, C. A., Cleveland.
 Hamann, Carl A., Cleveland.
 Hamilton, N. A., Franklin.
 Hannum, Eugene S., Cleveland.

Hanson, D. S., Cleveland.
 Hart, Frank E., Canton.
 Hartford, P. C., East Palestine.
 Hartinger, D. B., Middleport.
 Hayford, Herbert S., Toledo.
 Hay, Charles H., Cleveland.
 Heath, J. R., Grover Hill.
 Heatley, Thomas F., Toledo.
 Hedrick, J. S., Dunkirk.
 Heffron, C. H., Metamora.
 Heidingsfeld, M. L., Cincinnati.
 Herkner, Henry A., Cleveland.
 Hale, Wm. K., Wilmington.
 Hanzlik, Paul J., Cleveland.
 Harding, George T., Jr., Columbus.
 Hartzell, H. J., Cleveland.
 Harpster, Charles M., Toledo.
 Harsh, E. Herbert, Minerva.
 Hayhurst, Emery R., Columbus.
 Heberding, John, Youngstown.
 Heffner, E. F., Wapakoneta.
 Henderson, L., Marysville.
 Hertzler, Wm. C., Toledo.
 Herrick, Frederick C., Cleveland.
 Hitchcock, C. S., Toledo.
 Hunter, F. J., Clyde.
 Hunter, J. E., Greenville.
 Haning, H. C., Dayton.
 Hannum, E. A., Cleveland.
 Hermann, G. A., Hamilton.
 Howells, James O., Bridgeport.
 Hugg, A. A., Middleport.
 Houck, Eugene O., Cleveland.
 Hauer, Arthur M., Columbus.
 Hill, Arthur J., Canton.
 Holland, A. B., Wellsville.
 Hatcher, Harry H., Dayton.
 Herold, L., Rossford.
 Heyn, Louis G., Cincinnati.
 Hill, C. T., Akron.
 Hinman, S. S., Toledo.
 Hogan, J. J., Ashtabula.
 Hogue, W. L., Montpelier.
 Hohly, Paul, Toledo.
 Hollingshead, Frances M., Columbus.
 Holston, J. D., Massillon.
 Hoover, C. F., Cleveland.
 Hosick, William, Cleveland.
 Houghtaling, F. M., Huron.
 Hubbell, Wm. B., Elyria.
 Hughes, W. J., Moscow.
 Hull, Wm. H., Elyria.
 Humiston, Wm. H., Cleveland.
 Hunt, Chas. T., Miamisburg.
 Hunter, C. E., Bellville.
 Hunter, R. C., Wapakoneta.
 Ickes, Edgar M., Fremont.
 Iglaue, Samuel, Cincinnati.
 Ingersoll, J. M., Cleveland.
 Irwin, J. W., Seaman.
 Jones, Lynn M., Dayton.
 Jones, Nathaniel M., Cleveland.
 Judy, C. S., Miamisburg.
 Johnston, F. P., Mt. Gilead.
 Jones, George, Toledo.
 Jacobson, Julius H., Toledo.
 Johnston, J. Ambrose, Cincinnati.
 Jones, Maurice F., Youngstown.
 Jones, Chas. C., Cincinnati.
 Kendig, R. C., Akron.
 King, Edward, Cincinnati.
 Klaus, E., Cleveland.
 Konrad, W. C., Cleveland.
 Kahle, R. D., Lima.
 Karsner, Howard T., Cleveland.
 Keller, John G., Toledo.
 Kent, F. Marion, Bellevue.
 Keyes, E. W., Cleveland.
 Kistler, Geo. P., Newcomerstown.
 Kahler, J. Frank, Canton.
 Kilbourne, P. H., Dayton.
 Kramer, J. D., Dayton.
 Knowlton, L. G., Berea.
 Krouse, Louis J., Cincinnati.
 Kelley, S. W., Cleveland.
 Kever, B. W. D., Centerville.
 Knowlton, E. H., Mantua.
 Lawrence, Florus F., Columbus.
 Laughlin, Robert, Steubenville.
 Larkins, Clyde R., East Liverpool.
 Leonard, Francis G., Cleveland.
 Lowe, D. B., Akron.
 Larimore, Frank Carter, Mt. Vernon.
 LeFevre, W. I., Cleveland.
 Louy, Chas., Toledo.
 Loney, W. Bruce, West Union.
 Loyer, A. E., New Hampshire.
 Ladd, L. E., VanWert.
 Large, Secord H., Cleveland.
 Leahy, Maurice, Tiffin.

Leatherman, B. E., Toledo.
 Leithausen, D. J., Youngstown.
 Levison, Louis A., Toledo.
 Lewis, G. H., Cleveland.
 Lietze, Bertha C., Cincinnati.
 Light, A. L., Dayton.
 Link, Joseph A., Springfield.
 Loughbridge, W. E., Mansfield.
 Lower, William E., Cleveland.
 Logue, A. E., New Washington.
 Luce, R. V., Akron.
 Luck, Henry C., Cleveland.
 Lukens, Charles, Toledo.
 Lupton, Ella G., Gallipolis.

McClellan, James S., Bellaire.
 McCormick, J. C., Mt. Gilead.
 McConkey, W. A., Canton.
 McGay, N. P., Cleveland.
 McGonigle, Murray B., Toledo.
 McKee, Edward S., Cincinnati.
 McKesson, E. L., Toledo.
 McKim, G. F., Cincinnati.
 McKinney, E. G., Doylestown.
 McKittrick, A. S., Kenton.
 McLaughlin, C. C., Dunkirk.
 McMechan, F., Cincinnati.
 McNeill, R. C., Toledo.
 McNeill, R. C., Belle Center.
 McPeck, Clayton, Columbus.
 McPherson, C. G., Xenia.
 McShane, John J., Akron.
 MacIvor, Angus, Marysville.
 Manley, Orville T., Warren.
 March, E. J., Canton.
 Matchett, W. H., Greenville.
 Maynard, O. T., Elyria.
 Metzenbaum, Myron, Cleveland.
 Miller, James W., Cincinnati.
 Miles, F. T., Salem.
 Miller, G. W., Mansfield.
 Mithoefer, Wm., Cincinnati.
 Montani, Rocco A., Youngstown.
 Moore, Clark A., Cambridge.
 Morris, Roger S., Cincinnati.
 Morgan, Harold J., Toledo.
 Moxley, N. K., Ironton.
 Moss, Wm. F., Maineville.
 Murphy, J. W., Cincinnati.
 Murphy, John J., Lima.
 Murray, John L., Toledo.
 Maglott, John, Mansfield.
 Marine, David, Cleveland.
 Maxwell, L. K., Toledo.
 McCracken, A. J., Bellefontaine.
 McGavran, Chas. W., Columbus.
 McKee, Charles P., St. Marys.
 Mehard, R. A., Youngstown.
 Mellott, Earl R., Toledo.
 Miller, D. J., No. Benton.
 Mills, Charles D., Marysville.
 Mills, C. H., Toledo.
 Millette, John W., Dayton.
 Moore, F. L., Fremont.
 Moury, David, Bellefontaine.
 Munsie, James, Cleveland.
 Murphy, John T., Toledo.
 McKay, W. W., Warren.
 McKenny, J. W., Dayton.
 McClelland, J. E., Cleveland.
 Moots, Charles W., Toledo.
 Madden, Reed, Xenia.
 Meader, H. B., Toledo.
 Miller, M. F., Wadsworth.
 Murbach, Edwin A., Archbold.
 Morrow, E. O., Canton.
 McLean, C. O., Dayton.
 McCullough, A. H., Mansfield.
 McCullough, J. A., Steubenville.
 Marchand, J. F., Canton.
 Maddox, Wm. H., Wauseon.
 Marthens, J. Grant, Dayton.
 McClellan, Ben. R., Xenia.
 MacFarland, Jr., C. H., Cleveland.
 Means, William J., Columbus.
 Morgan, John B., Cleveland.
 Moore, J. Lytle, Toledo.
 Moorman, A. J., Dayton.
 McDonald, C. L., Cleveland.
 Means, Charles S., Columbus.
 Maglott, John, Mansfield.

Nessley, G. B., Columbus.
 Nelson, Chas. F., Cleveland.
 Nichols, Bernard H., Ravenna.
 Nihart, W. K., Edgerton.
 Nelson, S. W., Cincinnati.
 Noble, H. S., St. Marys.

Osborne, H. M., Youngstown.
 Otis, Lloyd M., Celina.
 Ordway, Clarence S., Toledo.

Overholt, E. J., Fostoria.
 Olney, L. W., West Jefferson.
 Osmond, John D., Cleveland.
 O'Connell, C. A., Cleveland.

Patton, W. B., Springfield.
 Pennywitt, Rufus C., Dayton.
 Pomerene, H. P., Canton.
 Price, Claude Elmer, Toledo.
 Phillips, D. T., Barnesville.
 Porter, Matthew, Dayton.
 Painter, Albin M., Youngstown.
 Parks, William A., Akron.
 Patterson, Paul M., Toledo.
 Pedigo, S. E. G., New Marshfield.
 Pepper, Lester C., Sidney.
 Pomeroy, Lawrence A., Cleveland.
 Palmer, R. A., Fostoria.
 Parisen, George Byron, Toledo.
 Parry, J. R., Woodfield.
 Peelle, Frank A., Wilmington.
 Perrin, David A., Chillicothe.
 Perry, W. H., Cleveland.
 Peterson, H. D., Sandusky.
 Pirrung, J. Edw., Cincinnati.
 Podlewski, S. J., Steubenville.
 Pool, Henry J., Port Clinton.
 Porter, E. H., Tiffin.
 Prather, W. F., Dayton.
 Prendergast, D. A., Lakewood.
 Price, Weston A., Cleveland.
 Prudhomme, A. J., Cleveland.

Quinn, Thomas, Napoleon.
 Quittner, Samuel S., Cleveland.

Rambo, Cyrus M., Zanesville.
 Ranly, John, Cincinnati.
 Robuck, O. S., Gomer.
 Rogers, J. E., Portsmouth.
 Rogers, Walter B., Cleveland.
 Rosenblum, A. M., Youngstown.
 Ross, C. H., Alliance.
 Ryall, George W., Wooster.
 Remy, Jr., Edward, Mansfield.
 Ravine, William, Cincinnati.
 Robeson, W. C., Fort Recovery.
 Ratterman, Helena T., Cincinnati.
 Ravogli, Augustus, Cincinnati.
 Ruh, H. O., Cleveland.
 Rosnagle, Francis Ernest, London.
 Rice, R. A., Columbus.
 Ryan, W. A. T., Dayton.
 Reed, C. A. L., Cincinnati.

Salzer, Moses, Cincinnati.
 Santee, Leon B., Lawrenceville.
 Scott, Ernest, Columbus.
 Shackleton, Wm. E., Cleveland.
 Shaffer, John W., Youngstown.
 Sheffield, Edwin E., Elyria.
 Smead, Lewis L., Toledo.
 Smith, J. M., New Philadelphia.
 Souder, Chas. G., Toledo.
 Souder, R. L., Ada.
 Souther, Chas. T., Cincinnati.
 Sparling, H. P., London.
 Spurney, A. F., Cleveland.
 Stamm, M., Fremont.
 Steele, R. G., Melmore.
 Steinfeld, Albert L., Toledo.
 Stephens, Chas. A., Toledo.
 Stone, Charles W., Cleveland.
 Stueber, F. G., Lima.
 Sweeney, Jas. J., Toledo.
 Smith, H. H., Middletown.
 Schriver, L. Howard, Cincinnati.
 Seiler, Isaac P., Piketon.
 Simms, Robert, Akron.
 Sloan, Harry G., Cleveland.
 Seward, I. E., Cleveland.
 Stern, Walter G., Cleveland.
 Smeltzer, W. F., London.
 Storz, Christian, Toledo.
 Spurney, Anton, B., Cleveland.
 Sackett, S. C., Fremont.
 Sager, Benson E., Cleveland.
 Sanford, Henry L., Cleveland.
 Saunders, O. H., Findlay.
 Schild, Edw. H., Canton.
 Schlink, Albert G., Cleveland.
 Schmolde, F. J., Cleveland.
 Sedwitz, Samuel H., Youngstown.
 Scott, W. Wylie, Bolivar.
 Seiler, J. H., Akron.
 Shepard, Charles J., Columbus.
 Sherman, H. G., Cleveland.
 Shirey, O. M., Cleveland.
 Sherbondy, J. A., Youngstown.
 Shrieves, Elizabeth, Wilmington.
 Silver, H. Z., Eaton.
 Sinkey, Richard E., Toledo.

Steele, W. H., Montpelier.
 Smith, E. O., Cincinnati.
 Smith, Webster S., Dayton.
 Snyder, A. E., Bryan.
 Snyder, F. D., Ashtabula.
 Snyder, Walter H., Toledo.
 Solmann, Torald, Cleveland.
 Southwick, P. F., Sandusky.
 Stahl, S. S., Franklin.
 Steinke, Carl R., Akron.
 Stevens, J. L., Mansfield.
 Stevenson, David W., Akron.
 Stinchcomb, W. G., Bellefontaine.
 Stitt, H. L., Washington C. H.
 Stix, Walter H., Cincinnati.
 Stone, Willard J., Toledo.
 Stotter, James, Cleveland.
 Stuart, Charles C., Cleveland.
 Stueber, Paul J., Lima.
 Sutton, H. T., Zanesville.
 Swing, Frank, Cincinnati.

Taylor, Walter S., Cleveland.
 Thomas, David, Lorain.
 Townsend, C. E., Akron.
 Tobey, E. A., Youngstown.
 Taylor, W. R., Fort Recovery.
 Tuckerman, J. E., Cleveland.
 Thomas, Hubbard, Toledo.
 Thrasher, A. B., Cincinnati.
 Tait, P. George, Toledo.
 Tate, Charles Hugh, Dayton.
 Taylor, Arthur C., East Cleveland.
 Test, A. L., Portsmouth.
 Teter, Chas. K., Cleveland.
 Theiss, Frederick C., Cincinnati.
 Thomas, E. J., Findlay.
 Thomas, Geo. F., Cleveland.
 Thomas, J. J., Cleveland.
 Towslee, Lillian G., Cleveland.
 Tritch, John C., Findlay.
 Trumbull, H. N., Woodville.
 Tucker, Edwin D., Toledo.
 Tuckerman, W. C., Cleveland.
 Tuckerman, Warner H., Cleveland.
 Tudor, Omar H., Kenton.
 Turner, Chas. A., Columbus.
 Turner, Walter B., Youngstown.
 Tussing, Perry L., Lima.
 Ulmer, Charles A., Bucyrus.
 Upham, J. H. J., Columbus.

Van Note, Wm. B., Lima.
 Vail, Derrick T., Cincinnati.
 Vermilya, Owen C., Fremont.

Ward, Joseph, Cortland.
 Washburn, John L., Youngstown.
 Weaver, Elizabeth M., Akron.
 Weaver, W. Burnett, Williamsburg.
 Weitz, J. A., Montpelier.
 Whitehead, Howard, Columbus.
 Wilkins, Arch M., Delta.
 Wilson, E. D., Haskins.
 Wolfe, A. C., Columbus.
 Woltmann, H., Mansfield.
 Wyker, Calvin H., Columbus.
 Wyler, Jesse S., Cincinnati.
 Walker, Chauncey Albert, Louisville.
 Walker, R. S., Toledo.
 Walker, William J., Bryan.
 Ward, C. E., Cleveland.
 Ward, S. Carl, Lorain.
 Wilson, Dale, Toledo.
 Wright, Granville M., Toledo.
 Waggoner, C. W., Toledo.
 Williams, C. C., Niles.
 Wolfe, A. C., Columbus.
 Wright, Thos. M., Troy.
 Wyckoff, C. W., Cleveland.
 Wynkoop, R. B., Ashtabula.
 Wire, G. W., Wilmington.
 Woods, Elizabeth, Toledo.
 Walker, A. B., Canton.
 Wright, J. H., New Lexington.
 Warburton, G., Zanesville.
 Wright, Frank C., Grove City.
 White, William H., Columbus.
 Wright, Wm. E., Newark.

Yeomans, W. Lewis, Bucyrus.
 Yocum, L. A., Wooster.
 Young, L. P., Empire.
 Yaggi, H. K., Salem.
 Yates, E. A., Piqua.

Zopf, W. J., Findlay.
 Zinninger, Geo. F., Canton.
 Zinke, E. Gustav, Cincinnati.
 Zbinden, Theodore, Toledo.

Portsmouth Judge Serves Notice on R. Von Walden, So-called "Diet Specialist," to Quit Business Immediately

Having been found guilty of practicing medicine without a license, R. Von Walden of Cincinnati, who advertised and operated throughout Southern Ohio as a "diet specialist," was fined \$300 and costs and given a suspended sentence of one year in the county jail by Judge Thomas of the common pleas court at Portsmouth on May 31. On a charge of having professional connection with Von Walden, the state medical board on March 17 revoked the license of Dr. George F. Schwenkmeyer of Kennedy Heights, Cincinnati.

In his charge to the jury which found Von Walden guilty, Judge Thomas defined the acts or things which, under the Ohio medical practice act, constitute practicing medicine or surgery without a license from the state medical board, as follows:

"First, the use of the words 'Dr.,' 'Doctor,' 'Professor,' 'M. D.,' 'M. B.,' or any other title in connection with one's name which in any way represents one to be engaged in the practice of medicine, surgery or any of its branches. However, in this case the state is not relying on the use of any such representations on the part of the defendant.

"Second, to examine or diagnose for a fee or compensation of any kind.

"Third, to prescribe, advise, recommend, administer or dispense for a fee or compensation of any kind, direct or indirect, a drug or medicine, appliance, application, operation or treatment of whatever nature, for the cure or relief of a wound, fracture or a bodily injury, infirmity or disease.

"If you find beyond a reasonable doubt, as that term has been defined to you, that the defendant, on or about the 26th day of December, 1915, did any or all of the matters or things which constitute the practice of medicine, as I have defined it to you, then you shall find the defendant guilty. Or, in other words, the offense is complete if the evidence shows beyond a reasonable doubt that the defendant on or about the time alleged, did examine or diagnose, for a fee or compensation of any kind—whether or not he administered any drug or medicine at the time or subsequently. Or the offense would be complete if the defendant prescribed, advised, recommended, administered or dispensed, for a fee or compensation of any kind, direct or indirect, a drug or medicine, appliance or application, operation or treatment of whatever nature, for the cure or relief of the infirmity or disease, regardless of whether or not the defendant diagnosed the case."

The Von Walden case grew out of the death of Charles Fenstermacher, at Portsmouth, on January 5, 1915, (O. S. M. J., April 15, 1916, p.

273). It was said that Von Walden received more than \$700 in fees from Portsmouth people as an alleged specialist in kidney and heart diseases before he was exposed. Extreme contempt for Von Walden's acts was expressed by Judge Thomas in imposing sentence after he had overruled a motion for a new trial.

"For one court to attempt to eliminate in the practice of medicine all the fraudulent methods," said the judge, "would be like dipping the Ohio river dry with a small ladle. All we can do is to take care of those that come before us and do our duty. You went up to a little home which had only \$30 in it, and took it. Later you received the other \$200 before going further in the case. You always made sure that you got what you wanted whether the man got well or not."

Asked if he cared to make a statement, Von Walden said: "I had not the slightest idea or intention of violating the law. I consulted a prominent attorney in Cincinnati and he advised me that if I put a physician in my office I would be all right. I want to say that I am to withdraw entirely from the business." Schwenkmeyer testified during Von Walden's trial that he had been associated with the defendant for three years.

Von Walden later was arraigned on an indictment charging him with illegal practice of medicine in the home of Mrs. J. S. Moon of Portsmouth. He pleaded not guilty and a trial date was set, but following a conference of the court and the attorneys in the case, one-half of the fine imposed in the first case was remitted and, upon Von Walden's promise to desist from any further illegal practice, it was announced that no further court action would be taken.

The action of the court in eliminating Von Walden from the realm of Ohio quackery completes a successful campaign that was undertaken some months ago by the Hempstead Academy of Medicine of Portsmouth. The Cincinnati Academy of Medicine gave moral and financial support, as did the State Society. With this influence, the state medical board proceeded to deal vigorously with Von Walden and Schwenkmeyer. Dr. George H. Matson, the secretary, devoted considerable time to the development of this successful prosecution.

Two men deserve especial praise for effective aid in eliminating this pair of medical exploiters—Dr. Joseph H. Rardin, councilor for the Ninth District, who directed the prosecution, and Judge A. Z. Blair, of Portsmouth, who as special counsel for the prosecution, devoted time and skill far in excess of the amount warranted by the small fee the society was able to pay—devoted it because he was convinced that the people of his home community were being exploited by the most heartless method known.

Advertising Men and Physicians Hold Joint Meeting

Evidence that the medical profession and advertising men are nearing a point where their present disagreement regarding advertising eventually will be cleared away, grew out of a warm but friendly discussion of ethical advertising at the regular meeting of the Columbus Academy of Medicine on June 5. And judging from the assertions of the speakers who presented the newspapers' case, the understanding, when it comes, will be drafted along lines suggested almost entirely by physicians.

Views of the advertising men on medical advertising were imparted to the Academy by Harvey R. Young, advertising manager of the *Columbus Evening Dispatch*. The stand of the physician, together with the reasons for their demands for elimination of the unprofessional advertising of quacks, was clearly presented by Drs. L. L. Bigelow and S. J. Goodman of Columbus. At the close of the meeting several physicians declared that in recent years they had observed a marked change in the attitude of the physician and the advertising man and that there is every reason to believe that we are approaching common ground.

Mr. Young told of the efforts of the advertising association to clean up advertising, informed the physicians that the announcements of "famous men's specialists" and of similar advertising quacks had been barred from the columns of the *Dispatch* and that he did not want to print anything not fit to be read in the home. Much of the crookedness in advertising he attributed to the advertiser who wrote his own "copy." Inaccuracies, he said, were bound to creep in, despite the earnest efforts of the conscientious publisher to keep them out. The speaker asserted that men in his line of work look to physicians for suggestions on the subject of medical advertising and earnestly desire their cooperation.

Mr. Young is of the opinion that ethical advertising is any proper and truthful advertising whether applied to commercial articles or to service. He saw no harm in advertising certain well-known proprietary medicines which, he said, have the endorsement of many physicians. He argued that the physician could, without appearing unethical, make use of conservative advertising containing his name, the fact that he is a physician, his street and telephone number and the lines of medical work, if any, in which he specializes. E. S. Jaros, advertising manager of a Columbus department store, suggested that such advertising could be controlled by a state or local committee representing medical societies.

In sharp, pointed sentences, the physicians who joined in the discussion asserted that medical advertising leads to misstatements, deception and lack of confidence. The newspapers were criticised for accepting and publishing wonderful medical "discoveries" before such discoveries were

accepted in the medical world. Reports of operations, usually described as the first of their kind, should be regarded with suspicion, the newspapermen were told. In response to this criticism, the advertising men explained that advertising and publicity through news columns should not be confused. The publication of reports of operations and medical discoveries was publicity, not advertising, they said, and responsibility for such publicity should not be placed on their shoulders.

Workmen's Compensation Act Cannot Cover Occupational Diseases, Court Rules

Although the constitution of Ohio authorizes the legislature to provide compensation to workmen for occupational diseases, a decision, recently handed down by the Ohio supreme court, states that the workmen's compensation law adopted in 1913 can be construed only as significantly omitting any provision for compensation for occupational disease. The opinion of the court was that the legislature in passing the law did not intend to cover injuries caused by disease.

The court arrived at this decision after considering the case of the State Industrial Commission against Brown, who while employed by a Cincinnati white lead company contracted lead poisoning of so serious a nature that he became sick and disabled from work. Brown made application for compensation but his claim was disallowed in 1913. In 1914 Brown filed in the Hamilton county common pleas court his appeal from the decision of the industrial commission and a trial resulted in a verdict and judgment in his favor. This judgment was later affirmed by the court of appeals.

Chief Justice Nichols, in the opinion, said: "The premium rates assessed and collected by the administering board have been fixed on a basis of death and injuries by accident solely, to the entire exclusion of injury through disease. It is quite patent that any other construction would necessitate an immediate and striking horizontal elevation of all premium rates, and would in all probability prove a serious menace to the law itself."

The chief justice holds the view that the subject of compensation for occupational disease occupies a distinct field of its own. "It is so recognized, not only in our constitution, but by all humanitarians who have given the matter thoughtful attention," he says.

The ruling of the court of appeals in the Brown case was reversed by the supreme court and the case remanded to the common pleas court with instructions to sustain the demurrer of the state to the petition on appeal of the claimant Brown.

Had the highest court sustained the action of the lower courts, the importance of workmen's compensation, from a medical practice and public health standpoint, would have been doubled.

Hospital Problems Dealing With Workmen's Compensation, Nurse Training, Charity, Etc., Discussed at Cincinnati

The annual meeting of the Ohio Hospital Association, held in Cincinnati May 24 to 26, at the Hotel Gibson, demonstrated that there is a splendid field in Ohio for an organization that will deal with the important problems of hospital administration.

Nurse training, the operation of the workmen's compensation law, the probable effect of sickness insurance upon our hospitals, and the care of charity cases, were among the more important topics thoroughly discussed. Representatives were present from a large majority of the hospitals of the state. One unusual feature of the convention was the large attendance of sisters from the Catholic orders, their presence indicating the interest of these orders in the solution of hospital problems.

Credit for the success of the meeting and the indicated success of the Association is due largely to the persistent work of officers, and particularly to Mr. Howell Wright, of Cleveland, secretary of the Association. Since the organization meeting a year ago there has been a constant effort to bring into the organization representatives of every hospital in the state. Another interesting feature of the meeting was the commercial and scientific exhibits. Many large manufacturers of hospital supplies and equipment were represented, and several of the large hospitals presented exhibits showing special methods developed in the different lines of work.

Considerable criticism was directed against the Industrial Commission for its method of dealing with hospitals under the workmen's compensation act. The attack was led by Dr. W. S. Hoy, of Wellston, representative from Jackson county, who announced that if he is re-elected to the legislature he plans to introduce legislation designed to correct some of the present abuses. He was answered in person by Dr. William H. White, chief medical examiner for the commission. At the conclusion of a rather extended debate, the Association adopted a resolution authorizing the appointment of a committee of three members to study the operation of the law as regards its effect upon hospitals, and the sick in hospitals, and report at the next annual meeting. It directs that this committee shall co-operate with the similar committee which was appointed two years ago by the State Medical Association.

Criticism of the Industrial Commission was directed chiefly against the arbitrary cutting of bills. In the discussion it was brought out that many hospitals are refusing to take Industrial Commission cases unless the employer personally guarantees the full amount of the charges, regardless of the action by the commission.

Hospital executives objected to the allowance by the commission of \$28.00 for special nurses, pointing out that this allows but \$3.00 a week for board which costs the hospital \$7.00. Several emphasized the fact that the commission's so-called economy in restricting the number of dressings is largely responsible for the high rate of infection attending commission cases. If the commission would permit more frequent dressings, infection in many instances would be avoided. The legal limitation of \$200.00 operates harshly against hospitals. It was pointed out that this hardship is particularly noticeable in corrective operations in cases where the \$200.00 was used

RECOGNIZE THE JOURNAL

Copy of resolution adopted May 25th by the Ohio Hospital Association, in convention at Cincinnati:

WHEREAS, Problems of hospital administration are of necessity closely associated with problems of medical practice; and

WHEREAS, The Ohio State Medical Association is now maintaining a progressive monthly journal that devotes much attention to these joint problems.

Be it Resolved, That, for this succeeding year at least, the Ohio Hospital Association make the Ohio State Medical Journal its official organ, and that it be made hereby the official means of communication for this Association, and that all papers read before this Association and all official communications of the Association be printed in the Ohio State Medical Journal.

in the preliminary treatment, and where corrective work is necessary later in order to save the patient from permanent disability. Another abuse which operates against the hospital is the failure of the commission to promptly certify as to whether the patient is entitled to state care. Several executives reported that after patients had left the hospital the commission reported that they were not entitled to compensation—and the hospital, of course, holds the bag.

Dr. White, in meeting the various criticisms, called attention to the tremendous increase in the volume of business handled by the commission. With a decidedly limited medical staff, they are passing upon about 500 cases daily and mistakes necessarily occur. He outlined several innovations which have been made, and promised more satisfactory administration of the department in the future.

He agreed that the \$200 limit should be modified, pointing out that if the state had more money

to spend for corrective work, many thousands of dollars could be saved through a reduction in disability costs.

It is hoped to bring about a more satisfactory administration of the hospital as well as the medical practice features of the law through the committees now representing the hospital and the medical associations.

NURSE TRAINING

The friction that has developed between the large and small hospitals of the state over the subject of nurse training brought about by the operation of the new nurse registration law was rather marked at the convention. After a rather acrimonious debate of the proposition, the convention adopted the following resolution:

"That the question of the regulation of the State Medical Board concerning the minimum number of patients, per daily average, be referred to a special committee, to be reported on at the next annual meeting of the Ohio Hospital Association."

This action was not satisfactory to a number of members of the Association representing the smaller hospitals. Headed by Dr. Hoy and Drs. Cherrington of Logan and Pool of Port Clinton, a number of these announced their withdrawal from the Association, and the organization of a rival group. They further announced that they had incorporated under the name of the Ohio Hospital Association—an action that may develop a legal contest regarding the right to use this title.

A very interesting evening session was devoted to the subject of state sickness insurance and its probable effect upon hospital administration in Ohio, led by Dr. E. R. Hayhurst, of the state health department. Dr. Hayhurst believes that sickness insurance will greatly increase the number of hospital cases—that the sick will be treated in hospitals, and that ambulatory cases will be cared for in dispensaries, and that treatment of the sick in the home will be greatly decreased. He figures that the entire cost will total only about 3 per cent of the total now paid for wages. He advised hospital executives to consider the matter carefully because of the probable legislative consideration of the question in Ohio. Dr. Hayhurst strongly believes that socialization of medical service is coming, and that it will provide better service at a decreased cost.

Dr. A. C. Bachmeyer, superintendent of Cincinnati General, declared that sickness insurance is sure to come, and that doctors in hospitals must be prepared to meet it.

Dr. C. L. Bonifield rather doubted the feasibility of such insurance, pointing out the fundamental difference between conditions in this country and in Europe.

Dr. H. K. Dunham agreed with Dr. Bachmeyer,

however, and urged medical men to do everything possible to aid in the movement, pointing out that the development of the system would be a tremendous aid to public health work, and is practically the solution of the tuberculosis problem. He declared that from a medical practice standpoint it has been successful in every way in England, and that prior to the war the average income of the English physician had been materially increased by its operation.

The extent of the community's obligation for the case of indigent sick and injured was cleverly presented by Mr. Fred S. Bunn, superintendent of Youngstown City Hospital, and by Father M. F. Griffin, of St. Elizabeth's Hospital, Youngstown. They detailed their varied experience in dealing with the city's indigent over a long period of years, which led up to the present satisfactory plan under which the city pays the hospital \$1.75 per day per patient.

Dr. C. G. Souder, of Toledo, superintendent of Lucas County Hospital, explained the methods by which the anti-tuberculosis hospital propaganda has been developed in Ohio, and detailed in an interesting manner the entire field of tuberculosis sanatoria.

Dr. Christian R. Holmes, chairman of the Cincinnati Hospital Commission, and Dr. Charles F. Hoover, professor of clinical medicine at Western Reserve University School of Medicine, were the speakers at the annual banquet of the Association. Dr. Holmes dealt chiefly with the problems of medical education and nurse training, and advocated the elimination of commercialism from the latter as well as from the former. Dr. Hoover took as his theme the proposition that a hospital must be more than a mere place to treat the sick, and gave interesting points relative to hospital management.

The following officers were elected for the following year: President, Rev. A. G. Lohmann, superintendent of the German Deaconess Hospital, Cincinnati; first vice president, David Workum, Cincinnati; second vice president, Miss M. A. Lawson, Akron; third vice president, Miss Mary E. Jamieson, Columbus; secretary-treasurer, Howell Wright, Cleveland. The executive committee is composed of Fred S. Bunn, Youngstown, chairman; Rev. C. H. LeBlond, Cleveland; Dr. E. R. Crew, Dayton; Miss Mary M. Roberts and Dr. A. C. Bachmeyer, Cincinnati.

With impressive ceremonies a bronze tablet erected to the memory of Dr. Daniel Drake, distinguished physician, philosopher, builder of institutions and brilliant writer, was unveiled in the corridor of the administration building of the General Hospital at Cincinnati on June 10, in the presence of many men prominent in the medical world, descendants of the famous physician, and others interested in medical and civic affairs.

Fellow Citizens of Dayton Pay Splendid Tribute to Dr. Reeve on the Occasion of His Nintieth Birthday Anniversary

Dr. John Charles Reeve, of Dayton, dean of Ohio medical men, was signally honored at a banquet given by members of the Montgomery County Medical Society at Dayton on June 5, in celebration of the pioneer physician's 90th birthday anniversary. The affair was a fitting climax of a day spent by Dr. Reeve in receiving hundreds



DOCTOR JOHN C. REEVE, OF DAYTON

of friends who called at his home and expressed gratification that he has passed far beyond the span of years ordinarily given to man, and is still enjoying good health.

Surrounded by his closest friends, the venerable physician sat at the head of two long rows of flower-laden tables placed in the ball room of the Dayton Club. Dr. W. J. Conklin, who was introduced by the chairman of the committee on arrangements, Dr. E. M. Huston, and who for four years was associated with Dr. Reeve in the practice of medicine, acted as toastmaster. Many presents of flowers were received by the honor guest and telegrams of congratulations poured in from all sides.

Triumphs of the long and useful life of Dr. Reeve were recounted in glowing terms by the

banquet speakers. In addition to Dr. Reeve, Dr. Huston and the toastmaster, they were Dr. C. A. L. Reed of Cincinnati, Dr. Isaac Kay of Springfield, and Dr. F. R. Henry, John A. McMahon and Judge Dennis Dwyer of Dayton. After a brief address, during which he referred to his four years' association with Dr. Reeve as a "benediction," Dr. Conklin introduced the honor guest. Dr. Reeve, always an interesting speaker, told of his early life and of the marked changes he has witnessed in the practice of medicine. His remarks were interspersed with many humorous comparisons.

"I would be a dullard, indeed, not to be affected by this meeting," he said, "and I cannot frame any honeyed phrases; I can only say I thank you—I thank you. I have seen medicine keep pace with every science and at times pass them. When I came to Dayton in 1854, there were few doctors and one of them used to charge \$3 for an obstetric case and give the mother a calico dress. The office fee was fifty cents and I have sold a package of several Dover's powders for fifteen cents.

"I did not make my expenses during the first six years of my residence in Dayton. It may be difficult for this august body of automobilists to believe this. It would take more time to tell you what medicine was not, than what it was in those early days. I have seen two great revolutions—the first, anaesthesia, and the second, antisepticism—the greatest discoveries ever made.

It was long after '76 that trained nurses were found in Dayton, the first professional nurses being the Sisters of the Poor, who founded St. Elizabeth's Hospital on Franklin street with twelve beds. Diphtheria had no place in the list of diseases. Blood-letting and mercury were two of the most important remedies, and I had been in Dayton but a short time when a teamster fell from his wagon and was seriously injured. I was asked to give aid and was called an 'aleck' for refusing to bleed him."

Dr. Reed closed his remarks with this tribute to his friend: "Dr. Reeve stands today the typification of crowning triumph. In youth, he triumphed over adversity. In early manhood, he triumphed over an environment that made for crudeness rather than culture. In professional life, he triumphed over a conservatism that is content with the error of today rather than the truth of tomorrow. In citizenship, he triumphed over established convention that is always an impediment of progress. In every human realization, he triumphed over the selfishness that is the enemy of the brotherhood among men. He has healed the sick, bound up injuries and succored the new born. He has added to the sum total of

human knowledge. But this is not all of Dr. Reeve's triumphs. The greatest of all consists in the fact that he has set in motion and given direction to forces which will make human life longer and broader, better and happier—this is his crowning triumph, for it is immortality."

Born in England in 1826, Dr. Reeve came to America when six years of age and settled with his parents in Cleveland, Ohio. At the age of 12 he left school and entered a printing office, where he prepared himself for school teaching. This work gave him an opportunity for study which he has continued up to the present day. His medical education began with two courses of lectures at the Cleveland Medical College. Four years of his early practice were spent in Wisconsin, where he performed his first amputation with a carpenter's saw by candle light. Later he spent a year in post-graduate work in Europe.

It was through the efforts of Dr. Reeve that the now invaluable clinical thermometer was introduced into this country from Europe. He was among the first of the advocates of the pre-operative use of morphia-atropine, recognizing the great aid it gave to the anaesthetic. It is generally known that he is the American father of the A. C. E., 1-2-3 mixture for anaesthesia.

"He is not the sort of man to know that he stands before the younger physicians of his city as their ideal, but they know it," said Dr. Huston. "And if it should be given him to feel the reverence in which he is held by them, his ninety years would be crowned with triumph and real joy."

Medical Men in O. N. G. and Army Service

One of the most important tasks in connection with the mobilization of the Ohio National Guard for possible Mexican service fell upon the shoulders of the medical men enlisted in the guard. They were among the first in uniform, assisting in camp construction, making preparations to safeguard the health of the troops and examining recruits and enlisted men.

All members of the medical corps, excepting those attached to the First and Seventh Infantry, and the sanitary troops responded to the President's call. Physicians and surgeons attached to the First and Seventh are being used to determine the physical fitness of the troops called into service. Adjutant General Hough has received many telegrams from physicians offering their services.

A list of members of the medical profession, serving as commissioned officers in the Guard, with their ranks as of January 1, 1916, follow:

MAJORS

H. B. Bartollette, Shreve, Medical Corps, 8th Infantry.
John B. Eckstorm, Columbus, 2nd Ambulance.
Charles D. Gamble, Spencerville, Medical Corps, 2nd Inf.
Edwin A. Hamilton, Columbus, Medical Corps, 4th Inf.
F. W. Hendley, Cincinnati, 1st Field Hospital.
William P. Love, Youngstown, 2nd Field Hospital.
Harry H. Snively, Columbus, 2nd Field Hospital.
P. W. Tappan, Dayton, Medical Corps, 3rd Infantry.
Frederick C. Weaver, Dayton, Medical Corps.

LIEUTENANT COLONEL

Joseph A. Hall, Cincinnati, Medical Corps.

CAPTAINS

Charles A. Bolich, Wadsworth, Medical Corps, 8th Infantry.
D. V. Burkett, Columbus, Hospital Corps, Cavalry.
C. G. Church, Van Wert, Medical Corps, 2nd Infantry.
L. C. Cosgrove, Swanton, 1st Ambulance Company.
W. C. Gill, Cleveland, Medical Corps, 5th Infantry.
A. J. Girardot, Toledo, Medical Corps, 6th Infantry.
J. M. Bentley, Cincinnati, 1st Field Hospital.
A. M. Harrison, Bowling Green, Medical Corps, 2nd Inf.
Philip M. Johnson, Toledo, Medical Corps, 9th Infantry.
J. G. Mannhardt, Medical Corps, 8th Infantry.
C. E. McClelland, Columbus, 2nd Field Hospital.
Angus MacIvor, Marysville, Medical Corps, 4th Infantry.
P. R. McLaughlin, Guysville, Medical Corps, 7th Infantry.
Floyd V. Miller, Delaware, Medical Corps, 5th Infantry.
Charles A. Neal, Norwood, Medical Corps, 1st Infantry.
A. H. Schade, Toledo, 1st Ambulance Company.
Charles G. Souder, Toledo, 1st Ambulance Company.
Albert L. Stage, Columbus, Medical Corps.
C. W. Stone, Cleveland, Medical Corps, 2nd Infantry.
L. G. Tedesche, Cincinnati, 1st Field Hospital.
Dale Wilson, Toledo, 1st Ambulance Company.

FIRST LIEUTENANT

Nicholas A. Albanese, Columbus, 2nd Ambulance Company.
M. M. Applegate, Cincinnati, Medical Corps, 1st Infantry.
L. E. Brown, Akron, Medical Corps, 8th Infantry.
R. A. Buchanan, Lima, Medical Corps, 2nd Infantry.
E. W. Cliffe, Youngstown, 3rd Field Hospital.
Robert Conard, Blanchester, Medical Corps, 1st Infantry.
D. T. Dawson, Columbus, 2nd Field Hospital.
E. B. Gillette, Toledo, 1st Ambulance Company.
Harry D. Jackson, Circleville, 4th Infantry.
Fred K. Kisley, Dayton, Medical Corps, 3rd Infantry.
James M. Lantz, Lancaster, Medical Corps, 7th Infantry.
G. P. Lawrence, Columbus, 2nd Field Artillery.
H. W. Lautenschlager, Dayton, Medical Corps, 3rd Inf.
W. B. Mansur, Dayton, Medical Corps, 3rd Infantry.
P. G. Moore, Cleveland, Medical Corps, 5th Infantry.
James T. Norton, Cleveland, Medical Corps, 5th Infantry.
William J. Shepard, Columbus, 2nd Ambulance Company.
James G. Wittenmyer, Peebles, 2nd Field Hospital.

MEDICAL RESERVE CORPS.

Twenty-eight Ohio physicians are officers of the Medical Reserve Corps of the United States Army on the active list, and the names of several others, seeking commissions in the reserve corps, are now awaiting confirmation in the Senate. The inactive list in Ohio, corrected January 17, 1916, follows:

John B. Alcorn, Charles F. Bowen, Howard M. Brundage, Verne A. Dodd, Fred Fletcher, Florus F. Lawrence, Edward C. Ludwig, Eugene F. McCampbell, John W. Means, George C. Schaeffer, Frank Winders, Columbus; Frank E. Bunts, George W. Crile, John M. Ingersoll, Cleveland; Charles W. Cullen, Joseph A. Hall, Rufus B. Hall, Otto Juettern, Robert D. Maddox, Louis A. Molony, Goodrich Barbour Rhodes, Rufus A. Van Voast, Cincinnati; Archibald M. Wilkins, Delta; Howard E. Harman, Leetonia; George R. Clayton, Lima; Roy Kepler Evans, McGuffey; David M. Roberts, New Richmond; William W. Conger, Toledo.

Kind Words from the Far West

In sending his subscription to *The Journal*, Dr. H. C. Robinson, of Nampa, Idaho, a former member of the Cincinnati Academy of Medicine, writes as follows:

"I feel *The Journal* is in the front row, and that we need its help here to assist in getting rid of charlatanism and quackery in Idaho."

The Journal is anxious to locate Dr. Frank C. Rote, who until May 23 practiced at Ellsworth, Washington county, Pennsylvania. He is reported to have been in Akron on June 10. Dr. Rote is requested to write or wire *The Journal* office at Columbus. Those having information relative to his present location are requested to do likewise.

President Gibbon Names Special Committee To Help Improve Hospital Conditions In Ohio; Appoints Two Other Committees

Dr. Harmon B. Gibbon, president of the Association, has announced the personnel of three special committees to carry on research and propaganda in special fields. Two of the committees were created under past administrations, while the third is entirely new, and is organized to deal with problems which have taken on additional significance within the past few months.

Dr. Gibbon has named on the Committee of Medical Examination, Dr. Charles Edwin Briggs of Cleveland, Dr. E. W. Mitchell of Cincinnati and Dr. Edwin A. Murbach of Archbold. This committee of course will carry on the university extension work which was inaugurated last year, and which has successfully undertaken to demonstrate the subject of fractures and dislocations, under the direction of Dr. Briggs. The committee will organize early in the fall and will prepare for some new line of study, probably in the field of obstetrics.

Dr. Gibbon has named as the Committee on Social Service, Dr. R. E. Skeel of Cleveland, Dr. C. D. Selby of Toledo and Dr. Charles Graefe of Sandusky. He has requested that this committee study the relation of medical practice to the social service problems which are becoming of increasing importance. It is generally felt that medical men, who are primarily responsible for the development of social service, are losing their prestige in this field. This committee will be requested to suggest ways and means by which county societies and the state organizations may aid in the solution of our more pressing social problems.

The new committee which Dr. Gibbon has created under authority granted him as president of the Association, is to be known as the Special Committee on Hospitals and Hospital Standards. After carefully reviewing the field, he has selected the following for membership on this committee:

Drs. Frank Fee, Cincinnati; L. G. Bowers, Dayton; J. C. Tritch, Findlay; S. D. Foster, Toledo; A. R. Warner, Cleveland; H. D. Patrick, Youngstown; J. C. M. Floyd, Steubenville; F. E. McKim, Marietta; Dan Gray, Ironton; and A. J. Willey, Delaware.

Dr. Gibbon expects this committee during the year to inaugurate a careful study of hospital conditions in Ohio, and to cooperate with the State Medical Board in working out new problems affecting hospitals. These are largely developed through the new standards for nurse training which have been demanded by the State Medical Board, and to prepare the hospitals of this state both large and small to properly train internes, and for the general purpose of aiding all hospitals in rendering better service to the public and to the profession.

It will be the general aim of this committee to develop four important points in hospital management:

1. The organization of a well-equipped pathological department in every hospital, and the maintenance of a record system showing the use made of it by the staff.

2. The maintenance of an X-Ray laboratory under a Roentgenologist, and the development of a record system, showing the use made of the X-Ray by the physicians who use the hospital.

3. The development of an anesthetic department so organized that no one may give an anesthetic in the hospital except a qualified anesthetist or one who is acting under the eyes of a qualified anesthetist.

4. The organization of a school to properly train nurses.

It is felt that the development of these four points in the hospitals of the state will materially raise hospital standards. The special committee appointed by Dr. Gibbon will be welcomed by the hospital committee of the State Medical Board—Dr. Ben R. McClellan, Dr. J. H. J. Upham and Dr. S. M. Sherman. The special committee will of course take up other matters relating to hospital management, but an effort will be made to develop its work along the above lines.

The trend of medical education in the United States is toward the addition of a fifth educational year, to be devoted to internship in well-equipped hospitals. It is probable that this fifth year will be required in Ohio in the near future. It has already been required by licensing boards in several states. Before this can be brought about in Ohio it will be absolutely necessary to increase the number of Ohio hospitals that are equipped to adequately train internes. For this reason, the appointment of the special hospital committee by the State Association is a matter of vital importance, and it is sincerely hoped that the members of the committee will realize the possibilities of the situation, and will work toward the solution of these problems.

Small Advertisements of Interest

For Sale—The purchaser of my property will have a fine opportunity to get into a first-class general practice in Ohio. Town of 1100; good roads, good schools. Moving to city. Address Dr. X., care of THE OHIO STATE MEDICAL JOURNAL, Columbus, Ohio.

For Sale—Three thousand dollar village practice in Eastern Ohio, suburb of rapidly growing city. R. R. and street car connections. House, barn, etc., in good repair, with seven town lots. No competition. Reason, health. For further information address, W. F. J., care Ohio State Medical Journal.

 ** NEWS OF CLEVELAND **
 ** ACADEMY OF MEDICINE **

(Report by J. E. Tuckerman, M. D., Correspondent)

The one hundred and twenty-ninth regular meeting of the Academy was held Friday, April 21, 1916, at the Cleveland Medical Library, the president, W. E. Bruner, in the chair.

1. *Some Public Health Aspects of the Race Question in the South*, by C. W. Stiles.

The speaker's work in connection with the hook worm disease has been epoch making. In charge of a government hospital in North Carolina, he has had the opportunity to observe and treat thousands of cases.

The disease, as is well known, is caused by a type of worm which burrows into the feet of individuals going barefooted, from thence making its way into all portions of the body. The clinical symptoms of the disease are multifold, consisting in the one individual of excessive edema, in another of extreme emaciation. A man, 21 years of age, victim of the hook worm disease may be so stunted in both body and intellect, as to be scarcely on a par with a normal individual aged 12.

The disease is far more prevalent in the sand lands of the South than in the clay lands.

In the ultimate analysis, the prevalence of the hook worm disease in the South can be laid without question to the almost complete lack, until very recently, of anything approximating sanitary conditions in the Southern home, or indeed in many of its public buildings. Excreta was commonly deposited on the ground, thus furnishing an ample source of infection for an individual who came in contact with it. The existence of sanitary closets was unknown. Recently these commodities have been established in district schools, etc.

The treatment of the hook worm disease is simple, consisting of the administration of thymol, and yields excellent results. Each year the government sends units throughout the South to preach the gospel of sanitation, to show the inhabitants the value of sanitary appointments, and to diagnose and treat cases of hook worm. Much is being done at present to eradicate the disease. The speaker emphasized his lecture with numerous lantern slides showing the condition of victims with the hook worm and of the South generally.

2. *Demonstrating the Efficiency of Motion Pictures in Teaching Surgery*, by J. Bentley Squier.

The speaker in preface emphasized the point that the student is able to glean but little knowledge from the average surgical clinic because he sees very little of the actual field of operation,

but spends most of his time looking at the back of the operator. Motion pictures of operations were taken to determine with what detail an operation could be shown, therewith. The advantages of the method, since proven, are that the student sees at all times actually what is being done, sees that structures involved, the method of treatment, in other words sees the operation as it is.

The speaker showed various pictures, among them operation for cholelithiasis, renal calculus, hernia, etc.

SPECIAL MEETING.

A special meeting of the Academy was held Friday, March 31, 1916, at the Cleveland Medical Library, the chairman, W. E. Bruner, in the chair. The program follows:

1. *The Theory and Practice of Making Vaccines and Serums*, by Severance Burrage.

Metchnikoff first observed that white blood cells would engulf and ingest foreign bodies and bacteria. He believed that the discovery of this process would have a large bearing on the future development of immunization, and so it has. For example, it has been found that by injecting killed organisms of a particular type, into an animal, for instance the typhoid bacillus, the white blood cells develop an increased appetite for this organism. This principle is the basis of the development of bacterial vaccines. These bacterial vaccines are not to be confused with sera. The former consist of suspensions of killed bacteria in normal saline.

The method of preparation of the smallpox vaccine is first to select a healthy calf, weighing from 200 to 225 pounds. The animal is put in quarantine and subjected to tuberculin tests. The animal, having passed these, is carefully cleansed with soap and water and shaved. Only female calves are used because they are more cleanly than the male. The shoulders of the calves are then scarified and the vaccine rubbed in. The animal is then sent to the incubation room, where it is kept for from five to six days, or until the pustules are ripe. Later the pustules are curretted off. Government laws require that the animal must be killed 24 hours after the curretment and the internal organs examined for disease. The curretted material is ground up with 50% glycerine, filtered several times, and is then sucked up into capillary tubes which are sealed.

The preparation of diphtheria antitoxin consists of injecting a small dose of diphtheria antitoxin into horses. This dose is progressively increased until the horse has received several hundred times the maximum fatal dose. This process takes from seven to eight months. When the horse has been thoroughly immunized, as determined by trial bleedings and tests, the animal is bled. Potassium oxalate is used to prevent the blood from clotting. The serum is then allowed to separate off, is pipetted into a separate flask

and mixed with ammonium sulphate, the latter precipitating the globulins, with which the antitoxin bodies are believed to be linked. These are then collected on filter paper, when dry are scraped off, and put into a dialyser to free them from all traces of ammonium sulphate. This process takes from eight to ten days. The substance is then passed through germ-free filters. Its potency is tested and standardization completed by injecting it into guinea pigs. The unit of diphtheria antitoxin is taken as that dose of antitoxin which will protect a guinea pig weighing 250 grams from a minimal fatal dose of diphtheria toxin.

Government inspections in all of these processes are extremely severe. Surprisingly few complaints are received from users of the vaccines.

The speaker interjected his paper with a number of interesting stereopticons. Among them was one showing fields of belladonna which had been planted in America since the European supply was cut off by the war.

* NEWS OF THE TOLEDO *
* ACADEMY OF MEDICINE *

(Report by E. M. Latham, M. D., Correspondent)

Toledo Academy of Medicine held its last general meeting before the summer vacation at the rooms of the Commerce Club on the evening of June 2, 1916. President Louis Miller and Secretary C. W. Waggoner had charge of the meeting. Dr. Kirk gave a paper on mercury and spinal drainage in treatment of paresis. L. A. Levison read a paper giving an analysis of a series of cases in which a Wasserman negative changed to a Wasserman positive after a period of twelve months or over. The paper was discussed by Drs. Murray, Pamment, and Zbinden. The next general meeting of the Academy will be held early in October. After July 1st no more section meetings will be held until October.

At the general meeting of the Toledo Academy of Medicine on May 6, L. K. Maxwell and W. W. Conger were admitted to membership. J. H. Morgan exhibited a specimen of a congenital heart in which the foramen orale was open at the age of nine months. Dr. Rhinehart showed a patient 77 years old who had fractured her femur four years ago. The case had been operated upon and union secured by means of a "ten-penny" nail, with good results. W. J. Gillette read a paper on the use of metal strips in securing the union of fractures. He advocated perfect technic and special instruments for bone work. The long bones of children, as a rule, should not be operated. Bone graft cannot fully take the place of steel plates on account of lack of strength. The

discussion was led by Dr. Murphy. He brought out the fact that bad results often come from bad mechanical handling, as driving the bone peg or screw in too far. Harry Dachtler advanced the thought that it is well to maintain impaction where it exists, as the circulation is maintained more perfectly in such cases. He said bone graft often fails because of poor blood supply. S. D. Foster read a paper on tuberculosis of the hip joint. Dr. Ramsey followed with a series of X-Ray pictures on tuberculosis of the hip joint. The discussion was led by Mr. Dachtler. After adjournment, a collation was served to the members and visitors in the dining room of the Toledo Commerce Club.

* NEWS OF THE COLUMBUS *
* ACADEMY OF MEDICINE *

(Report by L. L. Bigelow, M. D., Correspondent)

Meeting of May 8.—Regular meeting of the Columbus Academy of Medicine, May 8, in the Columbus Public Library, the president, H. M. Platter, in the chair. W. F. Bay read a paper entitled, "Traumatic Hysteria." Discussion opened by E. E. Gaver and continued by Drs. Freese and J. F. Baldwin. Ernest Scott presented a paper on "Toxic Lesions of the Kidney," with lantern slide illustrations. Drs. McGavran, Baldwin, Warner and Captain Schmitter took part in the discussion. Attendance, 84.

Meeting of May 15.—E. E. Adel was proposed for active membership and A. Henry Dunn of Chillicothe was proposed for non-resident membership.

R. R. Kahle read a paper on "The Female Generative Tract." Discussion by E. M. Gilliam and J. F. Baldwin. J. J. Coons read a paper on "Cancer of the Stomach." Discussion opened by Dr. Waters and continued by Drs. J. D. Dunham, McGavran, Freese, Rector and J. F. Baldwin. Coons closing. Attendance, 68.

Meeting of May 22.—J. B. Alcorn gave an interesting and complete report of the state meeting at Cleveland, establishing a precedent which it is hoped will be followed by some one of the delegates each year.

Hugh A. Baldwin reported an operation for the removal of a large right-sided abdominal tumor, which proved to be a pyonephrotic kidney containing several thousand stones. Subsequent histological examination showed the presence of sarcoma.

R. A. Ramsey read a paper entitled, "Some of the Clinical Phases of Acidosis." Andre Crotti opened the discussion, which was continued by Drs. Upham, Schmitter, (U. S. A.) Helmick and Rankin.

J. M. Rector presented a paper entitled, "The Recognition and Management of Gastric Disorders." Lantern slides were shown illustrating the superiority of the double over the single stomach tube in the examination and treatment of certain gastric disorders. Discussion was opened by P. D. Wilson. Dr. Crotti and Dr. Hugh Means also took part. Attendance, 65.

Meeting of June 12.—The program consisted of case reports. I. B. Harris reported a successful removal of a dermoid cyst of the mediastinum. C. J. Shepard gave the clinical manifestation of a fatal case of purpura hemorrhagica. Carl L. Spohr discussed the case from the bacteriological standpoint, reporting a pure culture of streptococci from the blood and a positive Wasserman. Ernest Scott discussed the case from the pathological side. The patient had died in convulsions. An extensive subdural blood clot was found. There were no remarkable changes found on histological study of the blood vessels in the neighborhood of the purpuric spots. Dr. Gordon and Dr. Blakey engaged in a further discussion of the case.

J. F. Baldwin reported a fatal case of mesenteric thrombosis with partial autopsy findings. No operation was done.

C. D. Hoy reported a successful operation for bony ankylosis of hip showing X-Rays and photographs illustrating the extent of motion obtained.

C. O. Probst reported an atypical case of hydrothorax, the patient gaining in weight and strength and having no dyspnoea despite the fact that the right side of the chest was filled with fluid. Attendance, 50.

NEWS OF CINCINNATI ACADEMY OF MEDICINE

(Report by W. R. Abbott, M. D., Correspondent)

Meeting of May 15.—Louis G. Heyn made a clinical and autopsy report of a case of hepatic cirrhosis. The symptoms presented a classical picture of this condition—enlarged liver, bile containing stool, moderate icterus, fever and hemorrhages from the mucous membranes. Gall-bladder drained by J. C. Oliver; autopsy by Dr. Woolley.

In this paper, "The Pathogenesis and Symptomatology of Lung Stones, with a Report of Case," Dr. Heyn, after reviewing the meager literature, attempted to establish the fact that there is a definite clinical picture produced in the active stage of lung stone. If, in certain number of cases, the X-ray can be of assistance, the diagnosis should be reached before the expulsion of the stone. However, this apparently has never been accomplished. The symptoms range from a simple or spasmodic bronchitis to that of a most alarming orthopnea, hemoptysis, asphyxia and

death may result. The calcified nodule or stone may result in inflammation, ulceration into a bronchus or abscess formation, terminating fatally.

Lung stone may be: (a) Calcified bronchial glands; (b) calcified organized tubercle in the parenchyma of the lung; (c) calcified organized infarct, or abscess (4) calcified organized pleurisy.

The discussion was opened by Louise Southgate, who called attention to the moving pain, as illustrated in the case presented by her last week. Dr. Johnston referred to a case of a stone following delayed resolution of pneumonia. Dr. Dunham spoke of the difficulty of diagnosis in these cases, which are so easily confused with tuberculosis. He also explained the relation of the peri-bronchial glands to the bronchi and the manner in which stones are expelled. Dr. Lyle also reported a case of stone. In the literature, most of the stones reported are composed of phosphate of calcium. Dr. Ricketts believes these stones create surgical conditions, due to their occasional escape into the pleura through the diaphragm or neighboring cavities, causing infection.

B. M. Ricketts gave us the benefit of two hundred surgical "don'ts," which he had compiled, thoroughly covering the entire field of surgery and part of medicine as well.

The president has appointed Dr. A. W. Nelson, Dr. L. M. Cushner and Dr. Albert Faller a committee to draw up resolutions on the death of Dr. William Hillkowitz.

Meeting of May 22.—J. Victor Greenebaum read a report on his experience with the Schick reaction as a clinical test of the susceptibility in individuals to diphtheria. The Schick reaction is a skin reaction to diphtheria toxin when injected intracutaneously. In persons in whose blood antitoxin is absent, or present only in small amounts insufficient for protection, a typical irritant reaction appears at the site of the injection (a positive reaction), while in persons whose blood contains more than 1/30 unit of antitoxin per c.c., no reaction appears (a negative reaction). Following the admission to the Jewish Hospital on May 11, of a case of diphtheria, the seventeen children already in the ward were exposed. These children, with two nurses and two internes were subjected to the test, which proved positive in six cases. These were immediately immunized by the use of diphtheria antitoxin. Owing to this test and precaution, no case of diphtheria has occurred. The technique is as follows: Two-tenths of a c.c. of sal. solution containing diphtheria toxin, representing 1/50 of the minimum lethal dose to a 250 gram guinea pig (Parke, Davis & Co. preparation), was injected intradermally on the flexor surface of the forearm, previously cleansed with alcohol. A one-half c.c. tuberculin syringe with a fine needle was used for

the injection. The results seem to agree with the general experience that the Schick reaction is a reliable clinical test for separating those susceptible from those immune to diphtheria, thus making unnecessary general immunization with its attendant expense and discomfort in controlling an epidemic. Dr. Greenebaum suggests its more general application. Discussed by J. Benjamin and J. Hadley Caldwell.

Dr. Pirrung demonstrated some X-ray pictures of a fracture of the upper end of the humerus in which there was partial separation of the epiphysis. There was great difficulty in reducing the separation, owing to rotation of the upper end, which was due to muscular contraction. There followed slight infection, caused by the open method of reduction and hemorrhage. The patient proved to be a bleeder. There was, however, no infection of the shoulder joint. In reply to Dr. Ricketts' opinion that because of the injury to the epiphyseal line there would be no further growth, Dr. Pirrung said that as this line was not entirely separated, his criticism would not hold nor does he believe that deformity will result as there is perfect alignment of the fragments. Patient was sixteen years of age.

J. W. Miller reported a case of multiple keloids, developing several years ago, but causing no inconvenience until recently, at which time the patient sought relief from the itching. A history of multiple boils, following trauma caused by scratching, was given. Scabies was the cause of the scratching. Multiple keloids are rare, especially in a white man. Growths varied in size from a fraction of an inch to eight inches in diameter. The treatment is very unsatisfactory, X-ray giving the best results.

W. D. Haines presented a patient who had recovered from a leucic growth of the mediastinum. A history of this case was read before the Academy two years ago. At that time there was present in the mediastinum a large tumor, a diagnosis of which was made by physical examination and the X-ray. The patient's chief complaint at this time was severe dyspnea. This condition had to be differentiated from aneurysm and malignant tumor. The patient was put on Walker's drops and a large dose of X-ray given. Two years after concluding this treatment, he is now in excellent physical condition.

Dr. Haines also reported a case of tumor of a child, five years of age, whose chief symptom is also dyspnea. The onset of this disease followed an attack of whooping-cough three years ago. A diagnosis of lymph-sarcoma has been made.

Dr. Pirrung referred to a case similar to the first one reported by Dr. Haines, which he also brought before the Academy two years ago.

E. O. Smith, president-elect of the Ohio State Medical Association, took occasion to thank the members of the Academy for their support in his

recent election. He also gave a short resume of the meeting in Cleveland last week.

Due to the untiring efforts of Dr. Drury, we were able at the last moment to have the Academy represented at Cleveland by five delegates instead of four.

Meeting of May 29.—The final meeting before the summer recess was addressed by Dr. John Burnham, of the University of Cincinnati, who in a manner most interesting reviewed the history of medicine in ancient times—through the Middle Ages.

The society will resume meetings on the last Monday in September.

COUNTY SOCIETIES

FIRST DISTRICT

Butler County Medical Society held an opening meeting at the Y. M. C. A., Wednesday afternoon, May 24, which was attended by a large number of physicians and visitors. Dr. Lillian South, state bacteriologist of Kentucky, addressed the society on the subject of "Hook Worm." She told of the conditions surrounding this malady in Kentucky, and how medical science with its treatments has been able to effect a cure. Her lecture was illustrated with stereopticon views. Dr. Frank Fee, of Cincinnati, was also present and read a splendid paper on "Cancer."

Clinton County Medical Society, members and families enjoyed a picnic dinner and fishing party with Dr. and Mrs. C. A. Tribbett of Westboro, Thursday, May 25. The day was ideal, and the bounteous dinner, boating and fishing was thoroughly enjoyed by everyone. Dr. Tribbett gave a very complete report of the state meeting at Cleveland. The program of the next meeting to be held in Wilmington, Thursday, June 29, 7:30 p. m., will be a symposium on diabetes. G. R. Conard will have a paper on the history of diabetes; Dr. Briggs on etiology and pathology; Robert Conard, on errors in metabolism; Dr. Tribbett, on symptoms and diagnosis; Dr. Austin, on complications; Dr. Hale, on treatment.—Henry M. Brown, Correspondent.

Warren County Medical Society held its May meeting in the moving picture theatre in Lebanon, in order to enable Superintendent Baber of the Dayton State Hospital for the Insane to exhibit the slides illustrating the methods employed in treating the inmates of state hospitals. This was introductory to his proposal to utilize the state's expert service in conducting dispensaries

to which physicians may take their patients for diagnosis and advice regarding treatment. William D. Porter of Cincinnati read a paper entitled "Cæsarean Section, After the Test of Tuber," which he had presented the evening before to the Cincinnati Academy of Medicine. C. G. Randall of Harveysburg reported a case of influenza followed by symptoms of meningitis, which proved fatal. In the discussion which followed, it was made apparent that meningitic symptoms have been more common with or following grip than usual this spring, and the old problem of whether one has a true meningitis or merely the grip to deal with has had to be met by many practitioners.—Herschel Fisher, Correspondent.

SECOND DISTRICT

Miami and Shelby County Medical Societies met in joint session at the Hotel Favorite, Piqua, on Thursday, June 1. About forty members from the two societies were present. F. M. Hussy, Sidney, read a paper on "Dementia Præcox." T. M. Wright, of Troy, read a paper on "The Significance of High Arterial Tension in Disease, and Its Treatment." Discussion was led by A. B. Frame, Piqua. After dinner, L. G. Bowers, of Dayton, gave an illustrated lecture on "The Clinical Significance of Abdominal Pain." A general discussion followed. The action taken by the societies at the last joint meeting concerning "cults" was brought up and discussed, and the action unanimously reaffirmed by vote of members present at this meeting. Letters were read from other county societies commending our action and expressing a desire to take some similar action. The resolution follows: "Resolved, That any physician a member of Shelby or Miami County Societies who hereafter consults with, aids, or abets osteopaths, chiropractors or other irregular practitioners of medicine, shall be expelled from the societies, and such proceedings shall be reported to the Ohio State Medical Board for action with a recommendation for revocation of license."—O. O. LeMaster and R. D. Spencer, Correspondents.

Champaign County Medical Society held its regular monthly meeting May 12, at the City Hall, Urbana. The meeting was well attended, and several out-of-town visitors were present. Nelson W. Cady, of Logansport, Indiana, spoke on fractures, with demonstration of several appliances.

Montgomery County Medical Society met in regular session at the court house, Friday evening, June 2. Reports were received from delegates to the state meeting in Cleveland. Frank Lamb, of Cincinnati, the visiting essayist, discussed the subject of "Infant Feeding in Summer Conditions."

Dayton Academy of Medicine held its regular

meeting Friday evening, May 12, in Rauh Hall. P. L. Gunckel gave a talk on "Earache." Horace Bonner spoke on conditions of nose and throat that contribute to earache, and H. V. Dutrow spoke on treatment of otitis-media and its complications.

At the meeting on May 26, Paul Tappan read a paper on "Chorea," and Matthew Porter presented a paper on "Review of a Paper on Sex Gland Implantation." The meeting of June 9 was devoted to a symposium on "Milk."

Greene County Medical Society met in regular session Thursday, June 1, in the rooms of the Xenia Business Men's Association. Discussion of cases that have come under the observation of the physicians during the past month formed a very interesting part of the program. The meeting then recessed and reconvened later in the Bijou Theater, where Dr. W. O. Whitaker, of New Burlington, delivered a splendid illustrated lecture on "Prehistoric Man in Ohio." The lecture indicated much research work and study of the Mound Builders. The practice of medicine among these ancient people was an especially interesting subject. It was decided to hold no meetings until September.—Harold C. Messenger, correspondent.

Clark County Medical Society met in the Commercial Club Rooms, Springfield, Monday evening, May 22. J. A. Link, delegate to the state meeting, gave a very extensive report. A vote of thanks was extended to the boosters' committee of the society for its successful efforts in securing the next annual state convention for Springfield. The president was directed to appoint a committee on arrangements.

E. B. Starr, assistant director of the city health department, read a paper on "Tuberculosis and Its Prevention," in which he made the statement that there were probably 497 cases of tuberculosis in the city. He dwelt upon the necessity for thorough examination and the importance of reporting all cases promptly to the city health authorities in order that proper steps might be taken to localize the disease.

The annual outing of the society will be held June 7 at Buckeye Lake. Invitations will be extended to physicians of Champaign and Madison counties, and the dentists of Springfield.—C. L. Jones, correspondent.

THIRD DISTRICT

Auglaize County Medical Society held its regular monthly meeting Thursday evening, May 25, at the city hall, Wapakoneta, with a good attendance. E. F. Heffner, of Wapakoneta, read an interesting paper on "Real Headaches." F. A. Shuffleton, of St. Marys, gave a report of the annual meeting of the State Association at Cleveland.

Allen County Medical Society met at Lima State Hospital, Tuesday evening, May 16, the guests of Charles H. Clark and his assistants. J. H. Berry and William Verbau. Dr. Clark gave some interesting data concerning the different forms of mental aberration, and the patients were brought in to illustrate the different types. With one exception the patients discussed their peculiar hallucinations with some emphasis and enthusiasm. The meeting was very much out of the ordinary, and in addition to the members of the medical fraternity, Probate Judge Fred C. Becker, Attorney W. L. Mackenzie and W. L. Parmenter, as well as several physicians from neighboring towns, were present. On account of inclement weather, the regular session of June 6 was of an informal nature. The paper of the evening was not presented. Those present spent the time in discussion.

Mercer County Medical Society met at the Strand Theater in Celina on May 23, with a good attendance. C. G. Beall, of Ft. Wayne, Ind., gave a very interesting lecture on "Some Unusual Chest Lesions" with stereopticon illustrations. Discussion by C. C. Grandy, of Ft. Wayne, and local members. G. A. Havemann, of New Bremen, read a very able paper upon the selection of the anesthetic and technique for special operations. Discussion opened by C. L. Dine, of Minster, Ohio, followed by a free discussion by a number of doctors. L. T. Arthur was appointed censor to fill the unexpired term of H. J. Cordier. The next meeting will be held June 27.—D. H. Richardson, Correspondent.

Logan County Medical Society met at the Educational Hall Friday afternoon, May 5, with sixteen doctors present.

J. C. Banning, of Belle Center, read a paper on "Medicines of Forty-five Years Ago Compared With Today." The doctor related the hardships of a physician of a half century ago, which seemed appalling to the modern mind.

The fee bill was adopted in its entirety. The more common charges are as follows: Office prescription, 75 cents; day calls, \$1.50; night calls, 8 o'clock, minimum charge will be \$2.50; minimum charge for obstetrics will be \$15; all time spent over eight hours the charge will be one dollar an hour. In all septic cases a minimum charge will be \$5.

All country work will be charged prices within the city limits plus 50 cents for each mile or fraction of a mile.

All of the foregoing charges are minimum charges and constitute a standard which seems reasonable to the society.

The next meeting will be in Belle Center in June.

Marion County Medical Society held its regular monthly meeting at the public library, Monday evening, June 5. D. O. Weeks read a paper on "The Care of Children During the Hot Weather and the Prevention of the Acute Intestinal Diseases of the Summer."

FOURTH DISTRICT

Putnam County Medical Society met in regular session Thursday, June 1st, at the county court house at Ottawa. A good representation was present. The meeting was given over entirely to the discussion and adoption of a county fee bill.—H. Neiswander, Correspondent.

Sandusky County Medical Society held its regular meeting in the City Hall, Fremont, Thursday evening, May 25, with the following members present: Drs. Stamm, Ickes, Phillips, Smith, Sackett and Philo, of Fremont; Dr. Booth, of Lindsey; Dr. Eyestone, of Gibsonburg; Drs. Van Ette and Beck, of Clyde. The application for membership of A. T. Crosett, of Gibsonburg, was received, which gives us a total of 31 instead of 21, which was our number for 1915. Dr. Pontius, our committeeman on cooperative medical defense, gave us an excellent report of the work done at the state meeting on that subject, which was heartily approved. E. M. Ickes, delegate to the state meeting, also gave his report. C. L. Smith then read a very instructive paper on "Indications for Treatment in Heart Diseases," which was followed by a general discussion.

The June meeting of our society will be held the last Thursday in the month, at which time Dr. Eyestone of Gibsonburg will read a paper.—D. W. Philo, Correspondent.

FIFTH DISTRICT

Ashtabula County Medical Society held its first annual convention and medical clinic at Ashtabula General Hospital, June 6 and 7. An informal smoker was held at the Warren Hotel Tuesday evening, as one of the features of the program. Tuesday morning S. H. Burroughs had charge of the clinic, while the afternoon session was in charge of John Phillips, of Cleveland. Wednesday morning a surgical clinic was conducted by C. C. Crosby, F. D. Snyder, Mary Miller Battels, of Ashtabula, and Dr. Reed of Conneaut. Dr. Collander read a paper on X-Ray, and demonstrated portable apparatus, showing specimens of his work, as did Dr. Case. L. W. Ladd, of Cleveland, had charge of the medical clinic at the afternoon session. The apparent results of the meeting were so satisfactory that the convention will likely be an annual affair. Attendance was large both days, and nearly every part of the county was represented.—R. B. Wynkoop, Correspondent.

Lake County Medical Society met in regular monthly session at Broadlawn Inn, Monday evening, at 8 o'clock. Fifteen physicians were present. After all had enjoyed the luncheon, R. K. Updegraff, of Cleveland, gave the address on "Diagnosis." He emphasized the importance of testing the reflexes, examining the glands, the mucous membrane, taking the blood pressure, noting the diastolic as well as the systolic. He spoke of the value of percussion and auscultation. He recommended that physicians carry a diagnostic bag, in which is always available flashlight, head mirror, speculums, catheter, lumbar puncture needle, culture tubes, dyes for blood stains, ophthalmoscope, X-ray plates, instrument for making blood count, etc. His address was very instructive and very much enjoyed. The society adjourned for the summer. Meetings will be resumed September 4th.—E. S. Jones, Correspondent.

SIXTH DISTRICT

Summit County Medical Society finished the half year on June 6, with an attendance of 56 from Akron, Uniontown, Cuyahoga Falls, Wadsworth, Inland, Doylestown.

Eleven physicians were admitted—L. B. Lemon of Cuyahoga Falls, C. E. Brothers of Springfield Road, Marie M. Parker, P. E. McChesney, H. W. Hogue, H. A. Minthorn, J. L. Brickwede, C. E. Jones, J. J. McShane, H. R. Baremore, P. C. Lybyer, of Akron. Four applications were presented. J. P. Boyd donated several volumes to the library.

A short report given by the secretary shows that in 1912 the society numbered 96 members, located in ten towns of Summit County. Today it numbers 207, located in twenty cities, towns, villages of Summit, Stark, Wayne, Portage, Medina, Lorain counties, and in Illinois, California, Ontario, Florida. Since January 1, 1913, 120 members have been obtained, the losses being five by death and four who left the district. Only 26 physicians in Summit County are not members. The dead are: H. C. Theiss, E. B. Harper (Clinton), I. C. Rankin, M. D. Stevenson, J. W. Rabe, C. E. Norris. The latest honor conferred upon a member is the degree of LL.D., which was in May conferred upon H. A. McCallum, of London, Ontario.

PROGRAM

1. Specimens: "Cervix-Atresia," "Oesophagus-carcinoma," "Choroidsarcoma," "Kidney Hypernephroma." Exhibited by C. T. Hill, E. C. Banker, D. W. Stevenson, J. G. Blower, with report of each.

2. "Control of Communicable Diseases." Paper by J. J. McShane, recently appointed health officer of the city of Akron. The great Earl of Beaconsfield, better known as Lord Disraeli, said: "The first duty of a government is preservation

of the public health." The control and prevention of such diseases as diphtheria, scarlet fever, typhoid, cerebro spinal meningitis, etc., was discussed. The quality of milk and water supply, meat, vegetables and other foods must be observed, especially cows from which the milk is obtained, so that they may be free from tuberculosis. All fruit, vegetables, meat for sale in stores should be protected from the dirt that abounds in Akron and will contaminate any goods improperly exposed.

3. "The City Medical Service." The mayor of Akron, Mr. W. J. Laub, A. B., LL. B.

Mr. Laub described the aims of the city government and its desire to place the city health department upon the most efficient basis with resulting benefit to the citizens. In 1915 the amount expended by the city was \$17,000. During 1916 it will be \$45,000. After twenty years' faithful service A. A. Kohler retired from the office of health officer so that the position might be filled by one (J. J. McShane) who will devote his entire time to the work. The office of city physician will be filled by one who will give his entire time to it. The work will be modified or improved as time and experience show the necessity for changes. The contagious disease hospital is not one to which citizens can point with pride, but the present city government hopes to erect a suitable building before the end of its term of office.

Discussion of both paper and address was by J. N. Weller, W. A. Searl, A. S. McCormick, J. P. Boyd.

The meeting was enjoyable and closed after a rousing discussion upon various matters of interest. Refreshments were served as usual.—A. S. McCormick, Correspondent.

Richland County Medical Society postponed its May meeting until the 24th, on account of the state meeting in Cleveland. The evening was taken up with reports and discussions by members who attended the Cleveland meeting. Dr. Salzman spoke of some interesting articles in the latest literature. Dr. Simpson, of Shelby, was elected to membership. Ten members were present.—F. A. McCullough, Correspondent.

Wayne County Medical Society, at its regular quarterly meeting held April 11, 1916, decided to waive the constitution and hold meetings every month for six months.

The May meeting was entertained by a six o'clock dinner on May 5, at the home of President J. W. Irwin, Wooster, with Jean Douglas, secretary-treasurer, as associate hostess. H. J. Stoll, Wooster, gave a fine talk on "Differential Diagnosis of the Different Abdominal Diseases." The

conditions were considered in two groups—differential diagnosis between (1) gastric and duodenal ulcer, hyperacidity and chronic appendicitis; (2) acute salpingitis, acute appendicitis, pneumonia and adhesions. The second paper was by R. C. Paul, Wooster, on "Some Reflex Phenomena Due to Errors of Refraction." A. B. Campbell, Orrville, closed the program with a report of an unusual case of ocular hemorrhage. A free discussion followed each paper. A committee of three was appointed to decide on the time and place for the June meeting and to make arrangements for a banquet at that time.—Jean S. Douglas, Correspondent.

Stark County Medical Society held its regular meeting May 23 in the Chamber of Commerce rooms, Canton. Those present listened to a genuine treat in the program rendered by guests from Akron, as follows: "Traumatic Rupture of Stomach," J. G. Blower; "General Anaesthetics and Anaesthesia," A. S. McCormick. The feature of Dr. Blower's paper was the report of three cases (with recovery in all) in which the abdominal cavity was wiped out with 2 per cent solution of iodine in 95 per cent alcohol. Dr. McCormick presented a very exhaustive paper in which he pointed out the necessity for well-trained anaesthesia specialists, a field which is very much neglected. He dealt in detail on the various anaesthetics, condemning nitrous oxide, and asserting that ether is the safest of all. Both papers elicited a lively discussion.

Canton Medical Society met in the Chamber of Commerce rooms, Friday evening, May 26. The following program was presented: "An Extraordinary Case of Dyspnea, With a Review of the Literature on the Various Causes of Dyspnea," Victor E. Kaufman; discussion opened by H. H. Bowman. "Pituitrin in Obstetrics," Frank E. Hart; discussion opened by C. A. Portz.—Charles A. LaMont, Correspondent.

SEVENTH DISTRICT

Tuscarawas County Medical Society held its regular meeting in the City Hall, Dover, Ohio, June 7, at 2 p. m., and the program was as follows: Report from District Councilor J. S. McClellan, of Bellaire, who gave us a very interesting talk. Report of the Publicity Committee, by J. A. McCollam, Uhrichsville. The proposed State Health Insurance Act came in for a great deal of discussion, but no action taken until we understand the law better. Our society held a very interesting meeting in New Philadelphia in May—a round-table discussion on cardio-vascular system conducted by H. A. Coleman, of New Philadelphia. Dr. Herron, of Newcomberland, was taken into membership in our society at the meeting in Dover, and Drs. Max and Kenneth

Earl Shaweker, brothers, were taken into membership at New Philadelphia in May.—G. T. Haverfield, Correspondent.

EIGHTH DISTRICT

Fairfield County Medical Society held its April meeting in the office of C. H. Hamilton, C. M. Brown presiding. Papers were read by R. W. Mondhank and Jas. M. Lantz, Dr. Mondhank on "Pneumonia Complicating La Grippe," and Dr. Lantz on "Sinus Complications of La Grippe." On May 23 the members of the society were the guests of Messrs. Deffenbaugh and Trummer, managers of Buckeye Lake Park. At noon a chicken dinner was served at the Shell Beach Hotel. A. A. Bradford, of Bremen, acted as toast-master. Following the feast, to which all did ample justice, G. M. Waters and R. L. Barnes, both of Columbus, read most excellent papers before the body of physicians, Dr. Waters on "Blood Pressure" and Dr. Barnes on "Vaccines." After a discussion of the papers a motorboat conveyed the members and their guests about the lake on a tour of inspection. The society extended to Drs. Waters and Barnes a vote of thanks for their most excellent and instructive papers, also the Messrs. Deffenbaugh and Trummer for the generous manner in which they entertained the society. Eighteen members were present.—Jas. M. Lantz, Correspondent.

Perry County Medical Society held its monthly meeting at the Court House, Thursday afternoon, June 1. Quite an interesting program was carried out. Able papers were read by N. T. McTeague, of New Lexington, and J. C. Sommers, of Somerset. Nearly all the members of the society were at the meeting. Following the meeting the doctors and their ladies had dinner at the Park Hotel.

Muskingum County Academy of Medicine held its twenty-eighth regular meeting in the Chamber of Commerce rooms, Zanesville, Wednesday evening, June 14. The application for membership of W. C. Kinner, of Adamsville, was referred to the censors.

James M. Rector, Columbus, read a paper on "The Recognition and Management of Gastric Disorders." The doctor illustrated his paper with lantern slides, and also demonstrated some of the various types of stomach tubes. Gillette Hayden, D. D. S., Columbus, was the other essayist of the evening, and her paper on "Mouth Infections in Their Relation to General Systemic Disease" was also illustrated by slides. Both papers showed careful preparation and were interesting and instructive. Charles H. Higgins

opened the discussion and was followed by Drs. Fassig, Infield, Hann, Melick, Geyer, Allen, F. L. Long, and Beatty.

After discussion, the Academy decided not to recess during the months of July and August. The president read a letter from the secretary of the Ohio State Medical Association, stating that the House of Delegates at Cleveland had authorized the issuing of a charter to the Academy.

The district nurses, Mrs. Dawson and Mrs. Frost, and the following dentists were guests of the Academy: Drs. Hann, Knowlton, Carey, Bell, F. L. Long, Beatty, and Von Valkenburg. Members present: Brown, Shinnick, Allen, Lenhart, Davis, Culbertson, Kelly, Heston, L. F. Long, Melick, Hanna, Loebell, Bainter, Higgins, Infield, Fassig, Iden, McCormick, Geyer, Mathews, Gorrell, Dusthimer, and Brush.—Edmund R. Brush, Correspondent.

NINTH DISTRICT

Pike County Medical Society met in regular session at the office of E. M. Dixon, at 1 p. m. June 5th, 1916. E. W. Tidd delivered a lecture on some of the unusual cases which he had in his practice. The lecture was fine and enjoyed by all present. A great many cases of unusual interest were reported by O. C. Andre, L. E. Wills, E. M. Dixon, and J. R. Bingaman. The society adjourned to meet at the office of Preston Seiler, Piketon, Ohio, the first Monday in July.—I. P. Seiler, Correspondent.

Hocking County Medical Society met at Logan June 8th, pursuant to call. Following the routine business the society proceeded to elect the following officers for the year 1916: President, E. A. Moore, Union Furnace; vice president, C. E. Little, Logan; secretary-treasurer, M. H. Cherrington, Logan; censor, Dr. Hayman, Murray City, Ohio. Dr. Donaldson, Gore; L. L. Imes, Logan, and J. S. Cherrington, the outgoing president, was elected delegate.

Following election of officers a general discussion of interesting topics was enjoyed by all. The society rejoices in the fact of its having exceeded the 100-per-cent class for the present year.

Before adjournment plans were laid for a "hurrah" meeting and banquet to be held in the near future.—M. H. Cherrington, Correspondent.

TENTH DISTRICT

Delaware County Medical Society met Friday evening, June 2, in the court house, Delaware.

The evening was spent in discussions which were enthusiastically participated in by all present.

Knox County Medical Society met in regular monthly session at the Mt. Vernon Hospital, Wednesday, June 7. R. L. Barnes, of Columbus, was the visiting essayist. John R. Claypool, delegate, gave a report of the recent state convention at Cleveland.

Madison County Medical Society met in the mayor's office, West Jefferson, Thursday afternoon, May 25. J. F. Kirkpatrick, of London, delegate to the state meeting, gave a report of the proceedings. Dr. Morse, of Resaca, read a paper on "The Financial Side of Practice." Society adjourned until September.

Pickaway County Medical Society met in regular session June 2, 1916. Dr. Colville, the delegate to the state meeting, made a report of the business transactions of the meeting. A. F. Kaler, of New Holland, was elected to active membership. A resolution endorsing the movement to erect a federal building in Circleville was passed. Some of Cabot's cases were read, J. B. May acting as quiz-master.—D. V. Court-right, Correspondent.

Morrow County Medical Society met at Mt. Gilead on June 17. Chas. J. Shepard, of Columbus, was present and gave a very interesting and instructive lecture on "Herpes-Zoster" and "Eczema." There was a good attendance of the members, eleven being present at this meeting, and all felt greatly benefited and well paid for their time spent. The next meeting will be held July 5, and we trust the attendance will be kept up to its present standard. We have been promised a good program for this meeting.—R. L. Pierce, Correspondent.

Ross County Academy of Medicine met in regular session Tuesday evening, May 23, with a fine attendance. Drs. Holmes, Perrin, Robbins and Dunn reported interesting cases, which were discussed at some length. Dr. Iden read a well-prepared paper on "Hay Fever, Its Cause and Treatment." It was the consensus of opinion that the last word in the treatment of that troublesome ailment has not been said, neither is the etiology clear. Asthma was discussed by almost all the physicians present with the same result.

Dr. Bower read a humorous paper on the "fads" of therapeutics which was well received.

The Academy passed a resolution asking the hospital management to install an X-ray outfit.

The society adjourned to meet in October.—G. E. Robbins, Correspondent.

Organize Ohio Society To Promote Mental Hygiene

Preliminary steps toward the organization of an Ohio Society for Mental Hygiene were taken recently at Cleveland. About fifty persons interested in problems dealing with the social misfit perfected a temporary organization, which, when it is made permanent, will be affiliated with the National Committee for Mental Hygiene. Dr. A. F. Shepherd of Columbus, former member of the state board of administration, was elected temporary chairman and Dr. Thomas H. Haines, director of the bureau of juvenile research, temporary secretary. Plans for the permanent organization of the society are being drawn up by an organizing committee appointed by Dr. Shepherd and composed of Drs. H. C. Eyman of Massillon, H. H. Drysdale of Cleveland, G. G. Kineon of Gallipolis, Helen T. Woolley of Cincinnati; Prof. J. E. Hagerty of Columbus, A. G. Knebel of Dayton, C. W. Sieberling of Akron, Howell Wright of Cleveland, and Dr. Haines.

Dr. Haines outlined the field for the activity of the society as being threefold—(1) securing better care for and research into the causes of the psychoses of our present insane, (2) provision for out-patient clinics where the near-insane may secure competent advice on matters of mental health, and (3) provision for surveillance and custody of the feeble-minded.

Dr. Shepherd, in introducing Clifford W. Beers of New York, secretary of the National Committee for Mental Hygiene, called attention to the difficulty of securing ample appropriations in Ohio for investigating the causes of dependency and delinquency, despite the fact that the state spends more than \$5,000,000 each year for the maintenance of the insane, epileptic, feeble-minded and other misfits. Mr. Beers outlined the work of the national committee and spoke of the possibility of the committee being able in the near future to take part with state societies in surveys of the feeble-minded and to assist in the formation of state plans for caring for this class of dependents.

It is the object of the society to cooperate with other agents, both public and private, working in the large field of mental health until satisfactory solutions of the various problems are achieved. There is no reasonable ground for conflict of purpose or wasting of energies, Mr. Beers explained. Every species of well-intentioned work for producing better mental health in the community, he said, should be able to cooperate effectively with the Ohio Society for Mental Hygiene.

The new organization intends to take an active part in the drafting of legislative measures affecting the state's wards and public health in general.

Among the other Ohio medical men active in the organization movement are Drs. G. T. Harding, F. S. Van Dyke, W. H. McKay and E. E. Gaver, Columbus; Drs. Katherine Moses, A. G. Hyde, G. C. Stewart, of Cleveland; Drs. E. A. Baber and R. W. Adkins, of Dayton; C. W. Kirkland, Bellaire; R. E. Bushong, Athens; William Ravine, Cincinnati, and Dr. Isabel Bradley, Akron.

New and Nonofficial Remedies

Since publication of *New and Nonofficial Remedies*, 1916, and in addition to those previously reported, the following articles have been accepted by the Council on Pharmacy and Chemistry of the American Medical Association for inclusion with "New and Nonofficial Remedies":

Mead's Dry Malt Soup Stock.—A mixture containing desiccated maltose and desiccated dextrin (about equal parts) 47 per cent, wheat flour 47 per cent, potassium carbonate 1 per cent, and moisture 5 per cent. Mead, Johnson & Co., Jersey City, N. J. (*Jour. A. M. A.*, May 20, 1916, p. 1623.)

Phenolphthalein-Monsanto.—A non-proprietary preparation of phenolphthalein admitted to *New and Nonofficial Remedies* (*Jour. A. M. A.*, May 20, 1916, p. 1623).

HOSPITAL INTERNSHIPS.

The following 1916 graduates of the Eclectic Medical College, Cincinnati, have received internships, by examination or appointment, in the following hospitals: Cincinnati General, Margaret N. Dassel and Albert Schwartz; Bethesda, Nathan H. Keller; Seton, Claude W. Davis; St. Mary's, Guy R. Fromm, Robert B. Curl and Joseph Katz; Grace Hospital, Detroit, Tressa M. Bradish, Wren Morrow and Rufus M. Musick; Cumberland Street Hospital, Brooklyn, Edwin T. Redmond, Alvin G. Berger and Sophia A. Levinson; Metropolitan Hospital, New York, Edwin T. Redmond; Glenville, Cleveland, Alec E. Fingerhut.

HONOR E. GUSTAV ZINKE.

In honor of Dr. Ernst Gustav Zinke, who recently retired as professor of obstetrics in the medical department of the University of Cincinnati after 40 years of distinguished service, the medical profession of Cincinnati gave a dinner at the Hotel Gibson June 19. One hundred and twenty-five physicians and friends of the guest of honor attended. At the conclusion of the speaking program, Dr. C. L. Bonifield, the toastmaster, on behalf of his professional colleagues, presented Dr. Zinke with a silver loving cup. Dr. William Gillespie succeeds Dr. Zinke in the faculty.

Hay Fever and the Adrenalin Solutions

Adrenalin Chloride Solution and **Adrenalin Inhalant** are powerful astringents. Topically applied in the treatment of hay fever they perform these functions:

Constrict the capillaries;

Allay the congestion of the mucous membrane;

Reduce the swelling of the turbinal tissues;

Control the nasal discharge;

Diminish the violent paroxysms of sneezing and the profuse lacrimation;

Remove the nasal obstruction;

Neutralize the cough, headache and other reflex symptoms;

Permit the resumption of natural breathing;

Induce rest and comfort.

Solution Adrenalin Chloride.

Adrenalin Chloride, 1 part; physiological salt solution (with 0.5% Chloretone), 1000 parts.

Dilute with four to five times its volume of physiological salt solution and spray into the nares and pharynx.

Ounce glass-stoppered bottles.

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Adrenalin Chloride, 1 part; an aromatized neutral oil base (with 3% Chloretone), 1000 parts.

Dilute with three to four times its volume of olive oil and spray into the nares and pharynx.

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 * NEWS OF INTEREST *
 * FROM OHIO HOSPITALS *

Editorial Note.—This Journal has been made the official publication of the Ohio Hospital Association, and will print monthly news and announcements of interest to its members. Items should be forwarded to the News Editor, at Columbus, or to Mr. Howell Wright, 308 The Anisfield Bldg., Cleveland.

Grace Hospital, Cleveland, is planning to rebuild and modernize its plant.

Six nurses were graduated from the Mercy Hospital training school at Columbus, June 9.

Dr. Derrick T. Vail has resigned his position as ophthalmologist to the Cincinnati General Hospital.

Miss Lillian Allen of Fultonham has been selected superintendent of the Lancaster City Hospital.

Miss Olive Spicher has been appointed superintendent of the Geneva General Hospital at Geneva.

Steps are being taken by St. Elizabeth's Hospital, Dayton, toward the erection and maintenance of a maternity ward.

Nine nurses were graduated at the annual commencement exercises of the Nurses' Training School of Lima City Hospital, May 28.

Plans have been prepared for a \$150,000 four-story addition to St. Alexis Hospital, corner Broadway and McBride avenue, Cleveland.

A public subscription campaign to secure funds for the erection of two new buildings at the Miami Valley Hospital at Dayton will be inaugurated next fall.

Miss Emma A. Linn of Crestline has been appointed superintendent of the Good Samaritan Hospital at Galion, succeeding Miss Sarah M. Lohmann, resigned.

A committee composed of members of the Hempstead Academy of Medicine is looking after the preliminary work of securing for Portsmouth a modern 150-bed hospital.

Miss Kathryn Gutwald, former assistant superintendent of the Pottstown Hospital, Pottstown, Pa., has assumed the duties of superintendent of nurses at Mercy Hospital, Columbus.

Contracts have been awarded for an addition to St. Joseph's Hospital, Lorain, to cost more than \$60,000. The building will have three operating rooms and a capacity for 40 patients.

U. S. Public Health Service Recommends Holstein Cows' Milk

In bulletin No. 56 published by the Hygienic Laboratory Dr. Joseph W. Shereschewsky refers to the success with which undiluted cows' milk is fed to infants in Europe and says: "Abroad, owing to



different grades of cattle, milk containing over 3.75 per cent. of butterfat is rarely found, and the average is not over 3 to 3.5 per cent. in the majority of cases. In this country it is a milk poor indeed that does not average 4 per cent.

While agreeing with the experience in France of the digestibility of undiluted cows' milk as an infant food, I am not prepared to advocate its use in this country unless the fat content is known to be no higher than 3 per cent. This condition can, however, be secured either by using milk from Holstein cattle, which is normally no richer than this, or by removing appropriate amounts of 'top milk' from bottled milk after the cream has risen and then thoroughly mixing the remainder."

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 20 doses vaccine in 2 C. c. vials.....\$5.00

Toxicology Analysis.....\$25 to \$100

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President Wilson has forwarded to the senate for confirmation the names of seventeen Cleveland physicians who intend to form the Lakeside Hospital unit of the Medical Reserve Corps of the United States Army.

Dr. E. O. Richardson was chief-of-staff of the Emergency Hospital which the Marion County Medical Society maintained on the lawn of Dr. D. O. Weeks' home at Marion during the State G. A. R. Encampment.

Lucas county commissioners and Dr. Charles Souder, superintendent of the county tuberculosis hospital, are considering ways to raise \$50,000 with which to build another tuberculosis hospital and several fresh air schools.

Under the terms of the will of Ann E. Nestle-roode, Fostoria receives a bequest of \$6,000 as an endowment for a city hospital. The bequest, however, is contingent upon the raising of \$25,000 within five years to build such a hospital.

The Niles Sanatorium at Urbana was sold recently at public auction to M. W. Thomas of that city for \$5,500. The building will probably be razed and the property divided into building lots. Since 1859 it has had an interesting medical history.

Dr. Clarence Betzner has been appointed assistant resident physician at the General Hospital, Cincinnati, to succeed Dr. Max Shaweker, resigned. When Dr. Louis Heyn of the junior staff of the East Medical Service at the hospital was recently promoted to the senior staff to fill the vacancy caused by the resignation of Dr. E. W. Mitchell, Dr. Walter H. Stix was named to take Dr. Heyn's position on the junior staff. Dr. B. K. Rachford has been re-elected president of the visiting staff of the hospital.

On May 24, three thousand Wooster citizens visited the new Kinney and Knestrick Hospital, which was opened to the public on that occasion. The hospital will be under the control of the Kinney and Knestrick Company, incorporated by Drs. John B. Kinney, A. C. Knestrick, R. Clifford Paul (formerly of Shreve), and Dr. Alonzo Smith (recent graduate, University of Michigan Medical Department), and A. V. Kinney. The hospital is a splendid example of modern construction, accommodating twenty patients, with an additional emergency ward. It is complete with operating rooms on the second and third floors, modern sterilizing equipment, electric apparatus, and a diagnostic laboratory. Water from wells is pumped by electricity to all parts of the building. Office suites for Drs. Kinney, Knestrick and Smith are provided on the second floor. The hospital plans to conduct a nurse training school.

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Federal Agents Draw Reins More Tightly

A warning to narcotic addicts that they must break away from the habit or be prosecuted has been issued by internal revenue officials of the Columbus and Cincinnati districts. Heretofore marked leniency has characterized the handling of habitues who are not suffering from some disease but these have been told that, since the Harrison act has been in effect more than a year, they have had sufficient time to rid themselves of the habit and that in the future the law will be rigidly enforced.

In an effort to secure assistance in confining the traffic in narcotic or habit-forming drugs to uses defined in the Harrison act, the revenue collectors of the two districts have sent circular-letters to many physicians, particularly to those in the more populous cities, requesting them to furnish the internal revenue department a list of addicts under their care.

Replies received from the letters sent out in Franklin county indicate that there are at least 400 addicts in the county.

Physicians are urged to cooperate in the work of collecting a list of habitues in the state. The internal revenue officials point out that such a list would protect the physician in the treatment of addicts. For instance, it would enable him to learn whether one of his patients is being treated at the same time by another physician.

The warning of the department was aimed at the addicts who since the law first became operative, have been undergoing treatment and who are not suffering from chronic or incurable diseases. Officials argue that plenty of time has been given such persons to break away from the habit provided the physician in whose care they placed themselves has from time to time reduced the quantity of drug prescribed.

Dr. Bishop Heads Anti-Tuberculosis Association

Preparedness measures for reducing in Ohio the average annual loss of 6,812 lives from tuberculosis were discussed by speakers at the annual meeting of Ohio Society for the Prevention of Tuberculosis held at the Columbus Athletic club,

June 20. Officers for the coming year were elected as follows:

President, Dr. Robert H. Bishop, Jr., of Cleveland; vice presidents, Dr. Louis H. Frechtling of Hamilton, Mrs. George H. Robinson of Ravenna; secretary, Dr. R. G. Paterson of Columbus; treasurer, A. W. McKenzie of Columbus; auditor, C. L. La Monte of Columbus; members of the board of trustees to serve for five years, Dr. John H. Lowman and Dr. Bishop of Cleveland, Walter E. Bowyer of Troy, Courtenay Dinwiddie of Cincinnati, Dr. Charles O. Probst of Columbus and Dr. A. C. Bachmeyer of Cincinnati.

The executive committee is composed of the officers of the organization and Dr. G. E. Robbins of Chillicothe, Dr. J. H. Lowman of Cleveland, C. G. Souder of Toledo, Dr. Garland and Mr. Dinwiddie.

In addition to the above, the following physicians attended the meeting: C. B. Bliss, Sandusky; L. G. Locke, Portsmouth; Frank Warner and E. F. McCampbell, Columbus; S. A. Douglass, Mt. Vernon; T. A. Copeland, Athens, and J. R. McDowell, Springfield.

Staff of Toledo Hospital has been completely reorganized. Dr. H. H. Heath, new chief of staff, has announced the following visiting staff appointments:

Surgery—L. F. Smead, C. D. Selby, L. H. Brewer and H. H. Heath. Medicine—L. C. Grosh, Charles Tenney, B. J. Hein, C. S. Mundy, J. A. True. Ophthalmology—W. H. Snyder, William W. Alderdyce, P. M. Patterson. Neurology—L. Miller, F. D. Ferneau. Gynecology—L. K. Maxwell, I. H. Hammer, O. Sasse. Pediatrics—H. J. Morgan, H. Smead, P. B. Brockway, C. E. Price. Genito-urinary—M. B. McGonigle. Dermatology—J. L. Murray, Ed. D. Tucker. Obstetrics—W. G. Dice, George L. Chapman, J. P. Gardiner, W. F. Maxwell, C. A. Berger. Microscopist—Theodore Zbinden. Bronchoscopy and Esophagoscopy—T. Hubbard. X-Ray—H. Dachtler.

The advisory board consists of Drs. L. K. Maxwell, Charles Tenney, H. J. Morgan, L. Smead, L. Miller, and L. C. Grosh. The hospital in the future will be directed by a male superintendent.

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DEATHS IN OHIO

George C. Werner, M. D., Norwood, Cincinnati, University of Freiburg, Germany, 1888; aged 72; a veteran of the Franco-Prussian War; died at his home, May 31, from heart disease.

Maurice J. Carey, M. D., Cleveland; Columbus (Ohio) Medical College, 1882; aged 71; formerly a fellow of the American Medical Association; died at his home, April 17, from pneumonia.

Gilman O. Mahaffey, M. D., Cleveland College of Physicians and Surgeons, 1885; aged 59; died at his home in Jefferson, May 10, following several years of ill health. A widow and two brothers survive him.

Samuel C. Sigler, M. D., aged 78, retired, died at his home in Warren, May 12. Dr. Sigler was born in Vienna and spent his early life there. He was a resident of Niles for over fifty years. For the past three years he has resided in Warren.

Vincent W. McNeill, M. D., Starling Medical College, 1892; aged 44, died at his home in Prospect, May 12, from dropsy. Dr. McNeill was

born in Minnesota, and moved to Prospect in 1895. He is survived by a widow and his mother.

James A. Conrad, M. D., Homeopathic Medical College of Missouri, St. Louis, 1877; aged 70, died at his home in Cleveland, June 7, as the result of a stroke of apoplexy. Dr. Conrad came to Cleveland in 1908 from St. Louis. His widow survives him.

James S. Hanson, M. D., Detroit College of Medicine and Surgery, 1891; aged 48, died at his home in Sandusky, Wednesday, May 31. Dr. Hanson was born in London, Ontario. He had practiced in Sandusky for the past 18 years. A widow and one son survive him.

Clark Wasgatt Davis, M. D., Cincinnati, Miami Medical College, Cincinnati, 1886; aged 52; a Fellow of the American Medical Association; medical director of the Union Central Life Insurance Company for many years; health officer of Cincinnati from 1900 to 1906; died at his home, May 25, from heart disease.

Edmund P. Thomas, M. D., Hahnemann College, Chicago, 1882; aged 64, died at his home in Bowling Green, May 18. Dr. Thomas was born in Wood county. He began the practice of medicine at Portage, and located in Bowling Green in

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1892, where he had since engaged in his profession. He is survived by a widow, one daughter and one son.

Henry J. Cook, M. D., Medical College of Ohio, 1893; died at Bethesda Hospital, Cincinnati, June 16. Dr. Cook was born in Campbell county, Kentucky, and had been a resident of Cincinnati for 45 years. For several years he had been a member of the city council. He was a member of the Cincinnati Academy of Medicine. A widow and two sons survive him.

Louis F. Laudick M. D., Medical College of Ohio, 1890; aged 49, of Lima, died in a Toledo hospital, May 25. Dr. Laudick was born in Allen county. After graduation he located in Lima where he had since practiced. He was a member of the Allen County Medical Society. Dr. Laudick at one time served as health officer of Lima. He is survived by a widow.

Edward A. Fox, M. D., Cincinnati; Medical College of Ohio, Cincinnati, 1905; aged 34; local surgeon for the Big Four System; county infirmarian physician of Hamilton county in 1909 and 1910; died in Bethesda Hospital, Cincinnati, May 6, from septicemia. Dr. Fox was born near Harrison, Hamilton county. For the past nine years he has been engaged in practice at Carthage. He is survived by his parents and three brothers.

William Hilkowitz, M. D., Cincinnati; Medical College of Ohio, Cincinnati, 1888; aged 49; a Fellow of the American Medical Association; and a member of the Cincinnati Academy of Medicine; physician to the Jewish Foster Home and consulting obstetrician to the Ladies' Society for the Relief of the Sick Poor and the United Jewish Charities; died at the Bethesda Hospital, Cincinnati, May 14, from heart disease.

Charles Theodore Benner, Tiffin, Ohio; Western Reserve University, Cleveland, 1878; Bellevue Hospital Medical College, 1882; aged 59; formerly a Fellow of the American Medical Association; a member of the Ohio State Medical Association, and once president of the Seneca County Medical Society; local surgeon of the Pennsylvania System; for one term a member of the city council of Tiffin; died in his office in Tiffin, May 23, from angina pectoris.

William A. Hanlin, M. D., Hahnemann Medical College and Hospital, Chicago, 1881; aged 67, died at his home in Middleport, Monday, June 5, after a year's illness of diabetes. Dr. Hanlin was born in Middleport. He taught in the schools of Pomeroy and Middleport before taking up the

study of medicine at the Homeopathic Medical College of Cincinnati and later in Chicago. He had practiced in Middleport for the past 35 years. Two sons and one daughter survive him. Dr. S. B. Hanlin of Pomeroy is a son.

Arthur S. Reebel, M. D., Tufts Medical College, Boston, 1909; aged 31, died at his home in Youngstown, May 22, after a long illness. He had traveled extensively in an effort to regain his health, and only a few weeks ago returned from Saranac Lake, N. Y. Dr. Reebel was born in Youngstown. After completing his medical course in Boston, he took up postgraduate work at Harvard. He returned to Youngstown in 1910 and took up the practice of his profession. He was a member of the Ohio State Medical Association. A widow, together with his parents and seven brothers and sisters, survive him.

State Association of Anesthetists

The second annual meeting of the Interstate Association of Anesthetists will be held at the Hotel Seelback, Louisville, Ky., July 26 and 27, in conjunction with the National Dental Association.

The following program has been arranged for the scientific sessions:

Chairman's address, "Progress in the Technical Administration of Anesthesia and Analgesia," William Hamilton Long, Louisville, Ky.; "Anesthesia, the Anesthetist and the Operative Procedure from the Surgeon's Viewpoint," F. G. Du Bose, Selma, Ala.; "Metabolic and Organic Changes Under Anesthesia," Evarts Graham, Mason City, Ia.; "Preparatory, Anesthetic and Post-operative Regime for Hazardous Risks in Genito-Urinary Surgery," Moses Salzer, Cincinnati, Ohio; "A New Method for the Production of General Analgesia and Anesthesia," D. E. Jackson, St. Louis, Mo.; "Nitrous Oxid-Oxygen in Obstetrics," Carl H. Davis, Chicago, Ill.; "Ether-Oil Colonic Anesthesia in Head and Neck Operations," Joseph E. Lumbard, New York City; "Some Direct and Indirect Dangers of Nitrous Oxid-Oxygen and Its Ultimate Position in Major Surgery," Jno. N. Heim, Louisville, Ky.; "Oral Hygiene in Relation to Anesthesia and Analgesia," Bion R. East, Detroit, Mich.; Control of Circulatory Disturbances Under Anesthesia and Analgesia," Emmett F. Horine, Louisville, Ky.; Historical Section: Hewett of Chicago, and Chloroform Analgesia, William Harper DeFord, Des Moines, Ia.; Crawford W. Long and Ether, E. M. Magruder, Charlottesville, Va.; The Romance of Evans and Nitrous Oxid, Edward C. Kirk, Philadelphia, Pa.; Hickman, a Forgotten Pioneer, C. J. S. Thompson, London, England.

Additional information may be secured from Dr. F. H. McMechan, Secretary-Treasurer, of Avon Lake, Ohio.

Chattanooga Medicine Company Fails in Its Attempt to Collect Heavy Damages for Alleged Libel from A. M. A.

Just before closing this issue of The Journal, on June 24, we were notified from Chicago that the American Medical Association was found guilty of libelling the Chattanooga Medicine Company, manufacturers of wine of Cardui by a jury, June 22. *Damages were fixed at one cent.* The jury had been out six days.

The verdict was reached on the 22nd ballot. The case was called for trial March 21, and continued for over two months. There were two suits which were combined. John A. Patten sued for \$200,000 for personal damages. His suit terminated with his death shortly after the trial began. The other was by Z. G. Patten, Jr., for the company. It was for \$100,000.

The verdict is a virtual victory for The American Medical Association, inasmuch as the plaintiffs failed to secure the heavy damages they petitioned.

The case has been of tremendous importance to the medical profession. One result has been to give national publicity to the evils of nostrum practice.

In a later issue we will comment in these columns on the class of doctors the medicine company was able to secure as witnesses—and particularly on the six they secured in Ohio.

Several Changes Have Been Made in List of Examining Physicians Retained by Industrial Commission of Ohio

Several changes have been made recently in the list of local medical examiners appointed by the state industrial commission. Most of the examiners are members of the Ohio State Medical Association. The position in Marion county is vacant, owing to the resignation of Dr. E. L. Hedges. No local examiners are appointed for Franklin county. The examiners in other counties, together with the specialists employed by the commission in the larger counties, follow:

COUNTY	NAME	ADDRESS
Adams—S. J. Ellison.....	West Union	
Allen—F. L. Bates.....	Lima	
Ashland—W. M. McClellan.....	Ashland	
Ashtabula—C. A. Dickson.....	Jefferson	
Athens—John L. Henry.....	Athens	
Athens—John C. Pickett.....	Nelsonville	
Auglaize—W. S. Stuckey.....	Wapakoneta	
Belmont—F. C. Peregoy.....	Barnesville	
Belmont—J. O. Howell.....	Bridgeport	
Belmont—R. H. Wilson.....	Martins Ferry	
Brown—R. B. Hannah.....	Georgetown	
Butler—John Francis.....	Hamilton	
Carroll—J. R. Williams.....	Carrollton	
Champaign—Nelson M. Rhodes.....	Urbana	
Clark—A. H. Potter.....	Springfield	
Clark—Clarence Ramsay.....	Springfield	
Clermont—James K. Ashburn.....	Batavia	
Clinton—W. G. Murrell.....	Wilmington	
Columbiana—L. F. Derfus.....	Salem	
Coshocton—Jesse McClain.....	Coshocton	
Crawford—Chas. A. Ulmer.....	Bucyrus	
Cuyahoga—E. A. Powell.....	Cleveland	
Cuyahoga—A. W. Binckley.....	Cleveland	
Darke—R. H. Spitler.....	Greenville	
Defiance—W. S. Powell.....	Defiance	
Delaware—C. W. Chidester.....	Delaware	
Erie—P. F. Southwick.....	Sandusky	
COUNTY	NAME	ADDRESS
Fairfield—H. M. Hazelton.....	Lancaster	
Fayette—H. L. Stitt.....	Washington C. H.	
Fulton—W. H. Maddox.....	Wauseon	
Gallia—T. T. Hanson.....	Gallipolis	
Geauga—W. E. Olyer.....	Chardon	
Greene—W. H. Finley.....	Xenia	
Guernsey—J. E. Patton.....	Byesville	
Guernsey—Geo. W. Hixon.....	Cambridge	
Hamilton—A. C. Busch.....	Cincinnati	
Hamilton—A. R. Connor.....	Cincinnati	
Hancock—W. L. MacLacklin.....	Findlay	
Hardin—E. A. Stickle.....	Kenton	
Harrison—John S. Campbell.....	Cadiz	
Henry—F. S. Martin.....	Napoleon	
Highland—R. J. Jones.....	Greenfield	
Hocking—E. E. Campbell.....	Logan	
Holmes—D. S. Olmstead.....	Millersburg	
Huron—John A. Sipher.....	Norwalk	
Jackson—W. G. Scurlock.....	Jackson	
Jefferson—I. C. Foster.....	Steubenville	
Knox—C. B. Conard.....	Mt. Vernon	
Lake—H. E. York.....	Painesville	
Lawrence—Wm. E. Shattuck.....	Coal Grove	
Licking—H. J. Davis, H. H. Postle.....	Newark	
Logan—A. J. McCracken.....	Bellefontaine	
Lorain—W. E. Hart.....	Elyria	
Lorain—S. S. Cox.....	Lorain	
Lucas—George M. Todd.....	Toledo	
Madison—W. F. Smeltzer.....	London	
Mahoning—E. A. Tobey.....	Youngstown	
Mahoning—W. P. Connor.....	Youngstown	
Mahoning—M. P. Love.....	Youngstown	
Medina—E. L. Crum.....	Lodi	
Meigs—L. C. Cribble.....	Pomeroy	
Mercer—H. L. Cordier.....	Celina	
Miami—J. B. Barker.....	Piqua	
Miami—Warren Coleman.....	Troy	

COUNTY	NAME	ADDRESS
Monroe—D. W. Lowe.....	Woodsfield	
Montgomery—H. A. Slusser.....	Dayton	
Morgan—C. E. Northup.....	McConnellsville	
Morrow—T. P. Johnston.....	Mt. Gilead	
Muskingum—E. R. Brush.....	Zanesville	
Noble—G. G. Mallett.....	Caldwell	
Ottawa—S. Gillard.....	Port Clinton	
Paulding—John W. Fauster.....	Paulding	
Perry—James Miller.....	Corning	
Pickaway—D. V. Courtright.....	Circleville	
Pike—L. E. Wills.....	Omega	
Portage—C. I. Waggoner.....	Ravenna	
Preble—H. Z. Silver.....	Eaton	
Putnam—P. D. Bixell.....	Pandora	
Richland—John Maglott.....	Mansfield	
Richland—J. L. Stevens.....	Mansfield	
Ross—Frank T. Marr.....	Chillicothe	
Ross—A. E. Merkle.....	Chillicothe	
Sandusky—S. McKenney.....	Fremont	
Scioto—O. W. Robe.....	Portsmouth	
Seneca—E. H. Porter.....	Tiffin	
Shelby—Arthur Silver.....	Sidney	
Stark—E. O. Morrow.....	Canton	
Stark—H. G. Scranton.....	Alliance	
Summit—E. J. Cauffield.....	Akron	
Summit—H. S. Davidson.....	Akron	
Trumbull—S. S. MacKenzie.....	Warren	
Tuscarawas—J. M. Smith.....	New Philadelphia	
Union—P. D. Longbrake.....	Marysville	
Van Wert—R. J. Morgan.....	Van Wert	
Vinton—G. M. Swepston.....	McArthur	
Warren—Herschel Fisher.....	Lebanon	
Washington—R. W. Athey.....	Marietta	
Wayne—G. W. Ryall.....	Wooster	
Williams—Jas. W. Long.....	Bryan	
Wood—A. M. Harrison.....	Bowling Green	
Wyandot—G. W. Sampson.....	Upper Sandusky	

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The total cost of operating the tuberculosis hospital for the district composed of Clark, Champaign, Greene and Madison counties during the year ending March 31, 1916, was \$20,629.38, according to the report of the superintendent, Dr. Henry Baldwin. The cost per patient per day was \$1.28.

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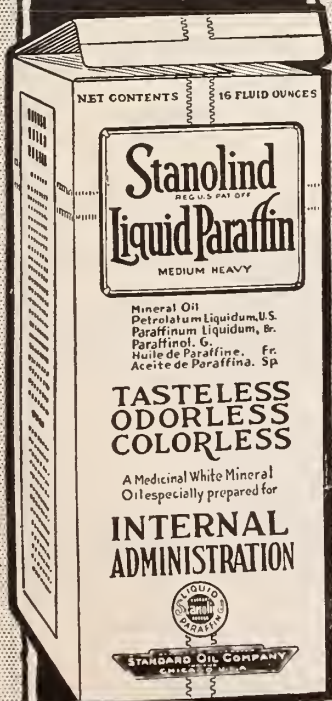
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ACTIVITIES OF OHIO CITIES IN PUBLIC HEALTH WORK HOW ABOUT YOUR CITY?

Toledo city council has authorized a new contagious disease hospital.

Funds are being solicited in Canton for establishing a municipal dental clinic.

Five nurses were graduated June 9 from the Eddy Road Hospital School for Nurses, Cleveland.

Massillon citizens raised \$1,000 on Tag Day, June 3, for the employment of a public health nurse.

Health Officer Landis of Cincinnati has detailed ten sanitary policemen to enforce the anti-spitting ordinance.

Ten milk stations and baby clinics were opened June 12 at Cincinnati under the supervision of the city health department.

Dr. Joseph Ransohoff of Cincinnati has been requested by the National Society for the Control of Cancer to accept the office of director-general of the state of Ohio.

A week's campaign to exterminate flies in Akron came to a close May 30. A total of 154,028 flies lost their lives in the campaign. The prize-winner "swatted" 12,925.

Tentative plans are under way for the erection of a community hospital in East Cleveland. Officials of the town are investigating to see if the citizens are ready for such an institution.

The first medical inspection of Chardon public schools was held May 25, when Chardon physicians examined pupils and teachers as a result of several cases of scarlet fever being reported in the town.

Strict quarantine regulations for measles and whooping-cough have been adopted by the Akron board of health. Quarantine period for measles is 14 days and for whooping-cough, six weeks after the beginning of the disease.

The Anti-Tuberculosis League of Portsmouth opened its fresh-air camp on June first. The object of the camp is to prevent tuberculosis among children rather than to treat the disease after it has fastened its hold upon the child.



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Cleveland

Commissioners of Hardin county have joined with the Associated Charities in an effort to stamp out tuberculosis. Acting under a state law, the commissioners have appropriated \$25 a month toward the salary of the visiting nurse.

The first week of June was Baby Week in Dayton, featured by a Child Welfare exhibit, which, in the opinion of Dr. Frances Hollingshead, director of the division of child hygiene, state board of health, was the best ever arranged in the state.

A nation-wide campaign for health insurance is progressing steadily. We are advised that the Massachusetts legislature has passed an act creating a commission to study the proposed plans, with power to recommend legislation applicable to that state.

Lorain had the highest infant mortality rate in the class of cities in the United States under 50,000 population in 1913 and 1914, according to a report of a survey made by the New York Milk Commission. In 1913 the rate was 38.2 per cent and in 1914 it was 38.5.

Females over 18 years of age working in the dining room and kitchen of a hotel operating under the European plan, can not be employed more than ten hours in any one day or more than fifty-

five hours in any one week, according to a ruling by Attorney General Turner.

During the first five months of 1916, 18 families with at least one tuberculosis patient in each, have migrated to Hamilton, most of them coming from Kentucky, according to records of the Hamilton Anti-Tuberculosis League. By order of the city health department, several families have been sent back to Kentucky.

Anna C. Beneanti, a nurse, pleaded guilty at Columbus, May 31, to a charge of violating the new midwives' law, and was fined \$50 and costs. She was indicted for failing to give a new-born child nitrate of silver treatment to the eyes, as required by the law, and also for having failed to report the child's birth within six hours.

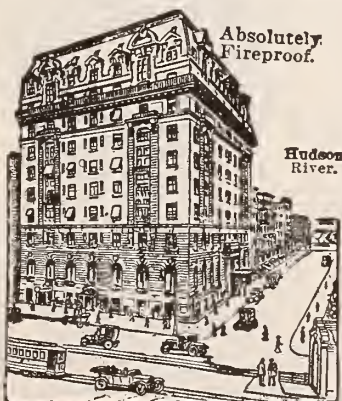
Owing to financial stringency the Toledo Health Department was compelled to abandon the welfare stations for infants on May 1. This work has again been taken up by the District Nurses' Association, and all the old stations have been reopened in the public school buildings. A clinic is held twice a week with a nurse and physician in charge.

A city-wide educational campaign against tuberculosis opened in Columbus June 12 under the auspices of the Columbus Society for the Pre-

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vention and Cure of Tuberculosis. Placards posted throughout the city bear this statement: "One Out of Every Eight Deaths in Columbus Is Caused by Tuberculosis. What Are You Doing To Help Stamp Out the Disease?"

United States Public Health Service, through Surgeon Carroll Fox, is conducting a complete survey of health activities in Youngstown, with a view of reporting recommendations. The services of Dr. Fox were secured by the public health committee of the chamber of commerce, of which Dr. Sidney McCurdy is chairman. Dr. Fox conducted a similar survey in Toledo.

A "Better Baby" parade inaugurated a nine-day educational and financial campaign on behalf of the Babies' Dispensary and Hospital at Cleveland, June 3. "The Babies' Fight for Life," a film based on the work of the dispensary and hospital was shown at down-town motion picture theaters during the campaign. Camp-fire girls took collections at each performance.

United States Senators Harding and Pomerene and Congressmen Allen and Longworth have been notified of the formal protest by the Cincinnati Health Department against the adoption of the resolution now pending in Congress making it unlawful for any officer or employe of the United States Public Health Service to become an officer or a member of a medical association.

A public health nursing department has been added to the Massillon City Hospital Organization. A visiting nurse has been employed in connection with a dispensary fitted up for the purpose. It is the intention of the department, which is dependent entirely on the public for support, to cooperate with the physicians, manufacturers, churches, public institutions, and the public in general.

Purification of Cincinnati's milk supply during the last five years under the direction of the city board of health has had as much to do with the reduction in the general death rate of the city as has the purification of its water supply, according to Health Officer Landis. His figures show that in 1906, 547 infants died of diseases which are attributed to impure milk. In 1915 this number was decreased to 175.

Cleveland has an anti-mosquito brigade in its health department which will respond to the call of any citizen who wants breeding places of the mosquito eradicated. The brigade is armed with an automatic sprayer and a barrel of oil mounted in a truck. Health Commissioner Bishop prescribes three ways of getting rid of small ponds that breed mosquitoes: (1) Fill them in, (2) stock them with fish, or (3) use oil.

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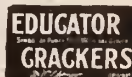
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 ** STATE MEDICAL BOARD **

One hundred and sixty-one applicants for certificates to practice medicine in Ohio were examined at Columbus, June 6, 7, 8, and 9, by the state medical board. Announcement of the successful candidates will be made July 5. The class, which was one of the largest ever examined, also included 34 applicants for osteopaths' certificates. The medical schools were represented as follows:

Ohio State University, 68 (including seven homeopaths); Western Reserve University, 46; University of Cincinnati, 21; Eclectic Medical College, 19; University of Pennsylvania, 2; Rush Medical College, 1; Jefferson Medical College of Philadelphia, 1; Yale University, 1; Woman's Medical College of Cincinnati, 1; Marquette University, 1.

The following are the examination questions proposed:

SIPHIOLOGY AND DISEASES OF EYE, EAR, NOSE AND THROAT

1. Describe psoriasis. Give treatment.
2. Of what disease is pruritus ani a frequent sign?
3. Upon what evidence would you base a belief that a patient is cured of gonorrhea?
4. Describe signs and symptoms of congenital syphilis.
5. Outline an approved treatment of syphilis.
6. What are the dangers of acute suppurative inflammation of the middle ear?
7. Describe trachoma. Give treatment.
8. Describe tubercular laryngitis.
9. Give treatment of acute suppurative inflammation of frontal sinus.
10. Give treatment of nasal polyp.

EXAMINATION IN PRACTICE

1. Describe the symptom complex of uremia; tell how you might suspect it to be impending in a given case, and what treatment you would employ in an effort to avert it.
2. In what diseases should one be on the lookout for the development of acute endocarditis, and how would you recognize its occurrence.
3. Give symptoms of cancer of the liver involving the neighborhood of the hepatic duct.
4. Given a case of a man of sixty-five of alcoholic history, with edematous ankles, dyspnea and cough with occasional bloody expectoration, albuminuria, and blood pressure of 150 (sys.); what would be your presumptive diagnosis? Trace prognosis of the case from the primary condition.
5. In an instance of alleged hematemesis, give other possible sources of the blood, and tell how you would recognize the origin in a given case.
6. Describe your treatment of a case of pulmonary tuberculosis, moderately advanced, involving chiefly one side, with a temperature of 101° Fahrenheit, and subject to occasional hemorrhage.

7. Give symptoms and treatment of a case of influenzal pneumonia.
8. Give symptoms of acute myelitis, differentiating it from multiple neuritis.
9. Mention some indications of cerebral syphilis. How would you make a positive diagnosis; briefly outline the treatment.
10. How would you treat a case of acute articular rheumatism.

MATERIA MEDICA AND THERAPEUTICS (REGULAR)

1. Name the three principal serums. Give mode of administration and indication for use of each.
2. Name the different preparations of digitalis and aconite. Give dose and cumulative action of each.
3. Cocaine hydrochloride—its physiological action and principal uses. Give symptoms and treatment of an habitue.
4. For what purposes are diuretics employed. Name the principal ones. How are they usually classified?
5. Give the physiologic action, use and dose of salicylate of sodium.
6. Potassium salts—name the principal ones and give dose and use of each.


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7. Name three external antiseptic remedies. Give indications for and state how each may be used.
8. Nux Vomica—its therapeutic uses, important preparations—dose of each.
9. Give the indications for internal use of corrosive sublimate; state dose.
10. Give the therapeutic uses and state the dose of opium and its alkaloids.

EXAMINATION IN SURGERY

1. SHOCK: (a) Cause. (b) Symptoms. (c) Outline treatment.
2. ACUTE SUPPURATIVE APPENDICITIS: (a) Diagnosis: 1. Subjective and objective symptoms. 2. Differentiate between this and similar abdominal disorders. 3. Preliminary treatment. (b) Operation: 1. Surgical technique. 2. After treatment. 3. Prognosis.
3. COLLES' FRACTURE: (a) Diagnosis. (b) Pathology. (c) Treatment.
4. HIP JOINT DISEASE: (a) Diagnosis. (b) Treatment: surgical; mechanical. (c) Prognosis.
5. GUNSHOT WOUNDS: (a) Give rule regarding probing. (b) Give rule regarding immediate operation. (c) In a gun shot wound of the knee, what would be your course of pursuance?

EXAMINATION IN CHEMISTRY

1. Give the chemical formula for mercurous chloride, mercuric chloride, and mercuric nitrate. Give one characteristic of each.
2. State the difference between a physiological and chemical antidote for poison, and give an example of each.
3. What is organic chemistry? State the general properties of organic compounds.
4. Differentiate between fermentation and putrefaction.
5. What is methyl alcohol? Give formula, properties and uses.

EXAMINATION IN PHYSIOLOGY.

1. Describe functions of visceral muscle.
2. What is the nature of the nerve impulse? Discuss nerve fatigue.
3. What are the advantages of a mixed diet? How does a purely protein diet affect metabolism?
4. What is the mode of secretion and discharge of the bile?
5. Give histology of blood plates.
6. Discuss intra-vascular coagulation. What pathological conditions of the vessels favor its development?
7. Locate the cardio-accelerator center. How is the heart rate affected through the vagus nerve?
8. Describe Cheyen-Stokes respiration. With what pathological states is it usually associated?
9. Describe effects of removal of parathyroid tissue.
10. What is the origin, distribution and function of the third nerve?

EXAMINATION IN ANATOMY.

1. Name the subdivisions of the abdominal cavity.
2. Give a description of the knee joint.
3. Name the carpal bones.
4. Describe the prostate gland.
5. What is the length of the intestine and its divisions?

EXAMINATION IN DIAGNOSIS.

1. Give symptomatology of incipient pulmonary tuberculosis.
2. Give etiology and physical signs of myocarditis.
3. Describe difference in symptomatology of acute dilatation of heart and hypertrophy of heart.
4. How can the functional competency of each kidney be demonstrated?
5. Give differential diagnosis: ulcer of stomach; ulcer of duodenum and cholecystitis.
6. Give early signs of hyperthyroidism.
7. Differentiate enlarged gall bladder and optosed right kidney.
8. Describe physical signs of effusion in acute pleuritis.
9. What is the most important sign of leukemia?
10. What are the early signs of acute poliomyelitis?

EXAMINATION IN OBSTETRICS

1. When would you be justified in inducing premature labor?
2. How would you diagnose the existence of pregnancy?
3. What are the symptoms of fetal death?
4. State indication and contra-indication for the use of the curette and the technique of this operation.
5. Name the stages of labor and describe the management of the third stage in detail.

EXAMINATION IN PATHOLOGY

1. What is the blood picture in myelogenous leukemia? Give source of abnormal cells found.
2. What is a hemorrhage infarct; what would be the course of such a condition—for example in the kidney?
3. Describe tubercle formation, and the various pathologic results in pulmonary tuberculosis.
4. Give method of preparing a vaccine for furunculosis.
5. Describe your precautions in treating a case of diphtheria: (a) for the physician; (b) for the patient's family; (c) for the general community.

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3. Or that of any other person (not necessarily an assistant or agent),
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Dr. Larimore Gives Dinner for Dr. Charles Mayo

One of the happy events in the medical history of Knox county was the splendid dinner and good fellowship that characterized the reception of the Knox county Medical Society and Dr. Charles H. Mayo, of Rochester, Minn., given by Dr. Frank Larimore, of Mt. Vernon. Dr. Larimore proved a fine host, nothing being overlooked.

Dr. Mayo addressed the physicians just before the banquet, and made some startling predictions. He feels that Russia is destined to become the leading nation of the world in commerce, in power, and in influence, and the Doctor offered pretty strong argument to support his statement. In responding to a toast after dinner the Doctor discussed in a most interesting manner the progress of medicine, and drew attention to the fact that the old order of things is rapidly passing away forever.

Dr. Ben McClellan, of Xenia, discussed the American Medical Association most interestingly. Dr. H. B. Gibbon spoke of the Ohio State Medical Association, and Dr. F. W. Blake of the Knox County Medical Society.

Take it all in all, it was a most happy event, and Dr. Larimore deserves the thanks of the Knox County physicians for the splendid enter-

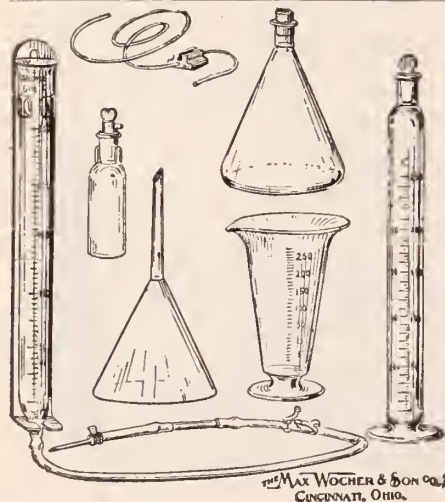
tainment so generously provided by him. Out-of-town guests were present from Chillicothe, Columbus, Cleveland, Xenia, and other parts of the state.

G. E. ROBBINS.

Plans for the removal of the medical schools of Western Reserve University, the Babies' dispensary and the Lakeside hospital at Cleveland, to a tract of land on Euclid avenue, near the Adelbert College campus, were approved recently at a meeting of the trustees of the university. Portraits of Dr. Hunter H. Powell and of Dr. Gustav C. Weber, surgeon general of Ohio during the Civil War, were presented to the university.

Study of birth control has been taken up in Cleveland by a group of representative men and women, who have formed an organization through which the subject is to be handled. The society contemplates establishing a clinic where a physician and a trained nurse will give advice.

Dr. John E. Hattery, Celina, son of Dr. J. H. Hattery, is preparing to locate in Mansfield. He will be a member of the medical staff of the Mansfield Reformatory.



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STATE BOARD OF HEALTH

L. H. Van Buskirk, director of the division of hygienic laboratories, read a paper before the American Water Works Association at New York, June 8, on "Some Problems of the State Water Laboratories."

Dr. Robert G. Patterson, director of the division of public health education, was the principal speaker at the commencement exercises of the School of Nursing and Health of the Cincinnati General Hospital.

Diphtheria continues to prevail sporadically, although the number of cases is gradually decreasing. In May, 392 cases were reported against 410 in April. Most of the cases are found in the larger cities.

Smallpox prevails in 40 health districts, a majority of the cases occurring in Lucas, Defiance and Williams counties. During May, 229 cases of this disease were reported. In April, smallpox prevailed in 59 health districts.

For the first time in the history of Fremont, all homes where typhoid fever exists are being quarantined by the city health authorities. Ice cream venders, who sell their wares from wagons and push carts on the streets, have been put out of business in Fremont.

Of the 560 cases of scarlet fever reported during May, a considerable proportion was found in the Miami Valley—Darke, Montgomery and Miami counties being affected. June reports, however, indicate that the epidemic is on the wane. Other totals for May compiled by the state board of health follow: Pneumonia, 242; whooping cough, 975; chicken pox, 471; meningitis, 11; mumps, 282.

The total number of typhoid fever cases reported during May was 156, 25 of which occurred in Bellefontaine. An investigation made by Dr. F. G. Boudreau, director of the division of communicable diseases, showed that it was a milk-borne outbreak. A larger percentage of the cases than usual were children under ten years, the greatest milk users. The public water supply of Bellefontaine was found to be safe.

G. B. Arner, statistician of the division of communicable diseases, is of the opinion that more than 80,000 cases of measles have occurred in Ohio since January 1 in one of the most widespread epidemics since morbidity records have been kept. Of this number more than 45,000 were officially reported to the state board of health up to June 1. Thousands of cases, Mr. Arner believes, were not reported. Few health districts escaped the epidemic.

With the possible exception of typhoid fever, reports of communicable diseases in the state for June will show a marked decline. Measles cases reported during May numbered 9,300, about one-half as many as were reported in 1915 and 4,000 less than the number reported in April. Findlay was hit hard, 240 cases being reported from that city. Reports of 400 cases came from Columbus, 661 from Cleveland, 489 from Toledo, and 796 from Cincinnati. In Chillicothe a ruling by the board of health that all those who did not report measles cases would be prosecuted was a great help to the health authorities in their efforts to check the epidemic.

Will Retain Dr. Douglass at Mt. Vernon

Dr. Stephen A. Douglass will not be disturbed as superintendent of the state tuberculosis sanatorium at Mt. Vernon at present, although the four-year term for which he was elected, expired June 15. He has taken a non-competitive civil service examination and his name has been certified by the state board of administration as regularly appointed to the state civil service commission.

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OHIO CONTRIBUTORS TO MEDICAL LITERATURE

Bubis, J. L., Cleveland: "Emptying Uterus in Early Stages of Pregnancy by Aid of Pituitary Extract; Report of Two Cases"; Amer. Jour. of Obstet., April, LXXIII, No. 4.

Rhodes, G. B., Cincinnati: "Case of Pulsating Exophthalmos"; Annals of Surgery, April, LXIII, No. 4.

Zinke, E. G., Cincinnati: "Obstetrics as It Was; As It Is; As It Should Be"; Bulletin of Lying-in Hospital, April, X, No. 3.

Heidingsfeld, M. L., Cincinnati: "Serology and Diagnosis of Syphilis"; New York Med. Jour., April 8, CIII, No. 15.

Kramer, S. P., Cincinnati: "Colloidal Solutions of Silicic Acid"; New York Med. Jour., April 8, CIII, No. 15.

Perkins, R. G., Cleveland: "Public Health Laboratories"; New York Med. Jour., April 15, No. 16.

Ray, V., Cincinnati: "New Operation for Retention of Movable Stump as Substitute for Enucleation"; Ophthalmic Record, April, XXV, No. 4.

Caldwell, J. H., Cincinnati: "Acute Septic Peritonitis"; Ky. Med. Jour., May, XIV, No. 5.

Hamilton, E. A., Columbus: "Experiences in German Reserve Hospital Under Auspices of American Red Cross"; Military Surgeon, May, XXXVIII, No. 5.

Lower, W. E., Cleveland: "Removal of Bullet from Pericardium; Report of Case"; Annals of Surgery, May, LXIII, No. 5. (Extract Jour. A. M. A., June 10, 1916.)

Corlett, W. T., Cleveland: "Treatment of Syphilis During First Six Months After Infection"; Cleve. Med. Jour., April, XV, No. 4.

Crile, G. W., Cleveland: "Treatment of Peritonitis"; Cleve. Med. Jour., April, XV, No. 4.

Shie, M. D., Cleveland: "Effect of Vitamines on Body Growth"; Cleve. Med. Jour., April, XV, No. 4.

Stoner, W. C., Cleveland: "Intraspinal Treatment of Neurosyphilis With Standardized Salvarsanized Serum"; Cleve. Med. Jour., April, XV, No. 4.

Lower, W. E., Cleveland: "Pedicle Clamp, Specially Designed for Use in Nephrectomy"; Cleve. Med. Jour., April, XV, No. 4.

Bauman, G. I., Cleveland: "Congenital Club Foot"; Cleve. Med. Jour., April, XV, No. 4.

Keyser, T. S., Cleveland: "Compressed Air (Caisson) Disease, Discussion of Etiology from Standpoint of Physical Laws"; Cleve. Med. Jour., April XV, No. 4. (Extract Jour. A. M. A., June 10, 1916.)

Osmond, J. D., Cleveland: "Importance of Roentgen Ray Examination in Clinical Diagno-

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sis; Report of Case"; Cleve. Med. Jour., April, XV, No. 4.

Lichty, M. J., Cleveland: "Trouble, Double, Double, Pathologic and Professional"; Cleve. Med. Jour., April, XV, No. 4.

Gibson, F. S., Rogoff, J. M., and Stewart, G. N., Cleveland: "Liberation of Epinephrin from Suprarenal Glands by Stimulation of Splanchnic Nerves and by Massage"; Jour. of Pharmacology and Experimental Therapeutics, May, VIII, No. 5.

Steinharter, E. C., Cincinnati: "Gastric Ulcer Experimentally Produced by Means of Straphylococcus Organism; Preliminary Note"; Boston Med. and Surg. Jour., May, CLXXV, No. 19. (Abs. Jour. A. M. A., May 27.)

Reed, C. A. L., Cincinnati: "Some Later Adaptations of Gastro-Intestinal Surgery"; Iowa State Med. Soc. Jour., April, VI, No. 4.

Heidingsfeld, M. L., Cincinnati: "Laboratory and Clinical Diagnosis"; W. Va. Med. Jour., May, X, No. 11.

PUBLIC HEALTH NOTES

Plans for a general city hospital for Columbus have been approved by the city board of health. The layout is on the cottage plan and includes all necessary buildings for a general hospital, but it is expected that not more than one or two buildings for contagious diseases will be erected at this time. Voters last November authorized a \$25,000 bond issue for an isolation hospital, which according to present plans, will accommodate about 100 patients. The ultimate cost of the entire project would be about \$300,000.

The annual report of the Children's Clinic of the Medical Department of the University of Cincinnati shows that during 1915, 2,300 children made more than 10,000 visits to the clinic. Of this number, 1,500 were new cases. Of these, 673 were infants under one year, with a mortality of only 3.7 per cent. Through the clinicians, visiting physicians and nurses, the clinic not only cares for the children of the poor, but enters the homes and instructs the mothers in the fundamental principles of hygiene and prophylaxis.

In order to give health officers an opportunity to attend the meetings of the American Public Health Association at Cincinnati, October 24, 25, 26 and 27, the first three days of the association's meeting have been fixed as dates for the Cincinnati conference of the state board of health and health officers of municipalities of 3,000 or more population. Headquarters of the conference will be the Gibson Hotel. A number of Ohio health officers and others interested in public health work have already applied for membership in the association. It is probable that the program of the association's meeting will be adopted as a part of the official program of the conference.

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Cincinnati Holds Successful Baby Week

Cincinnati's expression in the nation-wide observance of Baby Week was a good demonstration of co-operation and unity of purpose for the prevention of infant mortality.

Representatives from the Academy of Medicine, The Women's Club, The Visiting Nurses Association, Woman's City Club, The Jewish Infant Welfare Circle, and the Children's Department of the Ohio-Miami Clinic took an active part in the movement.

Many department stores and merchants participated with fine window displays, exhibiting hygienic garments for children, the proper equipment for the bath, toilet articles, healthful games and amusements. Child welfare films, approved by the department, were shown. Nine milk stations and baby clinics operated by the health department were opened.

The week was brought to a fitting close with the third annual Better Babies Contest which was featured as a special attraction at Chester Park on the 14th, 15th, and 16th of June.

Four hundred and nineteen children between the ages of one and four years were examined by the district physicians assisted by a complement of nurses from local hospitals. Volunteers from the Cincinnati University, academic and medical students, acted as scorers. All examinations were conducted privately and as far as

possible to the exclusion of the general public, in tents which were pitched under shade trees.

The Better Babies Contest should be conducted along educational rather than competitive lines. Keen interest was manifested by parents or guardians. When physical defects were discovered the parents were counseled and advised to consult with their family physician.

NEWS NOTES OF OHIO

Dr. Emery R. Hayhurst has resigned as director of the division of occupational diseases, state board of health, and has accepted the assistant professorship of industrial hygiene in the medical college of the Ohio State University. He will be in charge of two public dispensaries. Dr. R. B. Albaugh, assistant under Dr. Hayhurst, will fill the position of director of the division until a successor is named. Dr. Hayhurst came to Columbus from Chicago three years ago.

The Odd Fellows of Ohio will erect a modern hospital and nursery in connection with the widows' and orphans' home maintained by them at Springfield. The building is to cost \$50,000. Construction work will begin immediately.

Northern Ohio health officials will hold a two-day meeting at Cedar Point, August 2 and 3.

Bureau of Chemistry, U. S. Department of Agriculture:

"The spurious aspirin is a mixture of either calcium phosphate and starch, cream of tartar and citric acid with some alum; or milk sugar, starch and calcium acid phosphate."—(From N. Y. Department of Health "Weekly Bulletin", Nov. 6, 1915)

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Original Articles

Medical Practice—Past, Present and Future *

Geo. H. Matson, M. D., Columbus, Ohio

Secretary, Ohio State Medical Board

IF any excuse for discussing this question should be offered, it may be found in the following:

"My experience as a member of the legislature and as Governor, has demonstrated to me that the laws on the practice of medicine are a jumble of contradictions and confusions and are the product of minds scantily conversant with the fundamentals of a recognized science that differentiates between scientific investigations and primitive belief in Witchcraft."

These were the words of ex-Governor Hodges of Kansas before a joint meeting of the Federation of State Medical Boards of the United States and the Council on Education of the American Medical Association in February, 1916.

He had reference, of course, to the medical practice laws of Kansas, but he might have spoken for Ohio or any other state in the Union.

Laws to regulate the practice of medicine are essential features of the social machinery of civilized countries and are matters of education pure and simple.

Such laws should not only contemplate proper service to the sick but place at the disposal of

the public intelligent information and advice looking toward the prevention of disease and prolongation of life.

Advancement in existing medical practice standards should be anticipated just as we anticipate progress in other educational laws.

There should be no place in the educational system for special privileges. The right to treat human ailments or advise individuals or the public in health matters should be given only to those who, by an educational test, have proved themselves properly qualified.

With these generally accepted views before us, let us for a moment consider what must have been in the minds of those responsible for the early registration laws enacted for the purpose of regulating the practice of medicine.

The history of such legislation in Ohio began about one hundred years ago, and may be taken as an example of what has occurred throughout the country. The first medical practice act of this state was passed January 14, 1811. It was entitled "An Act Regulating the Practice of Physic and Surgery."

The preamble is of interest: "Whereas the practice of physic and surgery is a science so

*Read before the Medical Section, Ohio State Medical Association, in annual session at Cleveland, May 18, 1916.

immediately interesting to society that every encouragement for its promotion should be given and every abuse of it, so far as possible, suppressed; therefore," etc.

By this act the state was divided into five medical districts; a board of three "medical censors or examiners" was named for each district and empowered to grant licenses.

The qualifications were—good moral character,—three full years' study under guidance of some able physician or surgeon, or a license from a medical society showing admission to practice,—and an examination in anatomy, surgery, *materia medica*, chemistry, and the theory and practice of physic.

A person who violated the law was deprived of the assistance of the state in the collection of fees.

The boards met at stated places and intervals, and the license fee was \$5.00.

On February 8, 1812, the law of 1811 was repealed and another passed: Preamble—"Whereas, well organized medical societies have been found to be of benefit in promoting the health and happiness of society by more generally diffusing the knowledge of the healing art and thereby alleviating the distress of mankind, therefore," etc.

A medical society is then created and original members of the society are named in the act. The act provided for seven districts, the meeting place of the first being "at the town of Cincinnati. The members of the society of each district were empowered to appoint examiners for that district—license fee, \$5.00. The penalty for illegal practice was from \$5.00 to \$100.00—the use of state to recover fees was forbidden.

On January 14, 1813, the act of February 8, 1812, was repealed and a law almost like the one of 1811 enacted. There were seven districts provided instead of five, and a penalty not to exceed \$70.00 for illegal practice was established—license fee was \$5.00.

This law was repealed on January 27, 1817, by the passage of a similar one which provided for eight districts instead of seven. The writing of a thesis on some medical subject in addition to the examination required in the previous law, a license fee of \$10.00 instead of \$5.00, and a fine not to exceed \$200.00 for illegal practice was established.

On January 30, 1818, the law of 1817 was amended so as to waive the examination in case an applicant presented documentary evidence that he had been granted the degree of M. D. by any university or other medical institution within the United States.

On January 15, 1821, the amended law of 1818 was repealed and another enacted entitled "An Act Regulating the Practice of Physic and Surgery Within this State." The act provided that the circuits of the Court of Common Pleas should constitute a Medical District in which there should be appointed five censors or examiners. The act

named the board for each district. The censors for each district were required to send a delegate to a convention to be held in the town of Columbus—such delegates to constitute a body called "The Medical Convention of Ohio." This convention was given exclusive power to grant licenses for practice of physic and surgery—to prescribe the periods and methods of study and the qualifications of candidates (which were not less than two, nor more than four years), and lay down rules for the government of the various boards. Temporary permits only were granted by the boards until the meeting of the convention—the license fee was \$10.00.

The convention was given the privilege to send annually two needy students of medicine to receive gratuitous instruction at the Medical College of Ohio."

On February 26, 1824, the act of 1821 was repealed by an act entitled "An Act to Incorporate Medical Societies for the Purpose of Regulating the Practice of Physic and Surgery in this State." Twenty districts were provided—the counties in each district were named, also the members of each society—places and dates of meetings appointed and established rules for organization specified. Each society was empowered to elect censors who examined applicants for licensure by the society, certificates were to be recorded with the Clerk of Court in the respective counties."

Only members of the society could legally practice. The society was prohibited from making any order, resolution or arrangement *defining or fixing professional compensation*. Provision was made for a state convention and formation of a state society in the town of Columbus with no particular function specified. This act continued in force until February 25, 1833, when it was repealed.

Between 1833 and 1868 no law to regulate the practice of medicine in Ohio was in force.

During the period from October 1, 1868, to February 27, 1896, a certificate of qualification from a state or county medical society entitled the holder to practice medicine and surgery in Ohio; also during this period, ten years continuous practice qualified one to practice.

On October 1, 1868, a law was enacted, the title of which was as follows: "An Act to Protect the Citizens of Ohio from Empiricism and Elevate the Standing of the Medical Profession."

This law provided for licensure upon graduation from some school of medicine, after an attendance of two full courses. From January 1, 1880, to May 2, 1885, two full courses of *at least twelve weeks each* were required. From May 2, 1885, to February 27, 1896, graduation from a reputable school of medicine either in the United States or in a foreign country, provided the same was required of foreign graduates by their country, as was required of Ohio graduates.

The defects in such laws are apparent. There

was no one whose duty it was to define what constituted a full course, or whether the school was worthy. Any group of persons could organize a medical society—examine and grant certificates to themselves, and did so. Persons could violate the law ten years and then become registered in spite of the censors. Like all previous laws, it was inoperative because there was no provision made for enforcement. It is said that there is no record of successful prosecution during the period from 1868 to 1896, when the original law under which we are now operating was enacted.

After the civil war most of the states in the union were compelled to readapt themselves to new conditions, especially the states in the South where medical schools had been abandoned.

Thirty or more years were required to bring about the changes which resulted in legislatures providing for state examining boards.

Then it was that well meaning but short sighted members of our profession began advocating the appointment of boards, representing the *regular school* of medicine.

In these early considerations this fundamental principle seemed to have been overlooked, "that there should be but one standard for admission to the practice of medicine, and that standard determined by an educational test regardless of schools of medicine."

Those interested in this question seemed to have considered it from a professional rather than from a legal or sociological viewpoint; apparently not considering any interest the public might have in it.

With due respect for the good intentions and earnest activities of those engaged in that professional uplift, the result of their efforts, when considered alone, furnished ample ground for the argument since advanced, that the purposes were selfish ones, not for the protection of the public, as claimed, but rather in the interest of the various schools of medicine. Laws thus enacted do not seem to have been based upon educational qualifications alone, but upon professional ones as well.

This is proven by the fact that at least two medical standards now exist in all commonwealths of this country, and those which have no more are face to face with the problem of multiple standards.

State legislatures, like young widows, are apt to follow the styles, so when in the early nineties two or three states passed medical practice acts of a new type, the fever spread. Other states became infected, until now we are in the beginning or midst of new and unforeseen conditions, as it appears to legislators, which should be met by some regulatory enactment.

Those who have most carefully observed the activities of state legislatures, especially in their deliberations on medical practice questions, seem to be of one opinion that the best method of meet-

ing present conditions is to provide some regulatory measure for all who desire to treat the sick for compensation, as a profession. Not having originally adopted the fundamental principle of a single standard, it seems now too late to inaugurate it. Having begun with the restrictive plan, favoring the various schools of medicine, with possibilities of multiple standards, we should now provide not only for present but future practices.

As indicated above, the first acts established "Regular boards" of examiners, consisting of physicians from the "regular school of medicine." Homeopathic and Eclectic boards soon followed, until at one time there were more than seventy boards in the United States whose function it was to administer medical practice acts.

Many of these legislative errors have been corrected, but there still are six states having two or more boards attempting to do the same thing.

The writer knows of one such board that a short time ago had not enough income to purchase application blanks for those seeking registration, and members of the board were serving at their own expense. In some other states the acts are so loosely administered that appointment to membership on the board is eagerly sought, not so much for the honor as for the spoils which are divided periodically. In one state the secretary, who is a member of the board, is paid a definite amount (no salary being specified by law) that he may not participate in the division of income from applicants. In such states there are no state budget systems—no accounting of incomes—no working programs for the boards, and but little is accomplished. Comparatively few states *now* have laws giving medical boards power to prosecute illegal practitioners.

As matters now stand the profession is face to face with multiple standards. There is required a special examination for those who graduate from the regular school, a special examination for Homeopaths, a special examination for Eclectics, a special examination for Physio-Medics. Here we have the excuse and argument since advanced by Osteopaths, Neuropaths, Vitapaths, Chiropractors, Spondylotherapists, Sun Healers and what nots for laws protecting them. Thus the public is not only to be flimflammed but lost sight of in this grand scramble for recognition.

Legislators have become confused with the argument concerning various schools, isms, and so-called systems of practice, forgetting their obligations to the public generally in an effort to please or protect physicians, sects and cults. In this confusion, unthinking legislators are inclined to agree that all should be treated alike. If boards are administering a law for the regulars, one for Homeopaths, one for Eclectics, one for Osteopaths, why not for the Squidicum Squees (apologies to James Whitcomb Riley).

Permit me at this point to again quote from ex-Governor Hodges address: "The man who

assumes to have knowledge fitting him to treat human diseases, should be required by the state to comply with definite educational requirements, for the protection of the public. The state in appointing a board of examiners assumes an obligation for the protection of the health of its citizens and should see to it that the licenses which it issues to all men have a uniform value. There is no justice or consistency in the state requiring a physician to prepare himself by years of study and to prove his worth by passing a rigid examination and then admitting others to the same privilege after only a few months of preparation.

The commonwealth should not allow doctors of one school to practice on any easier acquirements than those of another school. The patient has a right to be attended by a physician of his own selection and the state should not be a party to any difference of opinion between opposing schools, nor impose any unjust regulations on any school, but it should require the same degree of educational preparation of all applicants.

The people should safeguard these conditions for their own protection. The easiest way to do this is to require of all persons who desire to treat the sick for compensation, a preliminary education including a high school course at least, and such medical training as will give such practitioner a knowledge of the structure of the body and its afflictions. Regulating laws should not be designed to protect any particular group or schools."

This coming from a layman—the executive officer of one of our commonwealths, is indicative of the modern vision of medical practice regulation. There are no sentimental expressions in his statement; he has not attempted to spare the feelings of those responsible for early legislation. Having so distinctly seen the situation, he adopted the methods of a brave and honorable man, assumed the responsibility and directed his state to what, in his opinion, should be done. He appointed a commission of educated men to study this problem of the state and asked the legislature to adopt a measure in which was embodied the findings of this committee.

All this was done, except the enactment by the legislature; and although failure resulted in Kansas, other states have profited by accepting sound advice from a public spirited governor.

Looking backward, then, we observe that by failure to recognize the principle that for admission to the same privilege a single standard should have been established by the state, we now find ourselves operating under laws in which multiple standards exist. That these laws are expressions of restrictions and exemptions—restrictions for those who would honestly practice, who properly educate and qualify themselves, and exemption for those without qualifying credentials, but who are determined to "join the profession." When exemption cannot apply, a jury's

verdict or court decision too frequently comes to the rescue.

Just as the laws are so similar in their construction, so are the evils resulting from the wording and provisions found in these measures.

Reviewed by hostile eyes, a careful study of the wording of medical practice acts generally which are supposed to have been enacted for the benefit of the public, will, as before stated, convince one that the public was forgotten and the various schools of medicine remembered, showing rather conclusively that professional rather than educational consideration was uppermost in the minds of those responsible for early enactments. The natural consequence is upon us. Various cults and sects with so-called systems, heralded by newly coined and euphonious titles—all seeking by fair means or foul some state recognition in the way of a certificate of authority which should guarantee at least a compliance with established minimum educational requirements.

We are reminded of what Dr. Chaille said thirty-eight years ago. "It requires no great wisdom to enact laws, but great wisdom to enact on many subjects laws which can be enforced. The history of legislation is glutted with the enactment of laws which not only failed to accomplish the object intended, but which did accomplish a very different one after bringing the object sought for into public contempt.

Rarely do writers on state medicine realize the truth of lessons taught by students of the philosophy of law making; that there is a class of subjects in regard to which laws can be enacted in advance of public opinion without fear of bad results; but there is another class of subjects in regard to which no laws can successfully precede their public sanction, and, if enacted, violation and contempt for them will ensue. Unfortunately, to this class belong such subjects as the regulation of the practice of medicine—compulsory vaccination, registration of vital statistics, and their satisfactory disposal cannot be hoped for until an enlightened and organized medical profession exercises its influence on public opinion." And we may add that the very best regulated measures are of no value as a protection to public health and welfare unless enforceable and enforced. A law, to be upheld by the higher courts, must first in itself be a reasonable requirement, needed by the public. It must be apply to all alike who come under the conditions of its provisions, otherwise the state would stultify itself.

All states have been and with but few exceptions are still confronted with the same problem.

A few states, including Ohio, have temporarily at least met the conditions which threaten to undermine medical practice standards in this country by providing regulatory measures for all who treat the sick for compensation.

In this alternative plan which Ohio has adopted, an attempt has been made to establish

an equitable set of standards for each cult and sect, coming under the provisions of the law. Practitioners of all branches that may now or hereafter exist are provided for, and when it is realized that such practitioners are multiplying like flies; that we had in Ohio some four or five hundred not under any regulation except a prohibitory law which offered no opportunity of legalization, and that we were already operating under multiple standards, it should seem clear that *some regulation* would be better than none.

The one adopted provides registration for those who have been practicing under cover and it also provides for the education of those to follow. Certainly this is to be desired, as an analysis of 150 applications recently filed by Limited Practitioners shows:

College graduates	0
Partial college course.....	13
High school graduates.....	16
Partial high school course.....	35
Grammar grade only.....	47
No evidence of preliminary education.....	39
<hr/>	
Total	150

It happens that in Ohio there are no strong institutions teaching limited branches of medicine and surgery exclusively, and, although we have a law giving the secretary of state discretionary power in the matter of issuing charters to institutions granting degrees, a measure to further prohibit the granting of charters, excepting by legislative enactment, to such institutions would do much to prevent Ohio from stultifying itself by participating in this commercial fraud.

The head of one school has written a book of 200 pages entitled "The Invisible Government," in which he takes public officials of Ohio to task for the legislation of 1915. This evidence of injury is the one thing that assures many of us that the legislature acted wisely in 1915, even though we have been compelled to license some 400 persons presenting no evidence of educational qualifications.

Let us observe that the ordinary drugless healer will undertake to treat anything from marasmus to senile dementia, or from baldness to bunions; that so far as is known none have produced anything of a scientific nature—nothing in the way of medical literature that to trained minds is worthy of preservation—no inventions of note—no distinguished citizens.

What then does the registration and practice of drugless healers or limited practitioners mean to the state?

First, the enactment of the law to regulate drugless healing closes the argument that those who have been treating the sick under the guise of fancy names, coined for the occasion, are practicing a branch of medicine or surgery, not something else, as has so often been claimed on the witness stand in answer to criminal charges.

Second, if permitted to sign death certificates, it may mean much to health and life insurance companies if such data is to be used as a factor in establishing rates.

The Bureau of Vital Statistics will probably be called upon to accept as cause of death "Subluxation of the tenth dorsal vertebra," induced probably by an overindulgence in alcohol. (We are not advised what vertebra slips when one imagines he hears bells ringing or sees imps coming through keyholes, when a stone from the kidney fails to pass, the gut telescopes, or when ulcers form in the walls of the stomach.)

Third, workmen's compensation will probably be directly or indirectly affected (it will require much adjusting of the spine to relieve those suffering from lead colic or phosphorus poisoning). Employers not able to appreciate the advantages of intelligent service should be compelled by the state to pay higher rates for workmen's insurance.

Fourth, social workers may at first find difficulty in administering charity funds, but more intelligent service is assured in the future.

In the consideration of the amendment providing for the registration and regulation of drugless healers, this fact was not overlooked, that the public has become confused concerning the issues.

The controversies between schools as to the methods or so-called systems of treatment has been thrust upon the public until many believe that this is the only difference between the opposing elements. Provision has therefore been made for a sound education in the fundamentals of medicine. This includes all subjects of the first two years of a medical course including the laboratories, except pharmacology and materia medica. That is to say, all subjects leading to and including diagnosis are required. In addition to these is required an attendance for at least one year in a school where subjects appropriate to the limited branch of medicine or surgery is taught.

No one believes that the matter of medical practice has been solved in Ohio or elsewhere in this country. These provisions are but make-shifts to regulate in the best way possible conditions that exist. Until the public becomes awakened to its own interest and enacts laws for its own protection, it must suffer by receiving the best administration the medical profession can lone-handed deliver.

What will be the future of medical practice no one may safely say. The profession has always interested itself in legislative matters concerning medical practice and public health and welfare, believing that higher standards would cure economic conditions.

The theory upon which we have been working will, in the future, develop good sanitarians. The thorough prevention concerning which so many

write and so few seem able to practice will do away with the necessity of practitioners.

The earning capacity of the average physician has undoubtedly led many who were peculiarly fitted for this profession into other fields of activity. Modern methods of diagnosis, an educated and awakened public interested in health matters, brought on largely by social service teaching; the multiplication of drugless practitioners, and a very large population unable or unwilling to pay doctor's bills, all may be considered as causes for professional unrest.

If one views the matter from an economic standpoint, he will readily understand the evidence of competition necessary to maintain social activities.

Until the Federal Government sees fit to enact national laws to regulate the practice of medicine in this country, we cannot hope for an ideal licensure. It will be readily seen that by governmental regulation illegal practice would almost immediately cease, regardless of any qualifications the government might see fit to require. Incidentally, this would bring us to uniformity in medical practice—a thing most desired.

It is needless, however, to discuss this phase of the question at this time, or before a time when the public generally will demand this protection from the government instead of from the states.

It is therefore with some hesitation that this prediction is made—that not in the distant future the profession of America will be laboring more or less under a contract system. There is much of this even today. More and more large institutions are employing physicians to care for their employees—to examine them for employment, to care for emergencies, to furnish or advise proper sanitary measures and otherwise assist in bringing about a high degree of efficiency among workmen.

We would probably not approve of compulsory health insurance in the forms proposed. But such insurance in some form is almost upon us and it behooves the profession to interest itself immediately if in these proposals, which are sure to come, we are not to be imposed upon.

There are some who believe that compulsory sickness insurance will, if properly regulated, solve our problems. Dr. Huffman, of New York, in writing upon this subject, has estimated that 2.5% of our population are constantly sick or disabled—an average of nine days' illness for a year for each person. At 66c per day of illness this would be an average of \$4.724 per doctor, or nine times what is now received. He also estimates that with properly regulated compulsory sick measures the profession would receive as much from those who are employed at salaries less than \$1200 per year as is now received, and the profession would have extra that received from those who earn over \$1200. This is

merely mentioned to indicate what many are now contemplating and to confirm the belief that we are drifting into what is popularly known as contract practice.

The need for effective organization of the medical profession was never so great as it is now. Our differences should be set aside for discussion of those matters in which we all agree in order that we may command public confidence and respect. The future of medical practice will depend very largely upon our own attitude and activities.

Proper Self-Medication.—In the course of his testimony in the "Cardui" trial, John Leeming, M.D., Chicago, explained the extent to which self-medication is to be encouraged. Asked if it was very dangerous for a person who thinks he has a cold to take some aspirin without going to a doctor, he replied that, while in exceptional cases it might be exceedingly dangerous, in most cases of simple cold it would not be so, in that Nature's recuperative powers would in most cases throw off such a cold. He explained that he always advises his patients how to treat themselves for simple ailments and to come to him when there are danger signs. Asked if it was dangerous for a person with a cough to get any medicine without a diagnosis, Dr. Leeming replied that it would not be dangerous at all if the person understood his case and in consultation with his doctor he had been generally advised. In families where he is the attending physician, he often advises not to send for him in case of a slight cold, but to take a little medicine that will help Nature to throw it off. (Jour. A.M.A., April 22, 1916, p. 1330.)

The United States Supreme Court has ruled that possession of habit-forming drugs by persons who do not produce, import, manufacture, compound, deal in, dispense, sell, distribute, or give away such drugs, is not made unlawful by the Harrison Anti-Narcotic Law.

The words "any person not registered," as used in Section 8 of the law, can not, the court holds, be taken to mean any person in the United States, but must be taken to refer to the class with which the statute undertakes to deal—the persons who are required to register by Section 1. In its decision, which was given in the case of the United States against Jin Fuey Moy, June 5, 1916, the court states that the Harrison Act is a revenue measure, and, while it may be assumed that the statute has a moral end as well as revenue in view, it must be construed as a revenue measure.

The indictment in the case was framed under Section 8 of the act. It was quashed by the Federal District Court on the ground that the statute did not apply and the judgment of the lower court was affirmed by the supreme court, Justice Hughes and Justice Pitney dissenting.

The Problem of Infection*

Sidney M. McCurdy, M. D., Youngstown, Ohio

IN this day of acute competition which necessitates a high degree of human efficiency brought about by the struggle for existence under the present economic laws, we find that the relationship between cause and effect as applied to disease must be broadened. The extrinsic or communal preventive measures must blend with the intrinsic or individual. The emphasis has been placed upon the extrinsic though there has always been a liberal balance to charge to the intrinsic. Because of our much vaunted American Freedom and the misunderstood rightful use of the term, the personal education so necessary to the accomplishment of any reform measures has been neglected. Still we know that it is individual opinion that must be changed before we can expect a favorable response from the body politic. We may pass legal procedure designed to abolish the common drinking cup, the common towel, or spitting where it is dangerous, yet the effect upon a public not educated to such measures, is that co-operation is lacking and enforcement well nigh impossible. I cite that great Christian body, the Church, where to-day in defiance of the law the common communion cup still too often exists, the boarding house where the common towel is habitual, and in almost any city we find the sidewalks are studded with saliva emitted from the mouths of an indifferent public. Signs and police power aid, but education really prevents. It is with the individual that I wish to concern myself to-day, and it is to connect him with communal prevention and care that I presume to apply my remarks.

The sum total of the health of persons makes the happiness and prosperity of our civilization. The margin of saving, commensurate with the American standard of living, for ninety per cent of our people is so small, that the line of demarcation between the possession of necessities and want is very fine and determined by the ability of people, free from sickness to work. Thus we easily recognize the vicious cycle in its making, sickness and poverty, poverty and sickness, both caused by the same factors and each producing the same result. Add to this the lack of a personal knowledge of hygiene, the inability to procure the necessary medical attention, because of finances, communal neglect in providing proper and accessible facilities, or no knowledge as to what constitutes adequate medical attention, and we have a system immediately evolved, that makes humanity suffer and waste its opportunity.

Many valuable and far reaching attempts have been made, with evidences so gratifying as to justify them and enlarge them, to protect the

individual from community neglect. However, we are still quibbling over teaching our children at school sex hygiene, general physiology and useful pathology, the lack of which may in later life cause them intense and needless suffering and may result in their reaching a place in life lower than the one that they deserve. The present generation of adults, whose early medical education has been absolutely neglected, is left to the general practitioner, often one who is not fitted for his work, who does not realize that teaching is a part of the Hippocratic Oath, and who has not the time to devote to the proper care of his patients. We have made huge inroads upon the havoc and waste caused by the contagious and infectious diseases, as well as having decreased infant mortality, but we find that the illnesses associated with the wear and tear of life are increasing (namely kidney and heart disease), and that our old foe cancer is going hand in hand with them. People will not tolerate bad and insanitary homes or working conditions that are detrimental to the race, or evil recreations, if the sum total of individual knowledge against such is great enough to control the opinion of the community. We get in every community, in the last analysis, about what that community desires.

Because of the special knowledge that we as medical men have been allowed to acquire, that we may help eliminate suffering for humanity's sake and not for private gain only, we know that which the public does not know, concerning immunity. We realize that man is and has always been in mortal combat with micro-organisms, most of which are only kept in subjection by a transient immunity depending upon the physical condition of the host. We are aware that in many instances, notably tuberculosis, our immunity is in direct ratio to the care that we take of ourselves. We see constantly the point of deviation between health and sickness when the homes are insanitary, working conditions are unhealthful, and recreations incompatible to well being. In the past there has been no way to compel the attention of the casual reader to an article of medical interest. Lectures attractively gotten up do not bring the desired audience, and the public still rushes on madly to seek material things, disinterested in those very things that make their dreams possible.

There has lately been extended to newer fields a method that will reach the individual in a manner never approached before and which calls for medical men to aid in its accomplishment. I refer to the extension of the principle of physical examination of working men, so long demanded of applicants for railroad work and government

*Read before the Section on Hygiene and Sanitary Science, Ohio State Medical Association, in annual session at Cleveland, May 17, 1916.

service. That this work in principle is right I feel sure, though it has its opponents, who feel that it should be entirely abolished. Here again we see the addition of a preventive measure that practically makes a compulsory education in preventive medicine for those of the present generation who have been grossly neglected. I predict that out of this movement will grow a cause that will do more in a preventive way than any other measure previously tried. Here we have for the first time placed the financial responsibility where those that are vitally interested can recognize it. The worker is being taught that his only stock in trade is the possession of health. The employer is learning that one of his greatest assets is the health of his employees. Society will be alarmed at the share that will be forcibly charged to her for her sanitary neglect. Public opinion will be moulded by those financially interested and new and more stringent laws, backed by a medically educated public, will be made and can be easily enforced by a hearty co-operative spirit.

Many firms have already inaugurated the physical examination of their employees with a follow-up system of re-examination. There are many factors that all engaged in this work of physical examining will soon find out, some of which I will briefly outline. However, I feel the surface of what can be learned has only been scratched. Safety experts soon found that by mechanical device they could only diminish accidents in industry 20% to 30% and that the balance belonged to the mental and physical condition of humanity. Second, that industries unknowingly and knowingly maintained conditions that meant lowered resistance, sickness, suffering and untimely death. That in this country the relation between fatigue and hours of work had not been scientifically arrived at, but conditions have evolved about as man can stand them for a given day, no thought being given to the effect over a long period of years. It was found that humanity was being wasted by many physical defects that could be remedied. It was discovered that many sick men were working, though they did not know of their physical condition. The diagnosis of tuberculosis was left to the medically ignorant individual, so that through all his incipency period he worked, giving his disease in too many instances to his family and fellow workmen, until the day arrived when he was too weak for labor. Epileptics were found in places of responsibility. Heart lesions were discovered, and many of them in poverty from trying to compete with those of sound heart. Beginning kidney lesions and high blood pressure in men over forty were seen in their incipency and their condition explained. Causes were sought within the industry, but only in part could they be found. The home was looked into and there were seen often the seeds of Society's infirm growing in a culture medium carefully prepared by the greed and selfishness

of man. There are laws in plenty to regulate, police power in large amount to enforce, but no popular demand for action.

Again those engaged in this work discovered that Society, by lack of interest and provision aggravated a result of moderate unfitness following illness into one of often absolute unfitness for helping the productivity of the world's good and consequent happiness. When we attempted to eradicate an epidemic of trachoma, and, by the way, the work can never be completed, we found that the city, village and state had no funds to aid us materially, outside the Commission for the Blind, which gave us the services of a nurse. In self protection several industries spent large sums of money to drive out trachoma, which, in my opinion, was largely caused by non-enforcement of sanitary conditions in the home. Since clearing up the major part of the work we are constantly meeting and treating trachoma that has been brought into the community from other cities, many of them within the State of Ohio, as well as in other States. Where can we send the tubercular subject, a problem that vexes every industry that discovers it among its workmen and desires to protect its other employees? State power is not great enough to compel a man living in a boarding house to be removed to a sanatorium, and, if so, all state and county sanatoriums are full and some inadequately run. The burden certainly does not all belong to industry, though in many instances is borne by it.

Another factor of prime importance in the development of minor illnesses into serious afflictions is the lack of adequate medical care produced by our present system of the practice of medicine and hospital occupancy. Many too poor to pay the current price of the cost of medical care postpone the services of a physician until permanent impairment is accomplished. Often the price of a doctor's visit is too great to be borne by the earner of meagre wages. Yet in all communities there is not yet in vogue a system for those who may have a little to pay or who even though they have small savings accumulated by years of toil should not be allowed to give it all up for medical attention. Hospitals which pride themselves upon their charity are in too many instances fixing a price, which, under the present system, sometimes seems necessary, but which is really prohibitive to a large percentage of our people. Thus illnesses, that could be overcome rapidly with a minimum of lost time from work and permanent impairment if properly and quickly cared for, are prolonged into increased suffering and economic loss. Prophylactic dental stations have never been a favored mode of charity, yet we are told that many of the important infections gain entrance to the body by means of the mouth and that certainly lowered resistance is caused by unhygienic oral conditions. In

a series of 12,000 examinations of mouths by myself and assistant, Dr. Dobbins, we can safely say that 90% of teeth must be classed fair and bad, and that a large percentage of our people have not learned the rudiments of oral hygiene.

And what is the remedy for the condition that now prevails and what remedy is best for us to adopt? Clearly the propaganda for reform is present, and has been so arranged that the financial burden is placed where it belongs. There is no time like the present to prepare for sickness which is inevitable (nine days yearly for every worker). The price that the individual must set aside each month to insure care when sick is ridiculously small. The burden should be placed upon all who cause sickness, individual, industry, and society, and each must be made financially responsible. When financial responsibility is attained,

then we have a dollar and cent reason why disease should be abolished and we will then see that a new impetus is given preventive medicine, that will compare well, and exceed, the popular movement that has been witnessed in the effort to diminish the loss of life and limb due to accident. I hope that I shall never have reason to be ashamed of the stand taken by the medical profession in this matter, and while it naturally behooves us to care for our income, and surely we should be adequately paid for our services, let us never throw any stumbling block in the way of increasing society's benefits to the individual and making possible the services of physicians for a greater number of people. Let us firmly stand behind the new movement that will place a premium on health, that will diminish the burden of sickness, that will make a safe port in old age—State Insurance.

Symposium on Operative Delivery

The Use and Abuse of Forceps During Labor*

William Gillespie, M. D., Cincinnati, Ohio

YEARS ago I laid down the dictum that we were no more justified in waiting without reason than we would be in acting without reason. If we are to live up to this principle—and I believe we should—an important responsibility rests upon the obstetrician.

It will not suffice to let a patient exhaust herself by futile efforts and then call out the reserve forces of the forceps. To let nature take her course until she surrenders to exhaustion is like leaving an ally to his fate and then too late to attack the enemy alone. True allies fight in unison, and it is the part of the intelligent obstetrician to examine with care to ascertain the general condition of the patient, the position of the child, the proportionate size of head and pelvis, the shape of the pelvis and the probable resistance of the maternal soft parts.

When these factors have been ascertained he must judge of the effects of the uterine contractions, whether they are producing the effect upon the lower uterine segment which they should and, if not, why not?

If the uterine or fetal axis differs greatly from that of the pelvis our ally, nature, is not expending her forces to the best advantage, and we, the General Staff, must take measures to correct her error.

If, through the undue irritability of the nervous system, the pains are too frequent, or the suffering is acute, we must conserve the forces of our ally by obtunding sensibility and saving her energies for the supreme effort of the second stage of labor. Nothing could be more futile or

more dangerous than the placing of a time limit upon labor, as was done by Lee, Denman and their contemporaries. Each case must be studied in all its aspects, the evidences must be weighed with all the care and judgment of which one is master, and a decision must be made. Of all the obstetric crimes, vacillation and indecision rank highest. He who acts precipitately will do much damage, but will also do some good. He who is too conservative will often achieve good results, but not infrequently will meet disaster. He who unreasonably vacillates in undecision follows blind impulses in the end and never acquires skill. Robert Barnes, himself a conservative, struck many years ago the keynote on this subject which should go on vibrating through the centuries.

"The casuist may balance the degrees of culpability of the man who, seeking to help a woman, injures or destroys her, and of him who, trusting alone to hope, lets a woman sink into perilous exhaustion and death. The result to the victim is the same. And we, weighing the men in the scales of science, may find more hope for humanity in the enterprise of the man who acts than in the blind helplessness of the man who does nothing. The first may improve—he may acquire judgment and skill; for the man who is tied hand and mind to a policy of waiting there is no hope."

Having led you to this lofty plain where one may view the responsibilities of our art with clearness, let me endeavor briefly to point out what appears to me to be the correct path in some of the puzzling problems which may confront one.

Other things being equal, it may be assumed that the difficulties and dangers of forceps delivery increase in direct proportion to the height of the head with reference to the pelvis. As a

* Read before the Section on Obstetrics and Pediatrics, Ohio State Medical Association, in annual session at Cleveland, May 17, 1916.

corollary it may be safely assumed that in proportion to the height of the head and the unprepared state of the soft parts will it be necessary to have stronger reasons to justify an attempt at forceps delivery. Yet the assumption that, therefore, the forceps operation is never justified through an imperfectly dilated os, with a floating head, which has been considered as a necessary deduction from these rules, is not sound.

We must ascertain why the head is above the brim, why the cervix is not dilated, and, above all, what dangers threaten if we delay. If the dangers of delay outweigh those attending artificial delivery we must act and, if not possessed of the requisite skill, should call help. I can be in no way justified if, in a case of grave danger either to mother or child, I permit my cowardice to deter me from doing my full duty or my petty pride or egotism prevent me from calling my more skillful neighbor.

It devolves upon us to lay down rules which should be followed by men of skill and experience and not lower our standards to fit the capacities of the mediocre. It is his duty to rise to the necessities of the situation or drop out of the race.

It would be an abuse of the forceps to attempt its application above the brim if, by correcting the uterine axis, or by means of supra-pubic pressure, the engagement of the head could be effected. It would also be an abuse of the forceps operation if an attempt should be made to apply the blades above the brim without the help of an intelligent assistant to fix it and retain it in a favorable position by supra-pubic pressure.

In flat pelvis, with the head occupying a transverse position in or above the brim, the application of the blades to it along the sides of the pelvis would be a distinct abuse of the forceps. Not only would the occipital bone be likely to be driven under the parietals with damaging consequences to the cranial contents, but the lateral diameters, which are already too great to directly pass the narrowed conjugate, would thereby be increased and the disproportion be correspondingly exaggerated. But if the operator is possessed of sufficient skill to apply the blades one in front and the other behind the head, their grasp will tend to lessen by direct pressure its transverse diameter and thus expedite delivery, while it is within his power to impose upon it those movements which alone will insure its safely rounding the promontory and entering the more capacious diameters below the brim.

Especially in primiparae, where version carries with it serious danger to the life of the child, as well as augmented chances for serious lacerations to the mother, this is an instance of the conservative use of forceps.

In the generally contracted pelvis with the head unengaged it would be an abuse of the forceps to attempt to deliver by them until an imperative demand should arise. If by the use of

analgesics we may safely await the molding of the head, with its attendant lessening of the difficulties of delivery, it would be an instance of abuse to apply the forceps. If, however, an imperative demand exists for delivery, the fact that the broadest diameter of the head has not engaged within the brim does not rule out the use of forceps. Yet under these circumstances if the operator does not apply the blades sufficiently far forward to grasp the equatorial diameter of the head and permit of normal flexion, or uses excessive force instead of giving time for molding to occur, or does not make traction in the proper axis and relax his grasp at intervals to permit the cerebral circulation to become equalized, the powers of the forceps are being abused, although in the hands of an abler and more judicious operator their use would have been proper.

In the high forceps operation the cervix is seldom sufficiently dilated to insure its structure against laceration. With the head above the brim, the os is never fully dilated, because the head cannot descend into the cervix to complete the dilatation and, if one waits till the cervix is drawn up past the head which is movable above the brim, dangerous thinning of the lower uterine segment is apt to occur before such dilatation and retraction is accomplished. It is practically always necessary, therefore, to apply the blades through an imperfectly dilated os, but the os should be dilatable, unless the urgency is pressing.

I make this statement after mature consideration, for no method of manual dilatation has been suggested capable of fully dilating the cervix. To apply the blades through an imperfectly dilated and unsoftened cervix is a distinct abuse of instruments unless it is perfectly clear that dangers more serious than deep cervical lacerations threaten. Signs of exhaustion on the part of the child will seldom be successfully met by forceps under these circumstances. Its chances will be better if analgesics are used rather than forceps when the os is not yet ready for delivery, for the severe and prolonged trauma will most likely extinguish its flickering spark of life.

When, in a primipara, the os is fully dilated, or, in subsequent labors, where it is dilatable, the judicious use of forceps is often a life-saving measure for the child, but where the os is either lax or rigid, and slow to dilate, the difficulty so frequently lies elsewhere than in its structures, that one should always be sure that neither disproportion or a posterior occiput is the real cause of delay.

The head may be descending rapidly till the inferior strait is reached and then prolonged delay ensue. One may fail to make a proper diagnosis under these circumstances and resort to forceps prematurely under the mistaken notion that delay must be due to lack of force in the uterine or voluntary efforts. If we will keep in mind these

facts we may be spared from frequent error and occasional mortification.

A head may rapidly descend in the pelvic cavity whose bi-parietal diameter is half an inch greater than the space between the tuber ischii. It is impossible, with the head in the pelvis, to estimate by any examination we can make its broadest diameter, for by vaginal examination we feel only the narrowed occiput, while its broadest diameter is at least three-fourths of an inch higher up.

If we add to the mechanical resistance from this cause the simultaneously encountered resistance of the pelvic floor, and remember that of the cervix has not, in most cases, been entirely shaken off, we will see the reason why we so often encounter great resistance when we had expected that all that was required was a little supplemental force.

These cases often require great force to overcome this composite resistance, and he who lacks the self-control necessary to moderate his efforts, and give time for molding, is abusing the powers of the forceps.

By far the most frequent abuse of forceps occurs in the posterior position of the occiput. In such positions the soft top of the head is in contact with one ramus of the pubes and any but moderate traction with forceps will result in serious cerebral trauma. As these positions constitute by far the majority of all cases calling for forceps assistance, no man should attempt any but the low forceps operation who has not mastered the details of either manual, or forceps rotation of the posterior occiput into an anterior position. Authorities can be found who maintain that the use of the forceps to effect rotation of the head is to abuse its powers, because of violence which may be inflicted to the spine of the child, or to the maternal soft parts.

Such an opinion can only be maintained by one who has failed to search with care the obstetric literature and who has failed to grasp, and with intelligence apply, the mechanical principles involved in forceps rotation. To attempt rotation by twisting the handles constitutes not only an abuse of the forceps but is an exhibition of stupidity as well. To apply the blades accurately to the head and then swing their handles in the arc of a circle requires no force and inflicts no damage either to mother or child. If the head is high in the pelvis the blades must be reapplied, an assistant preventing the head from resuming its former position by pressure upon the sides of the forehead, above the pubic ramus, while the blades are removed and replaced. A second movement of the handles in the arc of a circle will complete the rotation and bring a circumference of the head into contact with the girdle of resistance nearly one-third less than that which previously presented. This is the most frequently useful maneuver of which the forceps is capable

and, if properly mastered, prevents the most frequent abuse of which the instruments are guilty.

It is not uncommon, indeed it is the rule, to find that a cervix which was inadequately dilated and apparently undilatable yields promptly and safely as soon as the position is corrected. One should never attribute delay to cervical rigidity until a most painstaking search has been made for other causes, nor should the blades ever be applied to the head through a partially dilated cervix unless an imperative demand exists for delivery and no better and safer method can be found.

I cannot subscribe, however, to the doctrine that all such applications constitute an abuse. If I had been in charge of the labor from its inception I should feel negligent if this necessity presented itself, but in consultation practice I am frequently required to apply the blades through an imperfectly prepared os.

To select an instrument with wide divergent shanks under these circumstances, like the modern Tarnier, would be to court disaster to the cervix, but with an instrument with superimposed shanks, and the lower ends of whose blades converge sufficiently to permit the head to furnish the dilating force, one may often effect delivery with less trauma than by manual dilatation.

It is fashionable to use the Tarnier instrument for difficult forceps delivery, and operators not possessed of the mechanical instinct, and who have neglected to critically examine the advantages and disadvantages of this instrument, are apt to accept without examination the false assumptions of its inventor as mechanical truths.

This is not the occasion, nor have we sufficient time, to properly arraign the false doctrines which were introduced into obstetrics by this French master, but unless several things are kept in mind, the use of such an instrument is apt to be an abuse of the forceps operation. That its inventor was not quite so sure of his grounds as some of his short-sighted followers would seem to be indicated by the fact that he made thirty-two or thirty-three models, and finally rested from his labors when his latest model was in many respects inferior to his first. The blades of this instrument are so thick that valuable space is occupied by them without compensating advantages. A blade of half the thickness may be constructed which possesses all the strength required, and to use an unnecessarily thick blade, in a case where space is at a premium, is to be guilty of an abuse of forceps.

To blithely assume, as do most text-book writers, that the application handles furnish a guide as to the direction of traction, is to admit that one, instead of studying the mechanical problem before him, has been content to walk by faith. Physicists lay down the mechanical law that if a moving body meets with resistance upon one side the effect is to retard the movement upon that

side while it proceeds upon the other. In other words, it tends to pivot round the point of special resistance. If we apply this rule to the behavior of the head in the pelvis, and assume with Tarnier that the instrument follows the movement of the head—the so-called indicator needle movement of Tarnier—and follow the direction of the shanks with our traction rods, we will pull toward the special obstruction rather than away from it in the axis of the pelvis. It is the workings of this mechanical law which gives to the Tarnier instrument the eccentric swings with which all experienced operators are familiar, and if the operator is not on his guard he may inflict needless trauma, both to mother and child, by the expenditure of excessive force.

The only advantage possessed by such an instrument consists of the ease with which traction may be applied parallel to the blades.

The most frequent errors of unskilled operators are faulty application of the blades and faulty direction of traction. As a sequence of these two errors we have slipping of the blades. Pelves differ so radically in both depth and pitch that no working rule can be laid down as to how far forward the tips of the blades should be carried, to cause them to lie in the axis of the pelvis.

If the operator will notice the steepness of the posterior surface of the pubic bone and will cause his blades to lie parallel to this surface, he will not be far out of the pelvic axis.

Most errors of application are due to not carrying the tips of the blades far enough forward and when this error is committed slipping is the natural sequence. When the blades have been brought to lie parallel to the pubes one should examine to see how their posterior edges are related to the head. If the application is oblique, one edge will stand away from the head in the lower third of the fenestrum, but if, above this point, both blades are not in contact with the head and a goodly portion of its globe does not project behind them, the blades have not been carried far enough forward and an insecure grasp has been secured. If the blades have been brought far enough forward it is yet necessary to determine if they have penetrated to a sufficient depth and this is determined by noting how much of the fenestrum is below the head. This will vary with the length of the cephalic curve of the instrument and somewhat with the size of the head. If the tips have not penetrated beyond the incompressible base of the skull pernicious cranial pressure will occur and the instrument will slip if strong traction is made.

Operators possessed of more audacity than skill sometimes repeat this performance until the bones of the skull are completely comminuted and the mother's soft parts are in ribbons. There is no excuse but ignorance and lack of skill for slipping of the blades. If they have

been applied with care, and tentative traction is made, any insecurity will become immediately apparent, when traction should cease until a proper application has been secured.

The selection of an instrument has much to do with the use and abuse of forceps. At least two instruments should be available, one with a comparatively abrupt curve, for application to the head high up, where moulding has not been excessive, and one with a long gradual cephalic curve, for application to the flattened sides of a greatly moulded head. Much of the trauma to the head may thus be averted. After extensive experimenting with blades of various stiffness I have become convinced that a rigid instrument does less injury to the child than one which springs. A certain amount of spring in the blade will be taken up by the grasp of the handle, but a limber shank is always a menace.

In the low forceps operation two abuses must be guarded against; rapid extraction, which does not permit the gradual preparation of the soft parts, and the too rapid carrying of the handles forward which, by premature extension of the head, causes unnecessary laceration. Too long-continued downward traction may also damage the pelvic floor, but this error is less frequent.

The commonest error of all consists of pulling violently against the pubes instead of parallel to it. The pitch of the posterior surface of the pubes should always be observed as a guide to the direction of traction. If your traction is within ten degrees of the axis, there is practically no loss of force, and, with the pubes as a guide, one should be able to place the traction within ten degrees of the axis.

Caesarean Section, Classical and Extraperitoneal*

E. J. March, M. D., Canton, Ohio

PREVIOUS to the last three decades, Caesarean Section was a rare procedure and a mother who recovered was a surgical curiosity. Asepsis, both surgical and obstetrical, has revolutionized the operation so that what was formerly a dernier resort is now a sane and safe operation with results in life saving that a quarter of century ago would have been a Utopian prophecy which none of us would have endorsed.

A better and timely recognition of indications and a greatly improved operative technique have so broadened the field that what was formerly a rare and dangerous operation has become a very common one with an astonishingly high percentage of maternal recoveries—95% or more—and great saving of infantile life. The professional sentiment has changed from one of doubt or pessimism to a feeling of reasonable hope and optimism. These views and beliefs of our profession are sifting through to the laity so that it does not require a knock-down and drag-out argument to gain the consent to perform this life-saving

* Read before the Section on Obstetrics and Pediatrics, Ohio State Medical Association, in annual session at Cleveland, May 17, 1916.

procedure. Every community with a well-equipped hospital has surgeons versed in the technique of abdominal surgery and able to perform the Caesarean operation with low mortality under favorable conditions.

The greatest need is the proper education of those who do the bulk of obstetric deliveries. There is no branch of the healing art so poorly executed as the obstetric with the single exception of venereal diseases. Ignorant midwives—licensed or clandestine—inexperienced physicians or, what is worse, inefficient ones, do a very large share of obstetric practice. The fact has often been deplored that the better men with wide experience and mature judgment so largely or frequently desert the obstetric field and leave so much of it to the inefficient. When these conditions are improved (and they are progressing), the early recognition of conditions requiring Caesarean Section and due care observed to avoid infection by dirty and frequent examinations and futile efforts at delivery, the popularity of Caesarean Section will increase and the fatalities and morbidity of childbirth will decrease. However, there are points to guard against. The operative furore is invading this branch of surgery as it has all the others. A good surgical technician very often is a poor diagnostician when obstetrical problems are presented. The general surgeon or gynaecologist should not be the judge of the necessity of a Caesarean unless conditions are absolute or unless he has had wide obstetrical experience and mature judgment gained by that experience.

Absolute indications for Caesarean Section are: (First) An extremely contracted pelvis with a vera of two and one-tenth to two and one-half inches, especially if generally contracted; (second) bony tumors, fibroids, adherent ovarian tumors which completely obstruct the birth canal and cannot be removed by the vaginal route. Dense stenosis may be another absolute, though rare, indication.

Relative indications are as follows:

First. Disproportion to a marked degree between the pelvis of the mother and the head of the child. The pelvis may be measured with more or less certainty, but the relative size of the child's head cannot be determined with any degree of accuracy. A pelvis with a vera of two and a half to three and a half inches, with an average foetal head (which we may have a right to assume), the mother uninfected and the child in good condition, the head failing to engage, after being allowed the test of labor, offers a relative indication for a Caesarean.

Second. Partial obstructions of the birth canal from ovarian or fibroid tumors, carcinoma of cervix or rectum, enlarged pelvic exudates or distocia from surgical fixations of the uterus.

Third. Eclampsia with a tendency to repeated convulsions, unrelieved by other plans of treat-

ment, if the child is viable and cervix and vagina not dilated or easily dilatable.

Fourth. Placenta previa, in some cases, with central implantation, rigid os, a living child and a mother uninfected. Here section enhances the chances of the child and is equally safe as vaginal delivery for the mother.

Fifth. Other less common relative indications for section are accidental or concealed hemorrhage when the cervix is undilated and delivery urgent; prolapse of umbilical cord with undilated cervix; rupture of uterus if child is living; cases where the mother is dying or just dead, in the interest of the child only.

Sixth. Women who have repeatedly gone to term and have been each time delivered of a dead child from forcep or other injury in delivery should, in the child's interest, be delivered by section.

OPERATION—CLASSICAL AND EXTRA-PERITONEAL.

The preparation of the patient for Caesarean Section is the same as for any laparotomy. The field should be carefully prepared, bowels and bladder emptied, vagina and vulva sterilized and other indications met according to the condition of the patient.

When the indications are absolute and are discovered previous to the beginning of labor, the time chosen should be as soon after the onset of labor as possible, and if no doubt exists as to the period of the pregnancy, operation a little before an impending labor offers many advantages. Holmes says it should be a Caesarean aphorism that no woman should be allowed to enter labor without operation if she has had previous section. Unfortunately, many of the cases are emergency affairs, and should be brought to the operating table as soon as possible to avoid further calamities. The classical operation should be done if the patient is not septic, if the amniotic fluid has not escaped and futile efforts to deliver by forceps have not been made or frequent vaginal examinations have not been made with known lack of or suspicious asepsis. Should these unfavorable conditions exist, the extra-peritoneal or even the Poro operation may be considered. Saenger's operation was done from 1882 down to the time of the perfection of the Davis operation, the technique of which, in the author's own words, is as follows:

The abdomen is opened by a median incision eight to ten cm. long from above down to the umbilicus. Wet salt pads are placed above the fundus of the uterus to hold back omentum and intestines. The uterus, which is often twisted upon itself, is rotated and held by an assistant against the incision until the uterus is emptied of its contents—child, placenta and membranes, and until several of the deep sutures are in place and tied. The uterus is carefully opened with scalpel, so as to retain the membranes intact, by an incision a little longer than the abdominal opening, in the mid anterior surface of the uterus

from just below the fundus downward. The membranes should be separated from the uterine wall while they are yet distended. If the placenta is beneath the incision it should be pushed aside or, if central, should be torn through. These precautions prevent some of the difficulties in removing the placenta and membranes at the time when dangerous uterine hemorrhage is most likely to occur. The anterior thigh of the child is seized and breach extraction is done, turning the child after delivery of the shoulders so that it faces toward the mother's face. Then with the middle and index fingers of the right hand astride its neck and the same fingers of left hand in its mouth, making traction on its lower jaw, the head is carefully delivered. An assistant clamps the cord with two clamps and cuts between them. The child is taken away to have respiration established. The lung motor has proven a valuable aid in starting respiration in two of our recent cases. We now hook two fingers of the left hand into the upper angle of the uterine wound, place and tie the first deep suture and leave the ends long. The same is done at the lower angle. With the right hand, the placenta, membranes and clots are removed. These long suture ends are seized by the assistant who has been holding the uterus in place, and the uterus held up against but not out of the abdominal wound.

The uterine wall is closed by two layers of sutures. The deep layer is of number two chromic gut placed one-half inch apart entering peritoneum, one-fourth inch from the edge of the peritoneum, well out into the muscle down to but not through the endometrium, and out in the reverse order on the opposite side. The suture is drawn tight enough to bring the edges of the uterine walls into accurate apposition, care being taken not to blanch or constrict the tissues. They are tied in three knots and cut short to the knots. The next layer is a continuous suture of number one chromic gut. Beginning at the lower angle of the uterine wound this suture is inserted and tied and the knot is covered by folding the peritoneum over it with subsequent stitches, passing the needle well outside of the tissues included in the deep layer of sutures and parallel to the line of the uterine incision. Peritoneum and some uterine muscle are caught up alternately on one side and then on the other, folding them over and completely burying the deep layer, leaving no raw surface, sutures or knot ends exposed. Every precaution should be taken to avoid adhesions and to secure strong, firm union of the uterine wound to assist normal involution and prevent uterine rupture in the event of subsequent pregnancy. Packing pads are removed and the abdomen closed in three layers. Dry sterile gauze pads are held in place by snug adhesive strapping and only loose abdominal binder applied. Patient is placed in bed with head of bed elevated, morphine given for pain if necessary, and otherwise

treated as an ordinary laparotomy. Barring complications, patients are able to leave the hospital in twelve or fourteen days.

Formerly alarming hemorrhages were frequently encountered as the result of atony of the uterus. The injection of ergot one-half hour before operation first suggested by Olshausen, or the injection of pituitrin immediately after the removal of the foetus have removed the necessity of the elastic ligature about the cervix or the Poro operation. Kneading of the uterus, hot wet towels within the uterus, compression of the uterine arteries by either the assistant or by clamps, may assist in control of hemorrhage when it occurs. If all these measures fail, the Poro operation may be a necessity. Post partum hemorrhage may be treated by packing or injections disregarding the uterine wound.

THE CLASSICAL OPERATION WITH EVENTRATION OF THE UTERUS.

When there have been frequent examinations through ruptured membranes and there have been efforts to deliver with forceps, a suspicion of infection being found, eventration of the uterus, packing off well with wet towels and careful toilet after closure of the uterine incision by careful washing with boracic acid solution, lessens no doubt the dangers of abdominal infection and may be the operation of choice. The statistics of many clinicians who have given special attention to Caesarean Section present a strong argument against the classical operation when the aforesaid conditions and positive evidence of infection are present. Some good men advise embryotomy, preferring it to any form of Caesarean. We do not believe embryotomy on a living child is ever justifiable. The mother should bear her share of the chance to save the life of her infant. To meet this exigency the extra-peritoneal operation or its modification denominated the trans-peritoneal is the proper one. The advantages claimed for these procedures are greatly reduced chances for sepsis, less liability of hemorrhage, more rapid convalescence and freedom from the danger of post operative adhesions, although the trans-peritoneal operation does not lessen the chance of the latter.

The patient is placed in the exaggerated Trendelenberg position, previous preparations being the same as for the classical operation. Incision is made from pubes to within three or four inches of the umbilicus. The space of the Retzius is invaded without injury to the peritoneum. The upper border of the bladder and the peritoneal reflection are bluntly dissected, the bladder pushed down and peritoneum up. The lower uterine segment is separated from the anterior pelvic wall. The lower uterine segment is incised in the median line, the incision being as long as possible without opening the peritoneum. The patient is now put in the Fowler position and the child extracted by forceps if the head is down,

or by the feet if a breech is present. The placenta is now removed and the edges of the uterine wound seized and sutured with either continuous or interrupted cat gut sutures. A second layer of loose tissue and outer wall of the bladder is sutured and the abdominal wall closed in layers. If there is infection, drainage of the space of Retzius may be made through the cervix or the lower angle of the abdominal wound. Frank, in Johnson's *Operative Therapeutics*, quotes Tanaguchi as having collected from the literature the report of 449 extra-peritoneal Caesarean Sections with a mortality of seven and thirty-five hundredths per cent to the mothers and foetal mortality of five and nine-tenths per cent.

Trans-peritoneal Caesarean Section with numerous variations have been advocated by such men as Kronig, Hurst, Sigwort, Sellheim and others. For lack of time, we cannot give the varied technique. In general, it consists of the ordinary incision through the abdominal wall, an incision through the uterine peritoneum with a slight separation. The uterine peritoneum is united by sutures to the parietal peritoneum, closing off the general peritoneal cavity. Incision is made usually in the lower segment through the uterine walls and child and placenta removed. The muscular wall of the uterus is closed and the united edges of the uterine and parietal peritoneum are closed over the wound in the uterus.

Pubiotomy, Symphyseotomy and Perforation*

G. Bourne Farnsworth, M. D., Cleveland, Ohio

AS a basis for the consideration of these subjects I have reviewed the last 3,900 deliveries of the Maternity Dispensary of Western Reserve University. It must be noted that owing to the care which women who seek the services of the Dispensary are examined during pregnancy, a large proportion of the obviously abnormal pelvis are discovered, and suitable hospital care arranged for such cases. These women, therefore, are delivered by the method appropriate to their condition, which will be by Cæsarian Section where indicated by the measurements or where after a short test of labor there is an obvious disproportion between a given head and the pelvis. Such cases number 26. Thus there are removed from our consideration a considerable number of cases which, had they remained at home with inadequate attendance, would undoubtedly have come under one of the heads of this paper.

Despite this careful scrutiny I find that there were 15 cases removed from their homes in labor, and sent into the hospital, where abdominal section was performed. These can be accounted for largely as follows: New cases that never sought the pregnancy clinic, cases that

were referred to the hospital but refused to enter until labor set in, errors of judgment in the pregnancy clinic in border line cases. These 15 cases which were observed in time to bring them into the classification of Cæsarian Section further restrict our consideration.

In this clinic, pubiotomy is never considered a primary operation of choice. It is our endeavor by study of our cases to differentiate between cases that may be delivered safely by forceps and those for whom Cæsarian Section is the operation of choice. By consideration of the measurements and by the study of the relation of a given head to a given pelvis, irrespective of measurements, we weed out the absolute and relative Cæsarian pelvis to the best of our ability. If anything, we err by sending into the hospital a number of border line cases that end in normal or simple forceps deliveries.

There remain therefore cases which I shall classify as cases which were not seen by the Dispensary Staff until too late for the operation of choice, cases which represent errors of judgment, and certain cases that do not fall under either of these heads. It is in these classes that pubiotomy is employed by us and held in great esteem. There have been in this series eight such cases.

Of the first class, those not seen early in labor by the Dispensary Staff, this is typical: A case is seen for the first time after many hours of labor, after repeated examinations by unclean hands. It is obviously a bad risk, for abdominal section. The baby lives but is showing the effects of long labor. A tentative pull with the forceps shows a disproportion between the head and pelvis too great to warrant further traction, but the measurements are such as to promise delivery if pubiotomy be performed, that is, the true conjugate is not less than seven c. m.

Errors of judgment in border line pelvis make up the second division: a secundipara measures 17.5—23.25, internal conjugate of 9. The first labor ended spontaneously, and on that account, the foetus being estimated at 7 lbs. or less, the patient is permitted to go into labor. After eight hours of first stage and two hours of second stage the head still remains high. A tentative pull is not promising. Pubiotomy is then done. The baby weighed just 7 lbs.

The third division includes the contracted pelvis recognized during pregnancy or early labor. The patient absolutely refuses to enter a hospital. Under such circumstances and such surroundings we prefer pubiotomy to Cæsarian Section in the home. Or as sometimes happens the patient refuses abdominal section but accepts pubiotomy.

Another type of case is the breech or transverse presentation in a contracted pelvis where section is refused or contraindicated. In slight degrees of contraction also, where there is a question whether or not the after-coming head will come through the inlet without damage it

* Read before the Section on Obstetrics and Pediatrics, Ohio State Medical Association, Cleveland, May 17, 1916.

is our custom to put the saw in place, proceed with the extraction, and if or when the head is held up rapidly saw through the ramus and complete the extraction without hindrance. Often it is unnecessary to sever the ramus, in which case the saw is removed and no untoward results ensue. We think very highly of this measure of precaution in such cases, as it has often proved its worth. Still other types of cases are those of contracted outlets that prove an absolute bar to forceps delivery, and possibly a chin posterior that cannot be rotated.

We use the modified Dörderlein technic, feeling that the certain separation of the tissues behind the ramus, thus surely avoiding puncture of the bladder, counter balances any advantage of the subcutaneous operation. We apply the forceps before beginning the operation, and deliver as soon as the ramus is severed.

Of the eight cases, seven mothers and seven babies were discharged as well. We have never had any accidents or lacerations due to the severed ramus. The mothers all had at least such degree of union as to enable them subsequently to take up their duties without physical embarrassment. In some cases perfect bony union resulted. The eighth case was complicated by an ante-partum hemorrhage, a vigorous attempt at forceps delivery, and a post partum hemorrhage not connected with the pubiotomy; the mother died of uterine hemorrhage, the baby of intracranial hemorrhage. In view of the result in this case it may be questioned whether pubiotomy was the operation of choice.

In the presence of severe infection, especially in a primipara, we hardly feel that pubiotomy is justified.

We have done pubiotomy twice on the same patient, using opposite rami, but not from choice. This patient refused a section. Usually subsequent pregnancies are terminated by section.

Symphysiotomy has no place in our Clinic. Pubiotomy does all that Symphyseotomy can do in enlarging the inlet or outlet, and union is better.

Perforation in a case under our continued observation would indicate either the entrance of some abnormal factor into the labor, or a grave error in judgment, since it is the procedure of last resort; and in such a case implies that the true relation of head to pelvis was not determined. An analysis of our cases of perforation shows this clearly. There are but five.

Case one was a macerated fœtus. Clearly a perforation to terminate a protracted labor in a contracted pelvis was indicated.

Case two, prolapse of cord, dead fœtus. Same indication as case one.

Case three, hydrocephalus; perforation the operation of choice.

Case four, contracted pelvis, dead fœtus, midwife on case for two days. Same indications as case one.

Case five, the patient was a colored woman

and had had one previous spontaneous delivery of a living child. The pelvis measured 18-23-27, with a true conjugate of 7.5. This patient had nine hours of first stage, eight hours of second stage, and the head was not engaged when she was admitted to the hospital. She was prepared for a pubiotomy, tentative traction was made with the forceps, the foetal heart rate was dropping rapidly and ceased before incision could be made. Perforation followed.

These five mothers made an uneventful recovery.

It will be seen from this survey that in this clinic our practice follows our theory; that these operations are not normally operations of choice; that a careful study during pregnancy should and does reduce the necessity for pubiotomy to a small number of cases. That in such an irreducible minimum, the sum of avoidable and unavoidable errors of judgment, of cases not previously seen and of cases refusing other treatment, and of a few other cases, pubiotomy is a most valuable operation in accustomed hands, resulting in the delivery of a living and normal baby, and the restoration to domestic life of an uncrippled mother.

Perforation should never be necessary in a case under observation save when a dead or abnormal fœtus is encountered. However, in cases not under observation perforation may be the conservative operation of choice.

For the use of the Dispensary records, I desire to thank the Chief of the Dispensary Staff, Dr. A. H. Bill.

New and Nonofficial Remedies

Enteric Coated Glycotauro Tablets.—Each tablet contains glycotauro 2 grains and is coated with salol. Hynson, Westcott and Co., Baltimore, Maryland.

Petroagar.—Each 100 gm. contains petrolatum 72 gm., agar 22 gm., with powdered licorice, cocoa and oil of anise sufficient to flavor. H. C. Merker Co., Chicago, Ill.

Petrobran.—Each 100 gm. contains petrolatum 74 gm., bran 22 gm., with powdered licorice and "oil of pineapple" (ethyl butyrate) sufficient to flavor. H. C. Merker Co., Chicago, Ill. (Jour. A. M. A., June 10, 1916, p. 1857.)

Interesting Clinic Work at Cincinnati

Among the speakers for the fourth clinic week reunion held in connection with the commencement exercises of the Ohio-Miami Medical College of the University of Cincinnati, were Drs. Andre Crotti of Columbus, Roger S. Morris, of Cincinnati; Joel E. Goldwaithe of Boston; E. Gustav Zinke of Cincinnati; Samuel G. Gant of New York; and W. B. Wherry of Cincinnati. Dr. J. E. Pirrung was elected president of the Ohio-Miami Alumni Association. The clinics at the various hospitals were well attended.

Convulsions of Infancy and Early Childhood*

By Elmer G. Horton, B. S., M. D., Columbus, Ohio

Assistant Professor of Pediatrics, Department of Medicine, O. S. U.; Pediatricist to Protestant Hospital.

THERE is perhaps no other class of cases that so completely unnerves the mother and other members of the household as do the convulsions of infancy and early childhood. We have all been called to such scenes where the presence of terror and the absence of reason or even common sense have been more pronounced than at the occurrence of death itself.

There are several factors which contribute to this chaotic mental state. First, the utter helplessness of the human infant has, by days and weeks of necessitated care, been so deeply impressed upon the mother, that it is an unconscious part of her life. Second, the abruptness with which the convulsion makes its appearance is such that even when repeated it still startles and breaks down the self-control of all but the exceptional individual. Third, fear is catching, and with the ease with which others in the household and the neighborhood become excited and rush aimlessly about supplies a splendid clinic for the student in psychology. Fourth, the sightless eyes, the drawn and distorted features, the unnatural positions of the body, the tonic and clonic convulsive movements, and the absence of any ability in the patient to respond by look, touch or voice to the frantic appeals of loved ones completes the picture. It is little wonder that reason yields its control and the distracted mother becomes temporarily a mental blank.

At such a time the physician appears with a threefold function. He should by his quiet, self-possessed demeanor and quick action restore the mental atmosphere of the assemblage to at least a sane, if not a normal condition. To this end his actions should be prompt but without any indication of excitement or undue haste. His conduct can be an important soothing factor or the reverse.

The second function is the relief of the patient from the active convulsion, which procedure constitutes the immediate treatment. And then, contrary to the usual process in medicine, he should lastly make a differential diagnosis in order to ascertain the underlying cause. The conscientious physician is not contented to merely relieve, and then say as to etiology, "worms," or "phimosis," or "teething," or "digestion"—sometimes right, often wrong. If he is a conscientious physician, he is not satisfied until he has gone deeply into the case for a correct solution.

Immediate treatment—It is customary with many physicians, at the time of receiving a telephone call to a case of convulsions, to give in-

structions over the phone to place ice on the head of the patient and to submerge the body in a warm or hot bath. It is wise in these phone instructions to caution the party informed to try the temperature of the bath with thermometer, elbow, or face. It is unsafe to leave the judgment of the temperature of the bath to an excited brain behind a toughened hand accustomed to withstand a degree of heat that would injure the more delicate skin of a young child. Frequently, a scald results through this neglect. Vividly do I recall the sight of one such case I was asked to see after a considerable area of its body had been scalded.

The almost universal medicinal agent for immediate relief, regardless of age, is chloroform by inhalation, cautiously given until the spasm is relaxed. While giving the chloroform a few questions may furnish a clue to the cause of the condition. However, with a very high percentage of infantile convulsions due to disturbances of the digestive tract, it is well on general principles, to have some one prepare and administer a saline or soapsuds-glycerine-turpentine enema. In some cases it is advisable, when the spasm is relaxed and the child able to swallow, to empty the stomach by emetic or gastric lavage. To maintain quiet in the patient and possibly prevent subsequent explosions of the nervous mechanism, it is customary to give bromides, veronal, or chloral in respective doses of 3 gr, 1 gr, or 1 to 2 gr. for a child one year old and repeat hourly if needed. Should the child not be able to swallow, these drugs may be administered by enema with the corresponding increased dosage. The use of morphine is less desirable and should be guarded.

The ultimate treatment will depend on the determined underlying cause, and such treatment, is frequently easy compared to the difficulty encountered in ascertaining the cause.

When the child has quieted down, one can ask the questions necessary for a careful history of the case, whereas such questions asked before the immediate treatment would in most families bar the physician from all future service in that family. Great emphasis should be placed on the value of a careful history in convulsions, together with an unusually thorough physical examination.

If we take as our definition the following, "A convulsion is the symptom or symptom-complex resulting from a cerebral irritation producing a temporary unconsciousness, attended by irregular muscular contractions," then it may make our differentiation easier to classify convulsions according to the sources from which the cerebral irritations proceed.

*Read before the Columbus Academy of Medicine, April 10, 1916, and the Crawford County Medical Society, April 13, 1916.

Experience in teaching has shown the value of classifying the subject of convulsions into three general groups:

Convulsions:

1. Reflex—
 - a. Gastro-intestinal irritations.
 - b. Miscellaneous irritations.
 - e.g. Otitis, dentition, intestinal parasites, foreign bodies in ears or nose, phimosis, scalds, burns, psychic influences, etc.
2. Toxic—
 - a. Onset of acute infectious diseases.
 - e.g. Pneumonia, tonsillitis, diphtheria, scarlet fever, malaria, etc.
 - b. Intestinal disturbances.
 - c. Miscellaneous toxins.
 - e.g. Strychnia, tetanus, nephritis, tetany, rachitis.
3. Organic brain:
 - a. Direct.
 - e.g. Poliocephalitis, tumor, hemorrhage, hydrocephalus, meningitis, abscess.
 - b. Indirect.
 - e.g. Epilepsy.

Lest we forget the extent to which convulsions are present, I would call your attention to the report of the Ohio Bureau of Vital Statistics for 1909 showing 378 deaths due to convulsions of infancy in the state that year. In 1913 the figure had fallen to 121, which decrease indicates better diagnostic work on the part of physicians in ascertaining the true cause of death and so listing it in preference to a symptom in that disease. Again observation of vital statistics data from almost any source shows that of the deaths in convulsion under 20 years of age from 60 to 90 percent of them are under one year of age.

While the number of deaths due to convulsions is therefore rather surprisingly large it constitutes but a small part of the total number of convulsions, since experience has taught us all the low percentage of fatalities in convulsions. Suffice it to say, convulsions are prevalent.

The prevalence of convulsions in infancy and early life has a rational basis. The nervous system of a child develops most rapidly in the first few months so much so that it is unbalanced or unstable. The lower nerve centers are more highly developed at first, while the higher cerebral centers are less so and their inhibitory power is easily suspended.

Fischer quoting Lewis says "Convulsions are in all probability due to an exaltation of the lower nerve centers; or more frequently, to a suspension of the inhibitory power of the higher cerebral centers"—or both of these conditions may exist at the same time, and further "It remains to be said that we are still very much in the dark as to the immediate processes producing convulsions." The work of Soltman on the nervous system of young infants is of much interest and value. With increasing age we find that better

development of the higher centers and the increased control over the lower centers which prevents the reflexes from running wild.

Under 1-a we have that great group of intestinal irritations that come with striking regularity after pronounced indiscretions of diet, and may be considered somewhat in the light of mechanical factors. Peanuts, bananas and candy serve as illustrations.

Under 1-b we find some real causes, but in dentition, worms, and phimosis we have more often the scapegoats of the indifferent or careless physician who has failed to ascertain the real cause. We would call attention to the fact that convulsions of group 1-b are not so common as supposed by many. They really constitute but a small percentage of the total number of convulsions.

In general it may be said of the reflex convulsions, first, that they are short in duration and, second, that they promptly cease with removal of the cause. Accordingly the ultimate treatment for those under sub-division 1-a is a thorough cleansing of the gastro-intestinal tract by emetic, lavage, enema and purgation, while the ultimate treatment of 1-b consists merely in removing the cause.

Toxic convulsions are not single as a rule but multiple in number, of longer duration and are prone to continue for a time after removal of the exciting cause. Those occurring in (2-a) the onset of infectious disease are characterized by a continued high temperature which, in most cases, will readily furnish a means of differentiation from the other sub-divisions.

It is well for us to remember in this connection that the chill so commonly present at the beginning of an infectious disease in the adult has its counterpart in the convulsion under similar circumstances in the child.

The ultimate treatment depends upon the disease present but is eliminative. Under (2-b) toxic intestinal disturbances we have more chronic conditions than in 1-a and also where a toxic agent is present, e.g. an infant badly fed on condensed milk until a sugar intoxication occurs. The treatment is similar to the simple gastro-intestinal irritations but of longer duration.

Under 2-b we might also list the so-called acidosis cases, without asserting that they are related to intestinal disturbances. This group of disturbances is easily overlooked by the general practitioner, but with the recent work of Howland and Marriott we may derive help. Whether the condition is a deficiency in the sodium bicarbonate of the blood or a relative excess of acid, the practical thing for the practitioner when he finds acetone bodies in the urine with a diminished output of urine, ammoniacal odor, and the presence of hypernoea is to begin alkali therapy, by mouth, rectum, intravenous or subcutaneous route without waiting for the appearance of

convulsions. Especially should this be watched in diabetes, recurrent vomiting, and diarrhoea of infancy.

In the diseases that are listed under (2-c) miscellaneous toxins, we have those where the tendency is for the convulsions to appear late in the disease as distinguished from their appearance early in 2-a. Tetany is placed under 2-c because in many forms of the disorder it is generally held that a toxin is present. The simpler forms of tetany together with spasmophilics might be grouped under reflex convulsions. It should be remembered that many of the deaths occurring in convulsions are in children of the spasmophilic diathesis, and emphasis should be laid on the danger of slapping or shaking such a case.

The helpful use of lumbar puncture in relieving conditions in the third general division of our subject is well known, but it is desired at this time to particularly call your attention to the relief that can be obtained from the long continued strain in the toxic group, by making use of lumbar puncture.

The danger and difficulties of its use are so slight as to merit greater consideration than has been given it in the past.

Organic brain (3) convulsions, with the exception of meningitis and abscess, are usually present without any increase in temperature.

In those cases of convulsions due to tumor, hemorrhage, etc., one is often aided by the variation between the two sides as regards motor activity. With a new-born child that is apathetic, of low vitality and does not nurse well, the physician should make a most careful examination for the difference in the activities of the right and left sides. If the infant has irregular respiration, more or less cyanosis, and a tendency to spasm, great care should be observed, and with a blue bulging fontanelle a lumbar puncture should be done. If blood is obtained a diagnosis of hemorrhage is justified, and immediate operation is indicated.

In addition to the usual method, the diagnosis of epilepsy may be made by exclusion of the other forms when recurringly present in a child three years of age or over.

In closing, I desire to briefly present one case, as illustrative of the helpfulness of the above classification. X, a boy four years old was brought into the hospital about 10 A. M. with a history of nine convulsions that morning. One of the surgeons saw the child just after admission and finding an adherent redundant prepuce, ordered the child prepared for circumcision on the following morning. The child was first seen by me at noon. The family history was negative. The boy had been quite well the day before, having played all day, and had given no disturbance during the night. The child had had none of the infectious diseases and there had been no known exposure. There was no history of fall, fright, worms, indiscretion of diet, or of convulsions previous to

that morning. Vomiting was absent. An occasional slight cough had been noticed. Physical examination revealed a well developed, well nourished child with a flushed but otherwise healthy skin and good musculature. The head was well formed with no irregularities. The hair was fine, soft and abundant. The eyes were clear and reacted well. Ears and nose were normal. No enlarged glands were present. The teeth were good, no wounds were present on the tongue and no coating. Koplik spots were absent. The pharynx was slightly congested with the left tonsil more so. There was no exudate. Respiration was rapid but without dyspnoea and chest movements were free and uniform on both sides. The lungs were otherwise negative. The heart was normal in size, position and sounds except that it was rapid. The liver extended two fingers below the margin of the ribs. The spleen was just palpable. The abdomen was soft, without tympanites, and without evidence of tumor or tenderness. The prepuce was redundant and adherent without signs of inflammation. The urine was scanty and high colored but otherwise negative. No eruption could be found. No tenderness or abnormalities were present in the limbs. Kernig and Brudzinski were absent. Pupillary and patellar reflexes were normal. The bowel movements had been regular and normal in character.

On the strength of the negative physical findings in the presence of repeated convulsions and the presence of high fever, I made a tentative diagnosis of a toxic convulsion in the onset of an acute infectious disease and told the interne to particularly watch the throat.

During my rounds the next morning, the child was on the operating table, and was not seen by me until afternoon. The temperature, pulse and respiration remained unchanged. At this time, examination showed enlarged glands of the neck, and inspection of the fauces revealed a whitish membrane on the tonsil, surrounded by a narrow zone of a dark red color. The odor of diphtheria was perceptible, and microscopic examination revealed the presence of the Klebs Loeffler Bacillus. With appropriate doses of diphtheria antitoxin the child made an uneventful recovery from diphtheria and also from the circumcision.

From September, 1913, to September, 1915, two visiting nurses made a total of 7,913 visits to homes in Hamilton, according to a report just issued. The work in the homes was largely educational.

Lucas county commissioners will include \$32,000 for the fight against tuberculosis in their request to the budget commission this year. Of this amount, \$10,000 will be asked to maintain visiting nurses, \$2,000 for a downtown dispensary, \$10,000 for the maintenance of present open air schools and \$10,000 for additional open air schools.

Proctitis*

Chas. E. Howard, M. D., Cincinnati, Ohio

PROCTITIS, or inflammation of the rectal mucosa is variously classified into acute and chronic catarrhal, hemorrhagic, and gonorrheal.

The acute catharral type is generally caused by dietary indiscretions, and the use of enemata containing irritating substances. The frequent use of the soapsuds enema in bedfast cases may cause an acute proctitis. Most cases of acute proctitis clear up upon the cessation of the cause. It is the subacute and chronic catharral types of obscure etiology subject to exacerbations and relapses with which the proctologist has most to deal.

The exact cause of chronic proctitis is usually obscure. A physician may go thoroughly into the history and habits of a case, with an intelligent patient and, be no wiser than he was when he began. A thorough physical examination may fail to reveal the cause. I would hesitate to say that any case of proctitis had its incipency in a nervous condition, but I am certain that in most cases there are nervous phenomena which aggravate the symptoms, retard the progress of the case when under treatment, and prolong the discomfort of the patient. To illustrate this fact I mention the case of a professional man, who had suffered with a severe proctitis for about two years. The patient made satisfactory progress under treatment to a point apparently not far removed from complete recovery, where he remained stationary. Then very suddenly and rapidly he advanced to complete cure when he settled his matrimonial affairs which had caused him much mental discomfort for a period of months. Most patients with proctitis show some nervous symptoms, particularly are they hypersensitive, and ever suspicious that they may be objectionable to those with whom they come in contact.

The chief symptoms of proctitis are: pruritis ani, burning at the anal margin, or in the anal canal, frequent and prolonged tenesmus, flatulency, and frequent small stools of normal consistency. The pruritis is oftentimes the only symptom, and is the condition for which relief is sought. It may be a simple itching or it may be associated with eczema and excoriation of the skin. The pruritis is caused by irritating mucus escaping through the sphincter on to the skin. The marked tenesmus and frequent small stools indicate a rather severe degree of proctitis, in which the mucosa has become so irritable that the rectum is unable to perform its function of retaining small fecal masses, and, they are expelled immediately upon passing from the sigmoid. Patients suffering with this condition, are oftentimes very miserable being subject to sudden imperative demands to empty the rectum of its gas or solid content and they hesitate to mingle with others for this reason.

Inspection—The anus externally may show nothing or may present but a few small cracks in the epithelium of the anal folds. However, when there is marked pruritis there is usually eczema of the skin. Digital examination may elicit slight tenderness in the anal canal. In cases of long standing with frequent stools the rectum is usually dilated, and to palpate the rectum walls the finger must be swept around in the sacral hollow. With the proctoscope either a hypertrophic, or an atrophic condition of the mucosa will be noted. In the hypertrophic type the mucosa is more or less deeply injected throughout, and uniformly heightened in color. It has a thickened juicy appearance and quantities of clear or discolored mucus may be noted sticking to the walls. In the atrophic type the mucosa has a thin, irregularly mottled appearance. There may be pale areas surrounded by injected vessels, which condition gives the rectum a trabeculated appearance. Mucus may be noted but is usually small in amount, and seen in the form of large, partially dried flakes adhering closely to the mucosa. Pruritis is an unusual symptom in the atrophic type.

General Treatment—It is advisable to regulate the patient's habits and diet. All sources of nervous excitement and worry should be eradicated if possible. In the beginning of treatment patients with proctitis should refrain from all forms of energetic physical exercise. When the nervous symptoms are marked good results may be obtained with the bromides. The intestinal antiseptics are all in order, but the best results, are probably obtained from the bismuth preparations. I like to use internally, one half to two ounces, of one of the inert oils daily.

Local Treatment—Two to four ounces of oil injected into the rectum, preferably at night. Silver nitrate locally in anal canal two to ten per cent. Enemata should be given at the proper temperature of 100 degrees. Enemata containing some of the tannic acid preparations, or silver nitrate 1 to 4 or 10,000 are usually satisfactory. It is important that the instructions to the patient be very explicit and thoroughly understood. Treatment to result satisfactorily must be regularly carried out. Usually the longer a patient has suffered the longer he will have to undergo treatment and he should be given this to understand in the beginning.

*Read before the Section on Dermatology, Proctology, and Genito-Urinary Diseases, Ohio State Medical Association, in annual session at Cleveland, May 17, 1916.

Whooping Cough In Ohio

A SUMMARY OF ITS PREVALENCE, ETIOLOGY, DIAGNOSIS, TREATMENT AND PREVENTION

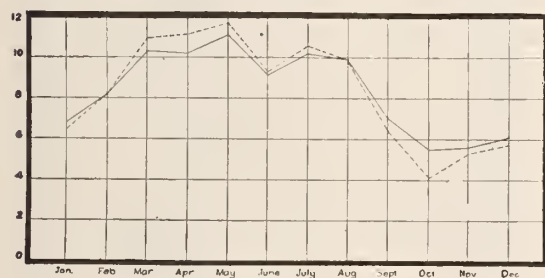
Frank G. Boudreau, M. D., C. M.

Director, Division of Communicable Diseases, Ohio State Department of Health.

WHOOPING cough, like the poor, we have always with us. It is true that its prevalence increases at certain periods of the year and diminishes at others, but on the whole it varies less in this respect than the majority of infectious diseases. Chart 1 shows the seasonal distribution of whooping cough in the registration area of the United States and in Ohio. March, April, May, June, July and August are months of highest mortality, and no one of these months has a much larger or smaller percentage of deaths than the others. At the present time we are in

CHART I

Seasonal Distribution of Whooping Cough Deaths.



This chart gives the percentages of the yearly deaths which occur each month in Ohio and the registration area of the United States. It is based upon returns for the years 1910-1913, inclusive. The dotted line represents Ohio, the black line the registration area.

the midst of the whooping cough season and it is timely to consider this subject.

In an old text-book of medicine I find the statement that whooping cough is considered a minor disease of childhood, which any grandmother can cure. The author goes on to point out the gravity of the disease, "In this metropolis (Philadelphia) it ranks fourth among the causes of death under five years of age * * * It is alleged to be the most fatal of all diseases of early infancy." In the registration area of the United States whooping cough usually ranks third, occasionally fourth, as a cause of death among children under one year of age, excluding, of course, such causes as congenital debility. It is still one of the most fatal of all diseases to the young. Furthermore, conditions which outrank it as causes of death in infancy are frequently the results of whooping cough, such as broncho-pneumonia and convulsions.

In Table 1 is shown the number of deaths from whooping cough which have occurred every year in Ohio since effective registration of deaths has obtained.

TABLE I.

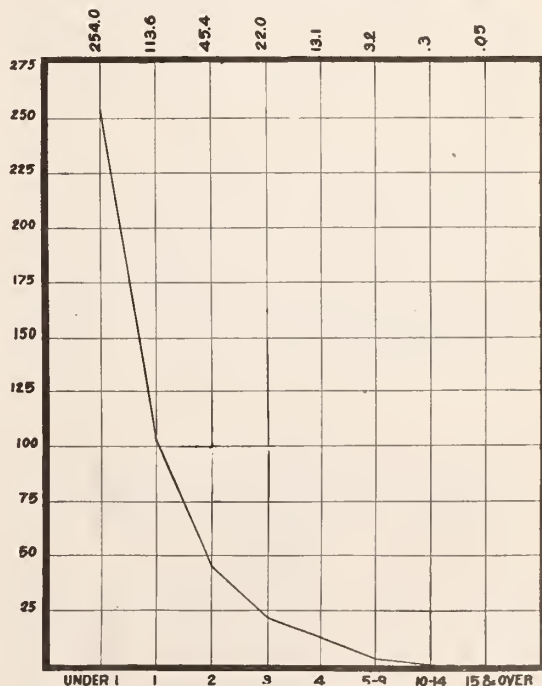
DEATHS FROM WHOOPING COUGH IN OHIO AND THE REGISTRATION AREA IN SPECIFIED YEARS.

Year.	Ohio.	Registration Area.
1909.....	258	.....
1910.....	638	6146
1911.....	554	6682
1912.....	427	5619
1913.....	668	6332
1914.....	362	.....
1915.....	356	.....
Average	466	6145

From this table it is seen that nearly five hundred persons die every year in Ohio from whooping cough. In the registration area the annual number of deaths averages 6,145, and in the whole United States it is estimated conservatively to be 10,000 deaths. This number of deaths represents an enormous number of cases, for uncomplicated whooping cough is rarely fatal. Surely

CHART II

Specific Death Rates From Whooping Cough.



This chart gives the death rates per 100,000 population at the various age-periods. For every hundred thousand children under one year of age in Ohio, 254 die of whooping cough every year. For every hundred thousand of the population in Ohio fifteen years and over, there is less than one death from whooping cough yearly. This is based upon death returns for the years 1909-1915, inclusive. Age-periods are shown at the bottom, the scale along the left side, and the actual rates at the top of the chart.

a disease which kills 10,000 persons every year in the United States and nearly 500 in Ohio; which causes long periods of sickness among at least ten times the number of persons it kills; which leaves its subjects worn, emaciated and weakened; which is frequently complicated by broncho-pneumonia, convulsions and bronchitis, and not infrequently followed by anemia and tuberculosis; surely such a disease should not be regarded as a minor disease of childhood, requiring no treatment or prophylaxis. The statement of Osler, that "few diseases are more painful to witness," will be borne out by all who have attended cases.

Whooping cough has three well-marked characteristics. It attacks by preference those of tender age. Females suffer much more frequently than males, and the death rate among the colored population is much higher than among the white. The first of these characteristics is shown in Chart 2, which gives the specific death rates. Over 95 per cent of all deaths which result from whooping cough occur among children under five years of age. Over fifty per cent of all deaths from whooping cough occur among those under one year of age.

The second characteristic is shown in Table II.

TABLE II.

PERCENTAGE OF TOTAL DEATHS FROM WHOOPING COUGH IN MALES AND FEMALES.

Ohio and Registration Area 1910-1913.

Registration Area.	1910	1911	1912	1913
Males	45.1	46.6	45.1	44.8
Females	54.9	53.4	54.9	55.2

Ohio.

Males	48.3	48.0	47.3	42.7
Females	51.7	52.0	52.7	57.3

The male and female population in Ohio and in the registration area are nearly equal. Therefore, the percentages in the table may be taken at face value. In every year for which figures are shown, a larger number of females than males died from whooping cough. I will not venture any explanation of this phenomenon.

The third characteristic is illustrated in Table III.

TABLE III.

DEATH RATES PER 100,000 POPULATION FROM WHOOPING COUGH, WHITE AND COLORED, IN OHIO AND THE REGISTRATION AREA, 1910-1913.

Registration Area.	1910	1911	1912	1913
White	10.7	10.4	8.6	9.4
Colored	28.9	31.5	24.2	21.9

Ohio.

White	13.0	11.1	8.5	13.2
Colored	28.7	28.3	17.5	25.0

The very marked difference in the white and colored death rates from this disease is very obvious in this table. It is possible that this fact may account in part for the high death rate from tuberculosis among the colored population.

The death rates from whooping cough in Ohio are slightly higher than those for the registration area.

TABLE IV.

DEATH RATES PER 100,000 POPULATION IN OHIO AND THE REGISTRATION AREA, 1909-1915 INCLUSIVE.

	1909	1910	1911	1912	1913	1914	1915
Ohio	5.4	13.4	11.4	8.7	13.4	7.2	7.0
Registration Area	9.6	11.4	11.3	9.3	10.0	.....	.....

Whooping cough death rates per 100,000 population in the counties of Ohio are shown in Table V.

TABLE V.

AVERAGE ANNUAL DEATH RATES FROM WHOOPING COUGH IN THE COUNTIES OF OHIO, ARRANGED ACCORDING TO DECREASING RATES.

1909-1914 Inclusive.

County.	Rate.	County.	Rate.
1 Jackson	23.8	45 Wyandot	8.8
2 Jefferson	23.4	46 Hancock	8.6
3 Fayette	21.4	47 Stark	8.6
4 Scioto	21.1	48 Williams	8.6
5 Athens	20.6	49 Auglaize	8.5
6 Lawrence	20.6	50 Madison	8.4
7 Columbiana	18.3	51 Hamilton	8.3
8 Belmont	17.1	52 Montgomery	8.2
9 Ross	15.4	53 Pickaway	8.2
10 Perry	14.8	54 Tuscarawas	8.1
11 Gallia	14.2	55 Allen	8.0
12 Adams	14.1	56 Noble	8.0
13 Clinton	14.1	57 Franklin	7.9
14 Muskingum	13.7	58 Wood	7.9
15 Washington	13.2	59 Crawford	7.8
16 Guernsey	13.2	60 Portage	7.6
17 Ashtabula	13.1	61 Van Wert	7.4
18 Marion	12.9	62 Champaign	6.9
19 Clark	12.8	63 Harrison	6.9
20 Mahoning	12.7	64 Medina	6.9
21 Paulding	12.4	65 Morrow	6.9
22 Summit	12.3	66 Union	6.8
23 Brown	12.1	67 Coshocton	6.6
24 Hocking	11.9	68 Sandusky	6.6
25 Putnam	11.7	69 Cuyahoga	6.4
26 Butler	11.7	70 Highland	6.3
27 Geauga	11.3	71 Defiance	6.1
28 Meigs	11.1	72 Hardin	6.0
29 Trumbull	10.8	73 Ottawa	5.9
30 Pike	10.6	74 Preble	5.6
31 Logan	10.5	75 Seneca	5.4
32 Richland	10.4	76 Warren	5.4
33 Licking	10.2	77 Carroll	5.3
34 Vinton	10.1	78 Clermont	5.1
35 Greene	10.0	79 Miami	5.1
36 Shelby	10.0	80 Ashland	4.3
37 Fairfield	9.9	81 Knox	4.3
38 Lorain	9.6	82 Lake	4.3
39 Mercer	9.6	83 Darke	4.2
40 Monroe	9.6	84 Morgan	4.1
41 Erie	9.3	85 Wayne	4.1
42 Henry	9.3	86 Huron	3.8
43 Delaware	9.0	87 Fulton	2.8
44 Lucas	8.8	88 Holmes	1.8

The first six counties have rates in excess of twenty per 100,000. Some of these counties have figured prominently in previous articles on typhoid fever and diphtheria because of high rates from those diseases. Of course, whooping cough occurs irregularly, and epidemics occur and disappear, so that figures for a longer period might disturb the present standings. Counties

in which are situated the five largest cities in Ohio, all have rates of 8 or less, Cuyahoga having the lowest rate of the five.

In Table VI the standing of the twenty largest cities in the state is arranged according to decreasing rates.

TABLE VI.

DEATH RATES FROM WHOOPING COUGH IN TWENTY LARGEST CITIES OF OHIO, 1909-1914 INCLUSIVE.

City.	Rate.	City.	Rate.
E. Liverpool	35.1	Lorain	12.0
Ashtabula	22.9	Youngstown	12.0
Portsmouth	21.4	Sandusky	10.8
Steubenville	20.0	Canton	10.1
Springfield	15.3	Dayton	10.0
Zanesville	14.6	Lima	9.7
Hamilton	14.1	Cleveland	8.6
Mansfield	14.1	Toledo	8.6
Akron	13.6	Cincinnati	8.1
Newark	13.3	Columbus	8.0

Five cities have rates in excess of 15 per 100,000. Three of these are situated along the Ohio River and have had also consistently high typhoid fever death rates. It would be interesting to know what is being done to reduce the prevalence of whooping cough in these five cities with excessive rates. The average annual death rate from whooping cough in a city for a long period of years should not exceed that of registration cities as a whole, else the rate is excessive. The four largest cities in the state have the lowest rates, and these rates are so nearly alike that the difference is negligible, and might be accounted for by errors in diagnosis or by changes in population greater or less than those allowed for by census estimates.

ETIOLOGICAL FACTOR AND TRANSMISSION.

The exciting cause of whooping cough is a bacillus isolated by two Belgian physicians, Bordet and Gengou, in 1906. Their work has been confirmed by Mallory, and more recently by many others. The organism is present between the cilia of the epithelium lining the trachea and bronchi. It is most abundant in the catarrhal stage, and has rarely been found later than the first week of the paroxysmal stage. Paul Luttiniger does not believe it necessary to isolate a child for more than a week after the paroxysmal stage develops. He believes the disease is spread by abortive cases, by those in the catarrhal stage, and by healthy carriers, who, in his opinion, are the most dangerous disseminators of infection. The disease is of course transmitted by the secretions of the mouth and nose, especially during the catarrhal stage, and probably by those discharges containing bronchial secretion.

DIAGNOSIS.

The diagnosis of whooping cough is established clinically by the characteristic "whoop" or paroxysm. The frequency of the cough in the catarrhal stage may lead to a tentative early diagnosis in exposed susceptibles. The laboratory diagnosis may be established by identifying the causa-

tive organism in the sputum by morphology and cultural reactions, by the complement fixation test, and by the agglutination test. For the first, bronchial secretions should be secured during a natural or artificially produced paroxysm. It is a question whether complement deviating substances develop early enough in the course of the disease to be of value in diagnosis, but the complement fixation test is of undoubted value in doubtful cases which are apt to occur among adults. Too little work has been done upon agglutination reactions to place this test upon an assured basis. About 33 per cent of adult non-pertussis sera and 40 per cent of children's non-pertussis sera show reactions in dilutions up to one in forty. A dilution of not less than 1-200 is necessary for a practically positive diagnosis of whooping cough by the agglutination test. Of course, agglutins produced in the rabbit by intraperitoneal inoculations of living cultures may be used in identifying the organism isolated from suspects.

These means of diagnosis must be perfected further before they can be offered to the medical profession as established public health measures.

PREVENTION.

The prevention of whooping cough is difficult for much the same reasons that obtain for measles. The disease is most communicable during the catarrhal stage, and the diagnosis is difficult at this period. Further, physicians are not called during this stage. In addition abortive cases and carriers exist. There is a real need of public health education along this line, for the people must learn that whooping cough is a dangerous disease, and that isolation must be practiced from the outset. The symptoms of the catarrhal stage should be described to mothers, fathers and teachers. The physician should do his part in this campaign of public health education, and should attempt to arrive at diagnoses early. He should instruct families that the complications of whooping cough are frequent and dangerous. Especial emphasis must be laid upon the fact that the younger the child the more fatal the disease. The postponement of infection is therefore very important.

The law of Ohio provides that local boards of health may require the quarantine of whooping cough. This is not obligatory, however, and I regret to say that a majority of local boards of health do not avail themselves of the advantages of this provision of the law. In order to do so, the board of health must adopt regulations. The following are recommended for adoption by the State Department of Health:

REGULATIONS FOR THE PREVENTION OF WHOOPING COUGH.

For the Patient: Isolation until the paroxysmal cough has ceased and for an additional period of fifteen days.

For Exposed Persons: Quarantine of children

for a period of fifteen days from the date of last exposure to the disease.

To sum up, the prevention of whooping cough rests upon the following factors:

1. Public health education in regard to the dangers of whooping cough, the necessity of postponing infection, that "colds in the head" are dangerous during outbreaks, and the means of transmission of the disease. The press, pamphlets and the spoken word should be utilized in this campaign, and all teachers, physicians and sanitarians, including public health nurses, should take part.

2. Boards of health should avail themselves of the power granted them in the statutes by adopting suitable regulations providing for the isolation and quarantine of cases of whooping cough. The desirability of having uniform regulations is evident, for health districts are separated by boundaries which disease does not respect.

I hope I have succeeded in showing that whooping cough is a real problem to us in Ohio. Those communities which have high whooping cough death rates should be led to inaugurate campaigns of prevention. In this, physicians, health officers and other leaders in the community should take the initiative. The value of such a movement will not be alone the prevention of whooping cough, but will also restrict the number of deaths from broncho-pneumonia, bronchitis, convulsions, and possibly from the great white plague. The suffering that will be eliminated is a very important item.

I will gladly furnish references to the later articles dealing with whooping cough to those who are interested.

Applying the Animated Drawing to the Teaching of Surgical Technic

William J. Brownlow, Staff Artist of the Clinic of Drs. Bunts, Crile and Lower, Cleveland.

ABOUT two months ago, Dr. J. Bentley Squier, of New York, made a first showing in Cleveland of some splendid motion picture films of surgical operations. These films very much impressed the members of this Clinic with the great possibilities of the motion picture in demonstrating and teaching surgical technic. At the same time, the seriousness of registering errors in technic on the part of those assisting in the operation emphasized the danger of showing such films to students or to those who are not familiar with the actual operative procedure, thereby fixing in their minds wrong impressions of correct technic.

A method of overcoming this defect of the photograph was suggested by the animated cartoon, which depicts in a most graphic manner events and movements which the motion photograph cannot register. Why could not the animated drawing be applied to the illustration of surgical technic? With this thought in mind, we set out to produce an experimental film, to be shown two weeks later in connection with Dr. Lower's address at the meeting of the Ohio State Medical Association in Cleveland. The technic of supra-

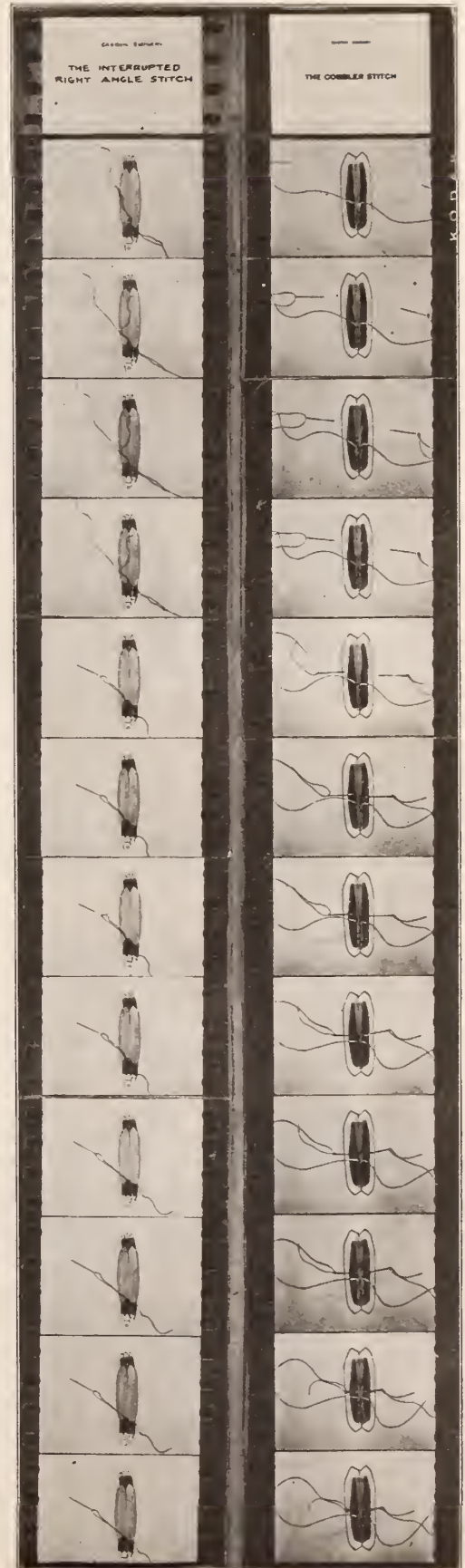


pubic prostatectomy was selected in order to demonstrate a surgical procedure (see Cut I), which thus far we have been unable to photograph or to clearly demonstrate in any other way. In spite of its shortcomings, due largely to the shortness of time, the film received such favorable comment that another was prepared to illustrate gastric surgery (see Cut II), and was shown by Dr. Crile at the American Medical Association meeting in Detroit.

We had not knowledge of motion pictures outside of those we had seen in photo-play houses, so that the system for making the pictures as worked out in this Clinic is entirely original. The animated drawing, in its application to surgery, is now only six weeks old, but we feel confident that its progress and improvement are limited only by the reception given it in the medical world.

The great difficulty in the promotion of animated drawing films is the work and expense connected with their making. There must be sixteen pictures for every foot of film, and since the film is projected at the rate of sixty feet a minute, nearly a thousand pictures must be provided for every minute the film is run. For a seven-minute film, there must be 6720 pictures, nearly one-fourth of which are the titles appearing between the pictures for explanation. In the cuts shown, each strip of pictures represents one foot of film and is run off in three-fourths of a second. This gives some idea of the amount of work necessitated for even this brief period. The expense depends largely on the number of different base drawings made, and varies with the worth of the artist's time. About 92 per cent of the time is spent in the preparation of the drawings, the other eight per cent in photographing them with the motion camera and developing the film. No set rules can be laid down for making the animated drawings, for the artist must develop new mechanisms for each picture to correspond with the technic of the surgeon whose work is being depicted. In addition to being familiar with all the niceties of drawing, he must thoroughly understand the surgical technic which he is to illustrate.

The advantage of the animated drawing over the actual photograph is evident to all who have seen it. The super-film, of course, is made up of both. The photograph is needed to make many steps convincing, particularly to prove the existence of actual conditions; but in matters of technic, the photograph cannot always clearly show the procedure. We need diagrams, schematic drawings, cross-sections, illustrations exaggerated in perspective and color-value, and anything else that will show the actual technic. As the drawings and diagrams of the medical artist have been proved superior to still photographs for illustrative purposes, so we believe the animated drawing is going to prove superior to the motion picture for teaching purposes.



Infantile Paralysis: The Present Situation In Ohio

Frank G. Boudreau, M. D., C. M.

The present outbreak of acute poliomyelitis in New York City has awakened intense interest in the disease all over the country. Extraordinary precautions are being taken to prevent the spread of the disease. The Ohio State Department of Health has issued instruction to all health officers warning them to be on the lookout for cases, and notifying them of the preventative measures required. An arrangement has been made with the Health Commissioner of New York whereby this department will be warned when children from infected districts of that city depart for points in Ohio. A communication was addressed to the Surgeon General of the United States Public Health Service inquiring what could be done to prevent exposures from other states coming to Ohio. In reply word was received that that service was engaged in work of preventing the spread of infantile paralysis through interstate passenger traffic. With all health departments of the country working in harmony towards the same end, the only possible excuse for failure will be ignorance of many features of the disease, and particularly of the sources and modes of infection.

At this time (July 21st) the situation in Ohio is not alarming. So far as is known, none of the cases that have been reported here have been infected from New York sources. In the following table a list of the reported cases by months is given for the last three years, and for the first six months of 1916.

So far in July 18 cases have been reported in the following health districts, Cleveland, Cincinnati, Lima, St. Marys, German Township, Fulton County, Findlay, Starr Township, Hocking County, Bellefontaine, Bloomdale, Ross Township, Wood County. Newspaper clippings indicate that the disease exists in Youngstown, Toledo, Upper Sandusky, West Carlisle, Sherwood and Columbus. At the present time there are probably fifty cases at least in Ohio, and indications point to a greater prevalence of the disease this year than last. Two deaths have occurred recently. There is absolutely no cause for alarm in Ohio. The recent epidemic of measles probably caused more deaths than will result from infantile paralysis in several years. At the same time no precautions should be neglected to prevent the introduction of the more virulent form of the dis-

ease from New York, and no steps should be omitted to restrict the spread of the disease in Ohio. The cases reported in June and July furnish many foci from which the disease may spread if preventive measures are not practiced intelligently.

The consensus of opinion at the present time is that the disease is transmitted by the discharges of the mouth and nose, and that cases, abortive cases, and healthy carriers harbor the virus. A relatively large number of individuals appear to be insusceptible to the disease. Contact is the important means of spread. In this connection I wish to call attention to the fact that many physicians inform their families that the disease is not contagious. This is a very dangerous doctrine, as all who have studied the disease extensively believe that is the important factor. Another fact which should be borne in mind is that there are meningeal forms of infantile paralysis, and that such cases cannot be distinguished from acute meningitis until the typical paralysis develops or recourse is had to laboratory aid. Therefore the strictest attention should be paid to all cases of suspected meningitis, and the same precautions should be practiced with such cases as with frank cases of infantile paralysis.

The necessity of early diagnosis and quarantine must appeal to all who have studied the disease. I trust that all Ohio physicians will be on the alert to recognize cases occurring in their practice, and that they will report as soon as there is any reason to suspect the nature of the disease.

Those who wish to know the latest facts concerning infantile paralysis should consult recent numbers of the Journal of the American Medical Association, Science, Public Health Reports, and The Journal of Infectious Diseases. This department will gladly answer all questions submitted.

A Correction.

In the list of physicians in the U. S. Medical Reserve Corps, printed on page 502 of the July JOURNAL, the names of Dr. E. C. Brush and Dr. E. R. Brush of Zanesville were omitted by mistake.

REPORTED CASES AND DEATHS OF INFANTILE PARALYSIS IN OHIO.

Year	Deaths	Jan.	Feb.	Mar.	Apr.	May	Jun.	Jul.	Aug.	Sep.	Oct.	Nov.	Dec.
1913*	52	7	4	5	6	3	6	13	29	25	8	13	6
1914	47	11	2	5	3	3	5	0	4	9	13	5	3
1915	80	4	8	2	6	3	8	37	106	152	87	38	15
1916		7	9	7	6	2	7						

*Deaths 1910, 74; 1911, 142; 1912, 159.

NEWS NOTES OF OHIO

Portsmouth—Dr. Albert L. Test has been re-appointed a member of the Portsmouth board of health.

Garrettsville—Dr. S. L. McManigal, of Buchtel, located here July 1, having purchased the practice of Dr. M. D. Ailes.

Massillon—Dr. Booker Lee has resigned from the staff of the Massillon state hospital and will practice in Richmond, Va.

Niles—Dr. S. W. Boesel, a graduate of Western Reserve University, has become a partner of Drs. A. F. Swaney and John D. Knox.

Lowell—Dr. G. L. Lyne has made arrangements to take over the practice of Dr. John A. Bolton of Wapakoneta, who is preparing to move to Cleveland.

Steubenville—Dr. J. C. M. Floyd has resigned as a member of the Steubenville Board of Health, and Dr. Samuel F. Paul has been appointed to succeed him.

Toledo—Dr. Ira O. Denman and family have returned from a three weeks' motor trip through the east. Dr. and Mrs. Louis A. Miller are home from a ten days' motor trip.

Cleveland—Dr. Harry R. Wahl, associate in pathology in the Western Reserve university, Cleveland, has been elected director of laboratories in the new Mt. Sinai hospital.

Athens—Dr. Alfred G. Farmers, first lieutenant in the United States medical reserve corps, left July 10 for Fort Thomas, Ky., where he reported for duty on the Mexican border.

Marion—Governor Frank B. Willis addressed the graduating class of the Sawyer Sanatorium Training School at the annual commencement exercises held at the Sawyer Sanatorium July 19.

Zanesville—On order from the war department, Dr. Edmund R. Brush, first lieutenant in the United States medical reserve corps, reported recently at the Columbus barracks for Mexican border duty.

Columbus—Branch offices of the Medical Protective Company of Ft. Wayne, Ind., have been established in Cincinnati and Toledo, according to an announcement by E. R. Huellesheim, general agent here.

Mechanicsburg—After taking a post-graduate

PATENT MEDICINE BARRED

Patent medicine gets no show in the columns of the Columbus Daily Monitor, a new newspaper which made its first appearance in Columbus one afternoon early in July. Physicians will be interested in knowing that the new publication has aligned itself with some of the greatest newspapers of the country by barring patent medicine advertising. An announcement on the editorial page of the Monitor reads as follows:

"No beer, whisky or patent medicine advertising is accepted by the Monitor. So far as practicable, the Monitor will protect its readers against the dishonest advertiser. The Monitor will not only discontinue such advertising immediately upon discovery of its fraudulent nature, but it will in every way endeavor to assist the reader who may have been victimized to secure adequate adjustment."

course in Philadelphia, Dr. C. S. Amidon, who practiced here for a number of years, intends to locate in Cincinnati, where he will be associated with the Electric Medical College.

Findlay—Dr. J. P. Baker and wife are in Boston, where the doctor is doing post-graduate work. Dr. E. J. Thomas is doing post-graduate work in Ann Arbor. Dr. Nelia B. Kennedy is spending the summer at Higgins Lake, Michigan.

Coshocton—Dr. F. M. Marshall is at John Hopkins University, taking special work in surgery. He expects to resume his practice August 5. Dr. J. W. Shaw returned July 11, from the Mayo clinic at Rochester, Minn., where he spent ten days in research work.

Akron—Thieves looted the home of Dr. J. G. Blower while the doctor and his wife were enjoying their vacation. Valuables worth \$300 were carried away in a wagon which the robbers drove up to the Blower home. Neighbors thought the visitors were expressmen.

Delaware—Drs. A. J. Willey and G. H. Hyatt have moved to Dayton where they will be associated in the practice of medicine. They have opened offices in the Reibold building. Dr. F. E. Borden, of Tedrow, eye, ear, nose and throat specialist, has located here.

MARRIED

Dr. Justin A. Garvin to Miss Charlotte Meyer, both of Cleveland, June 16.

National Guard Medical Officers Stationed at Camp Willis

Forty-one Ohio physicians, members of the National Guard, have been mustered into the service of the United States and are now on duty as officers at Camp Willis, Columbus. Under the leadership of Lieutenant Colonel Hall, the medical corps thus far has established a record of

which its members may be proud. Sickness has been kept to the minimum and sanitary rules of the army have been carried out to the letter. A list of those who have been mustered into the federal service follows:

LIEUTENANT COLONEL—

Joseph A. Hall, Cincinnati, Chief Surgeon.

MAJORS—

William P. Love.....	Youngstown	3rd Field Hospital
Frank W. Hendley.....	Cincinnati	1st Field Hospital
Harry H. Snively.....	Columbus	2nd Field Hospital
Harry B. Bertollette.....	Shreve	8th Infantry
Charles D. Gamble.....	Spencerville	2nd Infantry
John C. Darby.....	Cleveland	5th Infantry
Edwin A. Hamilton.....	Columbus	6th Infantry

CAPTAINS—

Dora V. B. Burkett.....	Columbus	Cavalry
William C. Gill.....	Cleveland	1st Ambulance Company
Dale Wilson.....	Toledo	5th Infantry
Paul R. McLaughlin.....	Guysville	Signal Corps
August H. Schade.....	Toledo	1st Ambulance Company
Arthur M. Harrison.....	Bowling Green	2nd Infantry
Charles W. Stone.....	Cleveland	Corps Engineers
Elijah J. Gordon.....	Columbus	2nd Field Hospital
Charles G. Souders.....	Toledo	1st Ambulance Company
Charles G. Church.....	Van Wert	2nd Infantry
James M. Bentley.....	Cincinnati	1st Field Hospital
Angus W. MacIvor.....	Marysville	4th Infantry
Floyd V. Miller.....	Delaware	4th Infantry
John D. Spelman.....	Cincinnati	1st Field Hospital
Louie C. Cosgrove.....	Swanton	1st Ambulance Company
James F. Norton.....	Cleveland	5th Infantry
Charles E. McClelland.....	Columbus	2nd Field Hospital
Dudley T. Dawson.....	Columbus	2nd Ambulance Company
Daniel W. Iford.....	Toledo	6th Infantry

FIRST LIEUTENANTS—

R. A. Buchanan.....	Lima	2nd Infantry
F. K. Kislig.....	Dayton	3rd Infantry
N. A. Albanese.....	Columbus	2nd Ambulance Company
J. G. Wittenmeyer.....	Peebles	2nd Field Hospital
G. P. Lawrence.....	Columbus	2nd Ambulance Company
E. W. Cliffe.....	Youngstown	3rd Field Hospital
W. B. Mansur.....	Dayton	3rd Infantry
L. E. Brown.....	Akron	8th Infantry
E. W. Barton.....	Akron	Artillery
D. H. Smeltzer.....	Youngstown	3rd Field Hospital
H. G. Pamment.....	Toledo	6th Infantry
G. B. Booth.....	Toledo	6th Infantry
H. D. Jackson.....	Circleville	4th Infantry
J. W. Parker.....	London	2nd Ambulance Company
E. R. Schaffer.....	Groveport	2nd Ambulance Company
R. H. Paden.....	Cincinnati	1st Field Hospital
A. C. Bachmeyer.....	Cincinnati	1st Field Hospital
G. A. Hetler.....	Cincinnati	1st Ambulance Company
Charles Maertz.....	Cincinnati	1st Field Hospital
M. F. Osborn.....	Columbus	2nd Field Hospital
K. W. Allison.....	Youngstown	3rd Field Hospital
J. H. West.....	Cleveland	5th Infantry
Lemuel Brigman.....	Cleveland	8th Infantry
H. J. Gordon.....	Cleveland	8th Infantry

Watch Sanitary Conditions in State Parks

Improvement of sanitary conditions at the state parks should result from the decision of the state health department to appoint sanitary inspectors for these places. This action was taken largely as a result of a recent inspection of the Buckeye Lake district, where conditions were found which needed attention. Because the park policeman, who is under the state department of public works, has no authority in such matters, he was appointed sanitary inspector and given orders by the state health department to see that conditions were improved. Similar appointments are to be made for Indian Lake, Lake St. Marys, and the Portage Lakes.

Under a law passed by the last legislature, each state park is constituted a sanitary district and is, therefore, entitled to a sanitary officer. Frank R. Fauver, superintendent of public works, is co-operating with the state health department and has offered his park policemen as sanitary inspectors. The problem of maintaining state parks in a sanitary condition is becoming important since the number of people patronizing them is increasing each year.

Northwestern Ohio Medical Association will hold its annual meeting in Toledo, October 19 and 20. Make your arrangements to attend.

STATE BOARD OF HEALTH

Pollution in the water supply of the Ralston Steel Car Company in East Columbus was found by representatives of the state board of health to be the cause of an epidemic of typhoid fever which developed among the company's employes and their families during June. Of the 272 cases of the disease reported to the state board of health in June, 62 occurred in the families of Ralston employes in East Columbus and Columbus. Six of these resulted fatally.

In an effort to check a milk-borne outbreak of typhoid in Bellefontaine, where 23 cases were reported in June, the board of health has named Health Officer McCracken to act as dairy inspector and has added \$2,000 to the health budget for next year. At Wellsville, where no attempt is made at purification of the village's water supply, eleven cases of typhoid were reported.

County fairs in central Ohio will be visited in the next few months by the public health exhibit of the Ohio state board of health, which opens its summer campaign at the Sardinia fair in Brown County, July 25. From Sardinia it will go to Greene, Champaign, Fayette and Madison County fairs, and then he returned to Columbus for the State Fair. The second half of its schedule will take it to Union, Lake, Richland, Licking, Hocking and Fairfield Counties. The models and pictures contained in the exhibit will show the necessity of improving sanitary conditions about the house and barnyards, the protection of the farm water supply from pollution and the precaution to be taken against the various common diseases.

Toledo reported an unusually high number of scarlet fever cases during June. Ninety-two cases occurred in that city, but reports from other sections of the state where the disease has been prevalent, showed that the epidemic was on the wane. The total number of cases reported was 419. Other totals compiled by the state board of health for June were: Diphtheria, 337; whooping cough, 736; chicken pox, 244; small pox, 90.

Only 4,325 cases of measles were reported in June as compared with 9,300 in May. July figures are expected to show a further decline. The cases are scattered throughout the state.

Toledo's death rate for the first five months of 1916 reached 19.22 per thousand population, according to a report by Health Commissioner Selby. In 1915, the rate was 15.39. Dr. Selby deprecates the meager amount of money given the city health department to fight disease.

Dr. H. W. Pritchard Heads State Hospital

Dr. H. W. Pritchard, of Gallipolis, was elected superintendent of the Columbus State Hospital at a meeting of the state board of administration July 6. Dr. Pritchard was one of three physicians whose names were certified to the board by the state civil service commission following an examination for the position of superintendent of the Columbus institution and also of the Dayton State Hospital. He stood at the top of the eligible list. Dr. C. C. Kirk, of Toledo, was second, and Dr. K. S. West, of Cleveland, third. Others who took the examination were:

F. L. Keiser, M. A. Bartley, Clark T. Elder, Earl E. Gaver, Ira B. Hamblin, George A. Rowland and Guy H. Williams, of Columbus; John T. Harbottle, of Newark; Charles S. McDougall, of Athens; Harley J. Powell, of Bowling Green; Carl L. Meuller, of Wapakoneta; R. B. Fee, of Georgetown; A. C. Messenger, of Xenia; A. J. McCracken, of Bellefontaine; Walter E. List, of Cincinnati; Denver S. Burns, of Bryan; E. D. Harper, of Guysville; John V. Koch, of Dayton; Arthur H. Buck, of Delaware; and Nelson H. Young and Charles C. Dreyer, of Toledo.

The examination was the second one held by the commission for the positions of superintendent of the Columbus and Dayton institutions. The first examination was annulled on the ground that it was too technical and did not conform with standards the commission desired to set for such tests. Dr. Pritchard will succeed Dr. C. F. Gilliam who was killed in an automobile accident several months ago. Since Dr. Gilliam's death, Dr. Guy Williams, his assistant, has been acting superintendent. The present staff at the hospital will be retained.

Before the head of the Dayton institution is selected, the commission will certify another name for the eligible list. Dr. E. A. Baber, present superintendent at Dayton, is eligible for reappointment, as he took the non-competitive examination under the old civil service law. His name will be certified with the three on the eligible list.

Ohio Birth Control League Organized

Dr. Frederick A. Blossom has resigned as business manager of the Associated Charities in Cleveland to become president of the Birth Control League of Ohio, recently organized in that city.

At a meeting of the Cleveland Congress of Mothers, July 3, birth control received formal endorsement. The congress was addressed by Dr. Blossom, Dr. Alice Butler and the Rev. A. T. Wooley, a Methodist minister. The league, it was announced, will work for the repeal of existing laws which prevent the dissemination of birth control information.

DEATHS IN OHIO

Louis Edward Niles, M.D., aged 54; Dartmouth Medical School, Hanover, N. H., 1884; died at his home in Springfield, June 24. Dr. Niles was born in Pownal, Vermont. He has resided in Springfield for the past thirty years, where he was in general practice. He was president of the Clark County Medical Society, and largely through his efforts Springfield was chosen as the next meeting place of the State Society. Dr. Niles is survived by two sons.

Peter Heweston, Amanda (license, Ohio, years of practice, 1896); aged 85; for sixty years a practitioner of Amanda; died at his home, June 3.

Milton H. Collins, M.D., South Charleston; Medical College of Ohio, Cincinnati, 1881; aged 62; a member of the City Council of South Charleston for several years; died at his home, June 22.

Delbert C. Ayers, M.D., Toledo; Eclectic Medical Institute, Cincinnati, 1889; aged 46; formerly a member of the Ohio State Medical Association; died at Battle Creek, Mich., June 14, from a nervous disorder.

William H. Winkler, M.D., Applecreek; University of Wooster, Cleveland, Ohio, 1872; aged 72; a practitioner and druggist of Applecreek for thirty-one years; died at his home, July 6, from cerebral hemorrhage.

Edward M. Hall, M.D., Delaware; Homeopathic Hospital College, Cleveland, 1871; aged 70; a Fellow of the American Medical Association and formerly President of the Delaware County Medical Society; died at his home, June 19.

Worth Ray, M.D., aged 43; Eclectic Medical College, Cincinnati, 1897; died in a hospital in Ironton, Saturday, June 17. Dr. Ray had practiced in Coalton and Jackson before moving to Superior five years ago. He is survived by a wife and two sons.

Harris H. Baxter, M.D., aged 69; Cleveland Homeopathic Medical College, 1868; died at his home in Cleveland, July 10. He was a professor in the Cleveland Homeopathic Medical College forty years. For fourteen years he was a member of the Ohio State Medical Board, and at one time was president of that organization.

John W. Guthrie, M.D., aged 65; Kentucky

School of Medicine, Louisville, 1881; died at his home at Manchester, Adams county, Monday, June 19. He was a son of the late Dr. D. S. Guthrie, of Adams county. Dr. Guthrie was a member of the Adams County Medical Society. He was a member of the state legislature for three terms.

David N. McBride, M.D., aged 76; Cincinnati College of Medicine and Surgery, 1868; died at his home in Hillsboro, June 29. He was one of the pioneer practitioners of Highland county, and began his career by riding horseback to call on his patients. Dr. McBride is survived by a widow, three sons and one daughter. Dr. J. D. McBride, of Hillsboro, is a son.

Drafting Model Narcotic Bill

Steps toward the drafting of a model narcotic bill, which will be introduced in the legislature of Ohio and other states, were taken at a recent meeting of the trustees of the Ohio Advisory Board of the National Anti-Drug Habit League in Columbus. Work of drafting the measure was assigned to Probate Judge O'Brien O'Donnell, of Lucas County, as chairman of a special committee.

It was decided at the meeting to raise by popular subscription, a fund of \$50,000 to be used in helping the victims of the narcotic habit and in detecting and prosecuting violators of the present law relating to the dispensing, use or sale of narcotics. The league proposes to lease a sanatorium to be used for the treatment of drug victims.

Headquarters of the league have been moved from Dayton to Columbus, from which an extensive educational campaign will be directed. The league's administrative officers are: President, Dr. H. A. Thompson, of Dayton, formerly president of Otterbein University; vice president, William D. McKemy, of Dayton, formerly Probate Judge of Montgomery County; secretary and treasurer, Alexander W. Mackenzie, Columbus banker; executive secretary, William S. Crandall, of New York, associate editor, Appleton's Cyclopaedia of American Biography; counsel, Samuel L. Black, of Columbus, Probate Judge of Franklin County.

The Ohio advisory board is composed of Stuart R. Bolin, U. S. District Attorney; Dr. James G. Alcorn and Dr. S. B. Taylor, Columbus; Congressman Warren Gard, of Hamilton; O'Brien O'Donnell, Probate Judge of Lucas Co.; C. S. Ashbrook, of Mansfield; Dr. Horace Bonner, of Dayton; W. G. Marshall, of Cleveland; Leroy Sedgwick, of Martin's Ferry; and Theodore D. Wettestrome, of Cincinnati.

Bowling Green—Dr. John J. Allen of Wheeling, W. Va., has located in this city.

ACTIVITIES OF OHIO CITIES IN PUBLIC HEALTH WORK HOW ABOUT YOUR CITY?

Medical inspection of all persons engaged in handling food and food products is advocated by Health Officer Landis of Cincinnati. In 1914, Dr. Ladis says, 100 patients in the Cincinnati tuberculosis hospital formerly had been engaged in handling food products.

"One fly killed in April is equivalent to killing thousands in August."

That slogan, says Dr. Jean Dawson in an article which appears in a recent issue of the Ohio Public Health Journal, and five years of tireless effort has brought to Cleveland the unique distinction of being practically the only flyless city in America. Dr. Dawson is chief of the Cleveland bureau of fly prevention.

Private citizens, who urged better organization in the Akron health department to check epidemic, will pay about \$12,000 of the total amount of money expended by the city in public health work this year. All health work will be handled by the city under the direction of Health Officer McShane, who expects to establish a child's welfare bureau. In eradicating disease among children, Dr. McShane will have the assistance of eight city physicians, a supervising nurse and 16 district nurses.

The principal object of the course in public health nursing, which is to be offered by the Ohio State university beginning in September, 1916, is to supplant the education received by women in recognized schools for nurses in order to prepare them to take up work now generally designated as public health nursing. Considerable difficulty has been experienced in all parts of the state in getting trained workers in this important public service.

The course has been established in the department of public health and sanitation, which is a part of the medical college of the university. Any person may be admitted to the course who possesses at least a high school diploma or its equivalent and who is a graduate of a school for nurses connected with a general hospital having a daily average of thirty patients or more and a continuous training of not less than three years in the hospital. Satisfactory completion of the full course will be recognized by the university by the issuance of a certificate.

MARRIED

Dr. Harold J. Gordon, attached to Huron Road Hospital, Cleveland, to Miss Irene Mounts, a nurse at the same institution, June 22

Propaganda for Reform

Vaccine Treatment.—Hektoen (Jour. A. M. A., May 20, 1916, p. 1591), traces the stages by which vaccines, which were first employed with attempted scientific control, have come into discriminate and unrestrained use, with no guide beyond the statements which commercial vaccine makers are pleased to furnish with their wares. Already most physicians are realizing that the many claims made for vaccines are not borne out by facts, and that judging from practical results there is something fundamentally wrong with the method as at present so widely practiced. As clearly shown by Hektoen, "the simple fact is that we have no reliable evidence to show that vaccines, as used commonly, have the uniformly prompt and specific curative effects proclaimed by optimistic enthusiasts and especially by certain vaccine makers, who manifestly have not been safe guides to the principles of successful and rational therapeutics." (Jour. A. M. A., May 20, 1916, p. 1625.)

English Prescriptions.—Bernhard Fantus, professor of pharmacology and therapeutics, University of Illinois School of Medicine, favors the abandonment of the so-called "Latin" prescription. He holds that the usual arguments in favor of the "Latin" prescription are fallacious and points out the advantages of the use of English. He concludes: "By far the most important reason for writing prescriptions in English lies in the difficulty medical students have in learning the Latin form. To the student prescription writing is a bugbear. When one thinks of the crowded medical curriculum and the comparatively small number of hours set aside for pharmacology and therapeutics, it seems a pity to waste any of it on the acquiring of an antiquated form of expression." In regard to the claim that Latin prescriptions guard a patient from knowledge which might be prejudicial, he replies: "Inasmuch as it is the popular opinion that doctors use Latin in prescription writing to keep the laity in ignorance for selfish ends, it seems high time that we antagonize this idea; and we can do this most emphatically by using English. This we can also do with perfect safety, for secrecy is very rarely, if ever, essential in the practice of the up-to-date physician, who generally prefers to take his patient into his confidence than to keep him in ignorance. Deception is not practiced by the true physician. Therein lies the special difference between the quack and the honest medical man." (Jour. A. M. A., May 27, 1916, p. 1696.)

Ichthyol.—The American agent for ichthyol—the sole importer—announces that his supply of ichthyol is exhausted. As fraudulent substitutes are offered for sale, this state of affairs should be known to physicians. (Jour. A. M. A., May 27, 1916, p. 1734.)

Nonspecific Treatment of Disease.—Evidence

is accumulating that certain therapeutic effects ascribed to specific treatment with vaccines or serums, have been due to non-specific effects produced by these preparations. Jobling and Patterson (Jour. A. M. A., June 3, 1916, p. 1734), review the evidence along these lines. They conclude that too much reliance has been given to the idea of specificity and that we have refused to consider evidence of non-specific therapeutic results. We should, however, not cast aside all ideas of specificity in disease, a conception which has been the foundation of vaccine therapy. Miller and Lusk (Jour. A. M. A., June 3, 1916, p. 1756), in a paper dealing with one phase of non-specific therapy, report improvement in cases suffering from arthritis following intravenous injection of typhoid vaccine. It would be of interest to know how permanent the improvement was and in how many cases the cause of the arthritis was found and removed. Also, we must bear in mind the query of Theobald Smith: How much energy does a reaction of this sort cost the patient, and is the final result worth the cost? (Jour. A. M. A., June 3, 1916, p. 1784.)

A Case of Beta-Eucain Poisoning.—T. G. Orr, Kansas City, Mo., reports a case of beta-eucain poisoning. Toxic symptoms appeared after an operation in which 3 ounces of a 0.25 per cent. beta-eucain hydrochloride was used for the local anesthesia. After the toxic symptoms had completely disappeared, the patient died suddenly five days later. Necropsy showed an embolus in the left coronary artery. (Jour. A. M. A., June 10, 1916, p. 1857.)

Efficiency and Nontoxicity of "Arsenobenzol."—Udo J. Wile, Ann Arbor, Mich., reports that during the last six months 612 injections of "Arsenobenzol" from the Philadelphia Polyclinic have been administered at the University of Michigan Hospital. Wile concludes that the immediate therapeutic results from the use of Arsenobenzol are fully as good as those following the use of Salvarsan and that, given with proper precaution, the drug has shown itself fully as little toxic as Salvarsan. The conclusions refer to intraspinal medication as well as to intravenous. (Jour. A. M. A., June 10, 1916, p. 1880.)

Dr. H. B. Gibbon of Tiffin, president of the Ohio State Medical Association, has been appointed a member of a committee of physicians which will aid the medical department of the United States army and navy in making a comprehensive survey of the medical resources of Ohio. The committee, which is headed by Dr. William E. Lower of Cleveland, will give special attention to research work and investigation along lines relating to efficient medical preparedness.

Kenton—Dr. E. S. Protzman is taking a course of study at Harvard University.

BOOKS RECEIVED

Acknowledgement of all books received will be made in this column and this will be deemed by us a full equivalent to those sending them. A selection from these volumes will be made for review, as dictated by their merits, or in the interest of our readers.

ULTRA-VIOLET LIGHT, By means of the Alpine Sun Lamp; Treatment and Indications. By *Hugo Bach, M. D.*, Bad Elster, Saxony, Germany. Authorized translation from the German. Price, \$1.00 net. Paul B. Hoeber, New York.

SEX PROBLEMS OF MAN in Health and Disease, by *Moses Scholtz, M. D.*, Chief of Clinic and Clinical Instructor in Dermatology and Syphilology, Medical Department, University of Cincinnati; Price, \$1.00 net. Stewart & Kidd Company, Cincinnati.

GYNECOLOGY. By *William P. Graves, M. D.*, F. A. C. S., Professor of Gynecology at Harvard Medical School. Octavo volume of 770 pages with 424 original illustrations, 66 of them in colors. W. B. Saunders Company, 1916. Cloth, \$7.00 net; Half Morocco, \$8.50 net.

DISEASES OF THE EYE. By *George E. de Schweinitz, M. D., L.L. D.*, Professor of Ophthalmology in the University of Pennsylvania. Eighth Edition. Thoroughly Revised and Enlarged. Octavo of 754 pages, 386 text illustrations, and seven lithographic plates. W. B. Saunders Company, 1916. Cloth, \$6.00 net; Half Morocco, \$7.50 net.

CANCER OF THE STOMACH. A Clinical Study of 921 Operatively and Pathologically Demonstrated Cases, by *Frank Smithies, M. D.*, Gastro-enterologist to Augustana Hospital, Chicago. With a Chapter on the Surgical Treatment of Gastric Cancer, by *Albert J. Ochsner, M. D.*, Professor of Clinical Surgery in the University of Illinois. Octavo of 522 pages with 106 illustrations. W. B. Saunders Company, 1916. Cloth, \$5.50 net; Half Morocco, \$7.00 net.

CEREBELLAR ABSCESS. Its Etiology, Pathology, Diagnosis and Treatment. By *Isidore Friesner, M. D.*, adjunct Professor of Otology and Assistant Aural Surgeon, Manhattan Eye, Ear and Throat Hospital and Post Graduate Medical School, New York, and *Alfred Braun, M. D., F. A. C. S.*, Assistant Aural Surgeon, Manhattan Eye, Ear and Throat Hospital, Adjunct Professor of Laryngology, New York polyclinic, Adjunct Otologist, Mt. Sinai Hospital. Price, \$2.50 net. Paul B. Hoeber, New York.

Note Increase of Rabies in Ohio

Rabies is on the increase in Ohio according to figures compiled by the state department of health, and a warning has been issued by the department to health officers in all sections of Ohio to take steps against the further spread of the disease. Up to July 1, 145 examinations were made by the state laboratories. Of this number 86 specimens proved to be positive, 55 were negative and 4 were unsatisfactory for diagnosis. This is an increase over the corresponding period of 1915 of 40 examinations and 22 positive cases.

The specimens examined at the state health department laboratories do not represent all the examinations made in the state, as several of the larger cities have their own hygienic laboratories to which specimens are referred. The greatest number of positive cases reported from the larger cities occurred in Cleveland where 54 positive diagnoses were made. Cincinnati had 12 positive, Columbus 2 and Toledo 1.

The state veterinarian also reports a number of positive cases found in the specimens sent to his laboratory. The heads of supposedly rabid animals which have bitten live stock only are sent to the state veterinarian while the state board of health receives those which have bitten persons.

The prevalence of the disease is not confined to any one section of this state. With the advent of hot weather when more animals run at large, it is feared that there will be a further spread of the disease if efficient action is not taken by local health officials and dog owners throughout the state.

L. H. Van Buskirk, Director of the Laboratories, advocates the quarantine and observation of suspected animals rather than their immediate destruction. "If a dog has rabies," says Mr. Van Buskirk, "he will show unmistakable symptoms and die within a few days. If he is killed immediately after having bitten someone but before marked symptoms have appeared, the disease may not have progressed far enough in the animal to prevent the possibility of a negative diagnosis being made in the laboratories, with the result of giving the animal's victims a false sense of security. If, however, the animal is killed, the head should be packed in ice and sent at once to the laboratories so that examination can be made before decomposition sets in. Portions of the brains of the suspected animals are used for diagnostic purpose. If the dog is rabid the so-called negri bodies are found in the brain. In the early stages of the disease, these are comparatively few and may be missed in the laboratory examination, hence the surer method is to place the dog in quarantine and under observation."

As soon as it is shown that the dog has rabies, the persons bitten by the animal should begin the pasteur anti rabic treatment immediately. If

the wounds are in the head or neck, it is often advisable that treatment be begun even without waiting for examination, as the disease, if present, has a shorter distance to travel to reach the brain and even though the animal proves later to have been free from rabies, the treatment will have done no harm.

Various steps to check the further spread of the disease have been suggested. The most effective is the passing and enforcement of the muzzling ordinance. The value of this method has been shown in England, where in 1890, muzzling ordinances were strictly enforced and quarantine regulations placed on all dogs entering the country. The disease began to decrease immediately until 1893 when the restrictions were removed and rabies began to increase again. In 1896 the restrictions were again placed on all dogs and since that time only two cases of rabies (in 1902) were discovered. A quarantine is still maintained on all dogs entering the country. Health officers and city officials in many communities in Ohio have recently enacted and are strictly enforcing muzzling ordinances. It is thought that if this practice was followed in all communities, the disease could be brought under control.

Athens County Plans Big Meeting

Members of the Athens County Medical Society have arranged an attractive program for their regular monthly meeting, in Athens September 5, which the physicians of Southeastern Ohio are invited to attend. It is their desire to make the meeting date a red letter day in the history of the society and arrangements are being made to care for visitors from all parts of the state.

The first session of the meeting will be held in the afternoon. Beginning at 1:30 o'clock, Dr. F. F. Lawrence of Columbus, will read a paper on "The Surgery of the Bowel Tract." Dr. Lawrence will be followed by Dr. H. W. Whitaker of Columbus, who will speak on "Etiological Factors in Diagnosis of Gall Bladder Infections."

At the evening session, Dr. George W. Crile of Cleveland, will be the principal speaker. Beginning at seven o'clock, he will talk on goitre and appendicitis, with subjects for demonstration.

DR. BRIGGS TO SPEAK

Dr. Charles Edwin Briggs of Cleveland, will deliver his illustrated lecture on "Fractures and Dislocations" at the 169th meeting of the Union Medical Association of the Sixth Councilor District, which will be held at Lake Brady, Portage County, Ohio, Tuesday, August 8. In order that Dr. Briggs may have all the time necessary—two hours in the morning and two in the afternoon—everything else has been eliminated from the program. The session will be opened at ten o'clock. A big dinner will be served at noon.

Infantile Paralysis—Unrecognized Cases

Health Commissioner Emerson, of New York City, has directed attention to atypical forms of infantile paralysis and the value of lumbar puncture in their diagnosis.

Particular attention is directed to the abortive type of the disease because, if not recognized, they constitute uncontrolled dangerous centers of infection.

"The initial symptoms are very like those of the paralytic cases: hyperaesthesia, drowsiness, headache, vomiting, varying degrees of stiffness of the neck, Kernig, positive Macwen. Seen during the first twenty-four or thirty-six hours, the diagnosis of epidemic meningitis can be made in no way except lumbar puncture, and even this is sometimes confusing by the microscopic examination as the fluid at this stage may be slightly turbid.

"The diagnosis from other acute infections of childhood depends to some extent on the greater degree of hyperaesthesia and also on the examination of the spinal fluid, which in meningism, with other diseases, is normal.

"Recovery may take place in a few days. No diagnosis can be made unless expert consultation is obtained early. On the other hand, the symptoms may run on for two or three weeks. There often develops loss, diminution or inequality of the knee jerks and loss of the pupillary reflexes. At this stage the differential diagnosis from tuberculous meningitis is very difficult and lumbar puncture, while hopeful, is by no means positive, the fluids in the two conditions being often very similar.

"In many cases there is a varying degree of weakness, often transient, and slight facial palsies are frequent. A very unusual manifestation is blindness.

"Cases with the bulbar type of paralysis, with difficulty in speaking and swallowing, are not uncommon and have in some instances been diagnosed as 'croup.'

"In a fairly large number of cases, a rapidly ascending type of paralysis has been present, involving the muscle of respiration and ending with death. Some of these, when seen late, after pulmonary oedema has developed, have been diagnosed as broncho-pneumonia.

"The spinal fluid is usually clear and increased in amount. The albumen and globulin are increased in varying degrees and there is usually a good reduction of Femling's. The cellular increase ranges from slightly above normal to over 900 cells per cubic centimeter. Early in the disease the cells may be 50% or more polymorphonuclears. Later there are usually 90% or more mononuclears. There are frequently large mononuclear cells that seem somewhat characteristic of these fluids.

"Two rather unusual varieties of fluid are

sometimes seen, probably the result of an extremely pronounced hemorrhagic condition.

"In one type the blood is evidently fresh and uniformly admixed with the spinal fluid, thereby differentiating it from blood obtained from the accidental puncture of a vein. Evidence of an older hemorrhage occurs in the second type, which presents a yellow fluid, coagulating spontaneously."

***** * NEWS OF INTEREST * * FROM OHIO HOSPITALS * *****

Editorial Note.—This Journal has been made the official publication of the Ohio Hospital Association, and will print monthly news and announcements of interest to its members. Items should be forwarded to the News Editor, at Columbus, or to Mr. Howell Wright, 308 The Anisfield Bldg., Cleveland.

Miss N. B. Hobson has resigned as superintendent of the Union hospital at Canal Dover.

More than \$75,000 was raised by Middletown citizens during June for the equipment and operation of Middletown's new hospital.

The Betts Street hospital, Cincinnati, is to be enlarged at an expenditure that will approximate \$325,000. Options on property adjoining the present structure have been secured.

The new homeopathic hospital of the Ohio State University at Columbus, is expected to be completed August 15. It will have 52 beds and complete laboratory and clinical facilities.

Fostoria business and professional men are planning to organize a company for the purpose of erecting a city hospital. The city recently received a gift of \$6,000 to be used in building a hospital.

Akron citizens, on July 18, brought to a close a campaign for funds to be used in remodeling the Peoples, City and Children's Hospitals of the city. More than \$400,000 was raised by popular subscription.

The contract for the erection of a \$70,000 cottage at the Massillon state hospital has been let by the state board of administration. The building will be two stories high and will accommodate 100 patients.

C. M. Russell, of Massillon, has offered the Massillon city hospital a gift of \$50,000 to be used in building and maintaining a nurses' home. Mr. Russell proposes to make the building a memorial to his wife.

Between August 15, 1910 and June 30, 1916, the state collected \$1,607,498 from persons liable

for the support of inmates in the various state hospitals, according to a report by Secretary H. H. Shirer of the state board of charities.

Efforts to set aside the will of the late Rose Baubach, wealthy Sandusky woman, have failed and practically all of her estate will be divided among Sandusky institutions. About \$60,000 was bequeathed to the Providence Hospital.

Charles Thatcher, a Toledo lawyer, has purchased a dwelling house in Maumee, which will be used for a convalescent hospital as a memorial to his mother. Mr. Thatcher has guaranteed \$200 a month to care for the running expenses.

Classes for the instruction of aids to nurses in war base hospitals have been organized in several cities in Ohio. Mrs. H. H. Snively, wife of Major Snively of the Second Field Hospital Corps, Ohio National Guard, has charge of the class in Columbus.

The Childrens Hospital, Columbus, recently received a check for \$11,500 from the Columbus Lodge of Elks. The sum represents one-half of the profits arising from a carnival held at the Elks' club house. The resignation of the entire staff of the hospital has been asked by the trustees of the institution. A new staff will be named on recommendation of the Ohio State University Medical College.

The training school for nurses of the Cincinnati General hospital has been taken over by the board of trustees of the University of Cincinnati. To nurses who fulfill the requirements of a five-year course, including both regular training and academic courses, university degrees will be awarded. Not all nurses will be required to take a degree as a special diploma course of three years has been arranged.

Ruling by the Industrial Commission

Compensation for a death caused by erysipelas, which developed in a burn on the arm, has been allowed by the Ohio State Industrial Commission. A moulder sustained slight burns on his arm while in the course of his employment and ten days later erysipelas developed at the site of the injury, causing death. The commission's chief medical examiner held that "a burn of the arm could reasonably be the cause of the development of erysipelas in this case, or in any case, in which such injury took place."

It was the judgment of the commission that an award of \$3744 be made to the molder's widow for the benefit of herself and two children.

Mansfield—Dr. J. H. Nichols and family left July 1 for Rochester, Minn., where the doctor will take a course of study under Drs. Mayo.

OHIO NEWS NOTES

Marion—Dr. Maude S. Bull has returned from a trip to Canada.

Jacksonville—Dr. J. H. Elias, for a number of years a practicing physician at Murray City, has located here.

Marietta—Dr. E. W. Hill, Sr., returned home recently from Chicago where he has been doing post graduate work.

Lindsey—Dr. W. H. Booth left recently for Harvard University where he will take a six weeks' post graduate course.

Saltillo—Dr. F. A. Axline, Coroner of Perry County, has left for Chicago, where he will take a post graduate course in medicine.

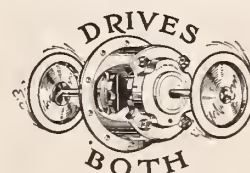
East Fultonham—Dr. J. R. McDaniel spent July in Boston where he took a post graduate course at the Massachusetts General Hospital.

Akron—Dr. C. C. Roller has been appointed city physician. He will also act as police and fire surgeon, the three positions being combined.

Camden—Dr. J. W. Coombs and family motored to Boston late in June, where the doctor took up post graduate work in the medical college of Harvard University.

Circleville—Dr. C. G. Stewart, of Newark, has located in Circleville, specializing in eye, ear, nose and throat. He took over the practice of Dr. P. S. Bone, who has moved to Lancaster.—Dr. G. H. Colvill is spending his vacation in California.

Coshocton—Dr. J. W. Shaw recently spent two weeks with the Mayo brothers at Rochester, Minn.—Dr. J. D. Lower has returned from Lakeside Hospital, Cleveland, where he underwent an operation for hernia. He is now able to resume his practice.



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STANDING OF COUNTY SOCIETIES, JULY 15, 1916

Super One Hundred Per Cent—Paulding, Membership 21.

(Every Physician in the County a member)

ONE HUNDRED PER CENT CLUB

Members		Members		Members		Members	
	1915		1916		1915		1916
Adams	23		23	Lake	16		16
Allen	83		83	Lawrence	17		21
Ashland	19		19	Lorain	50		61
Ashtabula	27		30	Madison	9		20
Athens	51		54	Mahoning	100		105
Auglaize	26		26	Marion	29		38
Belmont	55		58	Medina	21		21
Clark	64		64	Meigs	11		14
Clinton	23		23	Miami	46		47
Columbiana	39		43	Morrow	15		17
Coshocton	21		22	Muskingum	38		43
Crawford	28		31	Ottawa	15		15
Darke	49		49	Perry	19		22
Defiance	6		16	Pickaway	22		24
Delaware	26		26	Pike	13		13
Erie	24		24	Preble	12		16
Franklin	315		330	Putnam	30		31
Fulton	25		25	Richland	31		49
Gallia	31		31	Ross	21		37
Geauga	9		9	Sandusky	21		30
Greene	32		33	Seneca	37		40
Guernsey	29		32	Shelby	18		18
Henry	19		23	Stark	126		129
Harrison	14		22	Scioto	48		48
Hancock	36		36	Trumbull	28		31
Highland	24		24	Tuscarawas	43		45
Hocking	11		13	Union	11		11
Holmes	8		11	Washington	40		52
Huron	13		18	Wayne	25		27
Jackson	19		19	Wood	30		39
Jefferson	40		45	Wyandot	16		17

THESE HAVE NOT YET QUALIFIED—SOME ARE NEARLY THERE

Members		Members		Members		Members	
	1915		1916		1915		1916
Brown	18		10	Lucas	214		206
Butler	57		49	Mercer	29		23
Carroll .....	....		....	Monroe	14		6
Champaign	29		23	Montgomery	168		161
Clermont	15		7	Morgan	16		11
Cuyahoga	523		497	Noble	12		10
Fairfield	41		38	Portage	28		23
Fayette	18		10	Summit	160		142
Hamilton	474		446	Van Wert	27		25
Hardin	29		25	Vinton	9		7
Knox	33		28	Warren	34		29
Licking	35		29	Williams	34		26
Logan	37		....			

Total Paid-up Membership to date.....	4190
Total prior to State Meeting last year.....	3912
Total, last year.....	4241

Hay Fever and the Adrenalin Solutions

Adrenalin Chloride Solution and **Adrenalin Inhalant** are powerful astringents. Topically applied in the treatment of hay fever they perform these functions:

- Constrict the capillaries;
- Allay the congestion of the mucous membrane;
- Reduce the swelling of the turbinal tissues;
- Control the nasal discharge;
- Diminish the violent paroxysms of sneezing and the profuse lacrimation;
- Remove the nasal obstruction;
- Neutralize the cough, headache and other reflex symptoms;
- Permit the resumption of natural breathing;
- Induce rest and comfort.

Solution Adrenalin Chloride.

Adrenalin Chloride, 1 part; physiological salt solution (with 0.5% Chlorotone), 1000 parts.

Dilute with four to five times its volume of physiological salt solution and spray into the nares and pharynx.

Ounce glass-stoppered bottles.

Adrenalin Inhalant.

Adrenalin Chloride, 1 part; an aromatized neutral oil base (with 3% Chlorotone), 1000 parts.

Dilute with three to four times its volume of olive oil and spray into the nares and pharynx.

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 * NEWS OF CLEVELAND *
 * ACADEMY OF MEDICINE *

(Report by J. E. Tuckerman, M. D., Correspondent)

The one hundred and thirtieth regular meeting of the Academy of Medicine was held Friday, June 23, 1916, at the Cleveland Medical Library, the President, Dr. Wm. Evans Bruner, in the chair.

The minutes of the regular meeting of April 21st were read and approved.

The minutes of the Council meetings of May 2nd and June 20th were read and approved.

Dr. Moorehouse presented the report of the special committee on the revision of the constitution and by-laws, outlining the proposed amendments, stating that they were approved by the Council and would be up for final action by the Academy at the regular meeting in September.

Dr. Geo. H. Matson then gave a talk upon "Ohio and the Drugless Healers," in which he outlined the development of the medical practice acts of the state showing wherein they had led to the situation which we had to face of all sorts of drugless cults seeking special boards of registration, which situation was met by the present medical act. He then described the various cults and showed wherein the law as passed would enable the board to deal with the situation and in some measure to protect the public against ignorant individuals who desired to treat the sick. Obviously this protection would become more effective the longer the law is in operation.

A very full discussion was participated in by Drs. Morehouse, Hammond, W. C. Tuckerman, J. J. Thomas, Sawyer, and Bruner. Dr. Matson answered questions touching the various phases in the operation of the law and presented incidentally evidence of the extreme ignorance which many of those desiring to register under the act showed. Adjourned 10:00 P. M. Attendance 39.

At a meeting of the Council of the Academy of Medicine held Tuesday, June 20, 1916, at the University Club, the following members were present: the President, Dr. Bruner, in the chair; Drs. J. J. Thomas, Sawyer, Sanford, Weir, Selzer, Updegraff, Bernstein, Moorehouse, Follansbee, and J. E. Tuckerman.

The minutes of the last meeting were read and approved.

On motion the following were elected to active membership: M. J. Brickman, M.D.; Mary C. Goodwin, M.D.; M. M. Mandel, M.D.

On motion the names of the following applicants were ordered published: For active membership—R. P. Bell, M.D.; C. L. Ruggles, M.D.; J. L. Faragher, M.D.; F. H. Hooper, M.D.; Bernard B. Neubauer, M.D. For non-resident mem-

OHIO STATE UNIVERSITY
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Public Health Nursing

A course in Public Health Nursing designed to prepare properly qualified nurses for positions in Ohio paying \$75.00 to \$100.00 per month is offered during the academic year 1916-17. The course will extend from September 19, 1916, to June 13, 1917, and will include theoretical and practical work. Tuition fees \$30.00 a year.

Information regarding requirements for admission may be obtained from the Entrance Examination Board, Ohio State University, Columbus, Ohio.

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(As early diagnosis is the important factor in successful treatment it will pay you to utilize dependable laboratory diagnosis early and often.)

Wassermann test for syphilis.....\$5.00
 (Send 3-5 C. c. of blood)

Gonorrhoea complement fixation test.....\$5.00
 (Send 3-5 C. c. of blood)

This serologic test is the very best means of determining the presence or absence (cure) of chronic gonorrheal infection.

Lange's colloidal gold test of spinal fluid..\$5.00
 Differential test; tubercular, syphilitic infection and general paresis.

Pathological tissue diagnosis..... \$5.00

Autogenous vaccines

Bacteriologic diagnosis and cultures...\$2.00

20 doses vaccine in 2 C. c. vials.....\$5.00

Toxocology Analysis.....\$25 to \$100

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 Berry Sts. Phone 896—Fort Wayne, Ind.

bership—L. E. Brown, M.D., Akron, O.; Robert B. Chamberlin, M.D., Twinsburg, O.

The Secretary asked the Council whether they would authorize him to pay from the general treasury a bill of \$45.00 traveling expenses for Dr. Mendel, invited guest of the Experimental Medicine Section.

On motion of Dr. Sanford the Secretary was directed to pay the account and to remind the officers of the Section that sections have no authority to obligate the Academy for speakers from out of town, such power being vested in the Council.

On motion by Dr. Moorehouse the President was asked to appoint a special committee on medical practice.

Dr. Sanford made a verbal report for the local committee on arrangements. He stated that a complete report would be filed with the Secretary of the Academy as soon as the books which were delayed by the non-receipt or a certain advertising account, could be closed.

On motion, the Secretary was directed to convey to the committee on arrangements the appreciation and thanks of the Council for the splendid manner in which they handled the arrangements for the state meeting.

The Council then proceeded to the consideration of the revision of the constitution and by-laws.

The Council approved the final draft of changes as proposed by the committee for presentation at the June meeting of the Academy. The chairman of the committee was requested to present the substance of the report at this meeting of the Academy in order that the proposed changes may be voted upon at the September meeting of the Academy.

The Secretary was further directed to have the proposed changes published. Adjourned 10:45.

* NEWS OF THE TOLEDO *
* ACADEMY OF MEDICINE *

(Report by E. M. Latham, M. D., Correspondent)

The Toledo Academy of Medicine met at the State Hospital on June 30 at 6:30 P. M. The occasion was the annual banquet tendered the members of the Academy each year by the staff of the hospital. In the absence of President Louis Miller, Secretary C. W. Waggoner presided. A delicious spread was laid before the hungry doctors in the spacious dining rooms of the institution, followed by fragrant Havanas and Turkish cigarettes. After a short business meeting all proceeded to another building where a long clinical program was presented. Supt.

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Pleasant Gap, Pa., March 8, 1916.

In appreciation of your service I wish to say you are succeeding in collecting bills that two local firms failed to collect.

J. R. BARTLETT, M.D.

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I herewith hand you the following accounts, which are correct, and which you may retain six months, if necessary, with longer time under promise of payment. Commission on money paid either party to be 33 1-3 per cent. I will report in writing on the fifth of each month any money paid direct to me.

In consideration thereof, you agree to strive persistently and intelligently to make these collections at no expense to me, and to issue statement on the fifteenth of each month, provided you have received my report.

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Chicago Post Graduate Hospital Uses Holstein Cows' Milk

Dr. Guy K. Durbin-Ries, Treasurer Women's Auxiliary of Maternity and Children's Department, Post Graduate Hospital, says,—“On consulting with the



physician who attends to our sick babies in regard to the best milk we could procure for them he advised if possible, that we get Holstein milk certified by the Chicago Medical Society. This milk he considered best for infant feeding.”

Pediatricists use Holstein milk because it corresponds to human milk more closely than does that of any other cow. The moderate amount of fat it contains is in the form of **globules much smaller and more uniform** than those of the so-called rich milks and therefore offering less resistance to digestion and assimilation. Then, too, the fat contains less of the volatile glycerides that in ordinary milk increase the difficulties of digestion. Specialists lay particular stress upon the constitutional vigor of purebred Holsteins, making them resist disease and yield healthy, vitalizing milk. Send for our free literature. It contains extracts from the works of specialists, and will interest every physician.

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BRATTLEBORO, VT.

George R. Love presided over the clinical program.

Dr. Nelson Young gave a talk on the necessary legal processes needed to commit an insane person to the hospital. One way is by order of the probate, common pleas, or circuit court. Any citizen can swear out an affidavit of insanity. The court then appoints two physicians to examine the patient and make out a medical certificate. For this service each doctor receives \$6.00. The judge then examines the papers and if warranted commits the person to the hospital. Under a recent law any person feeling the need of treatment may voluntarily commit himself to the state hospital for sixty days to one hundred and twenty days. Under the law near relatives of the insane are liable for their support at the average cost of about \$3.10 per week. During the past year \$39,000 was collected in this way. From July 1, 1915, to June 30, 1916, inclusive, 579 patients were received, 326 being men and 253 women.

Dr. Kirk gave a valuable discussion of the diagnosis of insanity. He stated that the purpose of the mind is to adjust the individual to his surroundings. It has the faculties of perception, conception, and volition. Any interference with these functions leads to disorders such as delusions, allusions, etc. The doctor presented a number of patients illustrating dementia praecox, paranoia, paresis incipiens, senile dementia, and acute mania. He urged that physicians in general should strive to distinguish between the different forms of insanity, and in making out a medical certificate to use great care in obtaining a complete history, both family and personal, of the patient. He emphasized the point that most cases of paresis come to the hospital too late for cure, and that it would be well for every general practitioner to post himself on the early symptoms of this disease.

Dr. Niles followed with an able paper on "Imbeciles or Feeble Minded." He classified these as idiots, morons, and sub-normal. The effect of heredity was clearly brought out. A parent of ten years' mentality is sure to have

defective children. The heredity is handed down through the germ plasm. He claimed that alcoholism came more from feeble-mindedness than the reverse; also that among juvenile delinquents, prostitutes and inmates of alms houses, the feeble minded largely predominate. Such persons should not be allowed to marry and have children, but should be segregated and controlled. The doctor exhibited a number of defectives in a very instructive manner.

Dr. Nutt closed the program with a discussion of the serum treatment of paresis. He used mercurialized serum. Twenty-one cases had been treated during the last year by means of lumbar puncture. All were specific. Varying results were obtained. The doctor exhibited several cases which had been under treatment. A vote of thanks was extended to Dr. Love and his able staff for their generous hospitality.

COUNTY SOCIETIES

FIRST DISTRICT.

Brown County Medical Society met in the library of the Court House at Georgetown, in special session, on the afternoon of July 12.

Dr. A. E. Osmond of Cincinnati gave a comprehensive and highly instructive talk on "The Treatment of Pneumonia" from a pathological standpoint. The discussion which followed reflected the attention given and favorable impression made upon all present.

Our Councilor, Dr. Robert Carothers, was also present and consumed the remainder of the time by discussing the needs and advantages of medical organization and gave a description of the purpose and methods to be pursued by State Medical Defense.

The meeting was an enthusiastic one and all agreed to endeavor to bring out the entire membership at the next session.—Robert T. Prine, Correspondent.

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M. L. HARRIS, Secy.
Dept. S, 219 W. Chicago Ave.

Butler County Medical Society met June 28 in the Y. M. C. A. The speaker was M. L. Heidingsfeld of Cincinnati, who addressed the physicians on the subject of "Skin Cancer." The talk was profusely illustrated by many slides which portrayed the chief lesions due to cancer on the skin, and were the finest ever seen here. The entire discourse was very forceful and extremely concrete while the meeting was one of the best during the year, notwithstanding the fact that there was not as good an attendance as usual.—Wilmer E. Griffith, Correspondent.

Clinton County Medical Society held an interesting meeting Thursday evening, June 29, in the Commercial Club rooms, Wilmington. Thirteen members were present.

The evening's program consisted of a symposium on "Diabetes," and that disease was studied from every angle. G. R. Conrad of Lancaster led the program with a talk on "The History of Diabetes," and was followed by Dr. Briggs, who discussed it from a pathological standpoint, bringing out many interesting features.

Dr. Tribbett of Westboro talked on "The Symptoms of Diabetes." Its treatment formed the subject of a talk by Kelly Hale, while the program was closed by Dr. Conrad handling the subject, "Metabolism."

Following an open discussion, in which all joined, light refreshments were served.

Highland County Medical Society met at Hillsboro, May 31 and June 28, and the following programs were carried out. After the miscellaneous business was disposed of, the "Cabot Case Reports" were read and a general discussion ensued. The case reports were used as a basis for a profitable diagnostic and therapeutic discussion, this being a new set of papers to the society, hence, an interesting subject was furnished by the President.

The continuation of L. Nelson's paper, "In Days Gone By," was carried over until the next meeting in June.

The report of delegate to State Society was disposed of in usual manner.

Dr. Larkin reported a case of pernicious anemia, and brought out the fact that the first essential thing in treatment is a correct diagnosis, then varieties of arsenic and proper food with hygienic measures gave the best results.

H. H. Lowe of Leesburg was elected to membership of society.

Wednesday, June 28, at 1 P. M., the society met with Dr. Larkin in chair.

Dr. L. Nelson continued his paper "In Days Gone By" and brought out the fact, that as early as in 1851 physicians of the Highland County

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Medical Society were reporting cases more often and in a more systematic manner than at present.

W. W. Glenn gave a report of the recent meeting of the A. M. A. at Detroit. His remarks were given in a very interesting manner.

Dr. Larkin reported a case of gangrene of lung that brought out an interesting discussion.

The society adjourned to meet in Greenfield in September.—K. R. Teachnor, Correspondent.

SECOND DISTRICT.

Montgomery County—The annual meeting of the Dayton Medical Society was held at the home of C. O. Bayless, Friday evening, June 16. Election of officers for the ensuing year resulted as follows: L. W. Trisler, president; J. D. Smith, vice president; J. F. Wuist, secretary-treasurer; W. H. Swisher, director. At the close of the business session refreshments were served.

Shelby County Medical Society met Thursday afternoon, July 6, at the assembly room in the court house, Sidney. A very instructive paper was read by Dr. McVay of Botkins on "Intestinal Disturbances in Children."

Miss Davison, a district nurse of Columbus, took part in the program, her subject being "Work and Duties of a District Nurse."

THIRD DISTRICT.

Hancock County Medical Society has discontinued the summer meetings. The next regular monthly meeting will be held in September.

Logan County Medical Society held its July meeting in the Methodist church, West Liberty, Friday, July 7. W. W. Hamer of Bellefontaine read a paper on the subject, "Shall the Profession or the Laity be Responsible for the Death Rate in Appendicitis?" W. C. Pay of Bellefontaine presented a paper on "Therapeutic Value of Digitalis." A clinic was conducted by Drs. Kent and Croft of West Liberty. Owing to a misunderstanding in the time of meeting, only one physician from Champaign county accepted the invitation to the joint meeting. The August meeting will be held in DeGraff.

Mercer County Medical Society held its regular monthly meeting at Celina on June 27. F. E. Ayers reported an interesting case of peritonitis, also a case of ophthalmia neonatorum with some interesting features. Both cases were freely discussed by members present. M. L. Downing of Rockford read a very able paper on the uses and abuses of pituitrin, which was well received and freely discussed. There was a good attendance and much interest in the proceedings. Two delinquent members paid dues, bringing the paid-up membership close to the One Hundred Per Cent mark.—D. H. Richardson, Correspondent.

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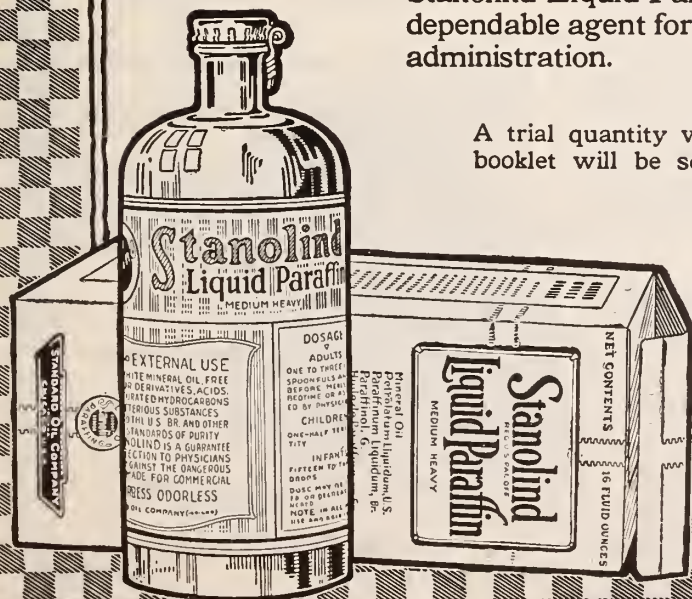
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Paulding County Academy of Medicine met in the Commercial Club rooms Wednesday, June 21, with ten members present, and Drs. Reynolds and Winn of Defiance as guests of the Academy. R. J. Dillery presented his resignation as secretary-treasurer. The Academy was very loath to accept it as the doctor has been a very efficient official, but finally acceded to his wishes and C. E. Huston was chosen to fill out the unexpired term.

The hospital proposition was again discussed and it was decided to appoint a new committee to look after having petitions properly drawn and signed by the required number of electors and presented to the county commissioners asking them to submit it to a vote of the people at the coming primary August 8. The amount asked for was \$20,000. Drs. Mouser of Latty and Fauster and Dillery of Paulding compose the committee.

Dr. Reynolds of Defiance then gave a very comprehensive review of heart lesions, demonstrating the methods of diagnosis on a case before the association. The doctor was given very close attention during his excellent talk and after a full discussion of the paper by the members present, a vote of thanks was tendered him for his paper. During the remainder of the summer the Academy will meet in the evenings.—C. E. Huston, Correspondent.

FOURTH DISTRICT.

Sandusky County Medical Society met Thursday, June 29, at DeMars Point club house as the guests of E. M. Ickes.

Two papers were presented; one by E. G. Eyestone of Gibsonburg on "Echinacea," and the other by John Keller of Toledo on "Functional Renal Tests."

At noon a splendid fish and chicken dinner was enjoyed by the assembly. In the afternoon tennis, rifle-shooting and fishing were indulged in. But the doctors did not prove very good fishermen, the only fish caught being by Dr. Sackett, a cat fish of enormous dimensions.

Fremont physicians in attendance were: Drs. Ickes, Stamm, Moore, Pontius, Sackett, Philo, Stewart, Stierwalt, Phillips, Kuntz, Truesdall and Crismore.

Out of town doctors present were: H. N. Trumbull, Woodville; E. G. Eyestone, Gibsonburg; S. T. Drumgold, Elmore; John Keller, Toledo; W. H. Booth, Lindsey; J. H. Bowman, Vickery.

A fine time was reported by all, who thoroughly enjoyed Dr. Ickes' splendid hospitality.

FIFTH DISTRICT.

The Lorain County Medical Society met in Elyria Y. M. C. A. for 5 o'clock dinner Tuesday, June 20. Plates were laid for twenty-one present. E. P. Corrigan of Cleveland addressed



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the society on "The Present Status of Fracture Treatment." W. E. Hart of Elyria, presented a case of fracture of the right olecranon process wired ten days ago, with apparent good results. The meeting was one of the most enjoyable held, and was the last meeting before the summer vacation period. A medical picnic for the physicians and their ladies will be held in August, and the meetings will be resumed in September. Many members reported that they greatly enjoyed the state and national meetings recently held in Cleveland and Detroit.—C. O. Jaster, Correspondent.

SIXTH DISTRICT.

Ashland County Medical Society met in joint session with the trustees of Samaritan hospital, Monday evening, June 19. Miss Davison, who has successfully managed the campaign for a visiting nurse for Ashland, outlined the work that will be done by the nurse. It is the aim that insofar as possible the work of hospital and nurse, which is along the same lines, shall be closely associated and working toward a common end—that of conserving the health of the city. Among many interesting facts given by Miss Davison of her investigations in Ashland is that the city is one of the cleanest and most sanitary she has ever visited.

Portage County Medical Society met June 22 in the office of W. G. Smith, Ravenna. Attendance 10. In absence of Dr. Woolf, Dr. Andrews was appointed acting secretary. A committee consisting of Drs. Smith, Dyson, and Andrews was appointed to arrange for the Sixth District outing at Lake Brady in August. Dr. Dyson talked interestingly of his experience at the Detroit meeting.

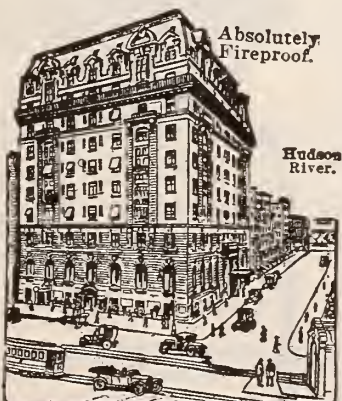
The paper of the evening was presented by J. A. Van der Hulse of Akron on "Twilight Sleep." The speaker strongly urged its use in primiparas, but advocated very small doses of morphin and scopolamin—of the latter, 1/400 grain. The paper was warmly received and brought out considerable discussion.—W. B. Andrews, Correspondent.

The Richland County Medical Society held its June meeting Wednesday, June 21. The meeting was opened by the president. The committee on by-laws reported progress and asked for a continuance. Edw. Remy, Jr., read a paper on bradycardia and heart block. The discussion was general and many cases were reported. A committee of three was appointed by the chair to form a pathological section of the society, with the aim of getting more value out of post-mortem work. Thirteen members were present.—F. A. McCullough, Correspondent.

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SEVENTH DISTRICT.

Coshocton County Medical Society met in Coshocton, Thursday, July 6, at the home of F. M. Marshall, where a four-course dinner was served to the following physicians: L. C. McCurdy, Edmund Cone, E. C. Carr, C. M. Neldon, Jesse McClain, H. R. McCurdy, J. D. Lower, W. H. Keenan, T. W. Lear, F. M. Marshall, A. S. Metzler of Coshocton, W. A. McMichael of Keene, E. M. Wright of Warsaw, J. W. Snyder and J. W. Dillon of New Castle, C. R. Kitzmiller of Fresno, E. U. Marquand of Conesville, Roy W. Porteus and Mr. Yarnell of West Lafayette.

Following banquet papers were read by Drs. Porteus, Jesse McClain and J. D. Lower. Dr. Porteus, who has been with the Mayo brothers at their Rochester, Minn., hospital for the past two years, read an interesting paper on "Nose and Throat in the Etiology of General Diseases." Jesse McClain delivered an instructive paper on "Notes on Surgical Technique from the Mayo Clinic." J. D. Lower's valuable paper treated on "Medical Treatment of Ulcers of the Stomach."

The occasion was one of the most pleasing functions the county organization has ever enjoyed, and the visiting physicians were earnest in their expressions of appreciation of the hospitality of Dr. Marshall and his colleagues of the city.—J. D. Lower, Correspondent.

Jefferson County Medical Society met in regu-

lar session, Tuesday, July 11, at 2 P. M. Program consisted of reports of clinical cases, and reports of delegate to the recent state meeting, and the A. M. A. meeting at Detroit.—J. R. Mossgrove, Correspondent.

EIGHTH DISTRICT.

Guernsey County Medical Society held a regular meeting at the Public Library, Cambridge, June 15. The subject for discussion was diphtheria, and papers on the disease were read by W. M. Lawyer and A. B. Headley.

Fairfield County Medical Society held an interesting meeting Tuesday evening, June 27, in the City Council Chamber, Lancaster. The paper of the evening was presented by Frank Winders of Columbus on "Common Disturbances of the Circulation." A general discussion of the subject followed.

NINTH DISTRICT.

Pike County Medical Society held one of the best meetings in its history at the office of I. P. Seiler, Piketon, Ohio, Monday, July 3, at 1:30 P. M. E. W. Tidd, the president of the society, being in the chair, roll was called and absentees noted. More than ninety-five per cent of the members were present. Arthur G. Helmick of Columbus presented a lecture on "Intestinal Dis-

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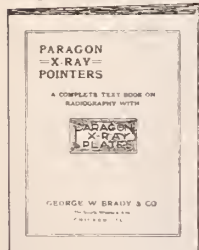
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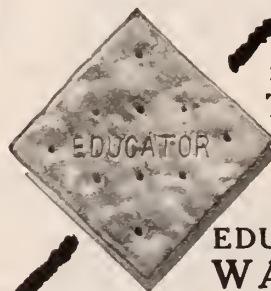
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turbances in Early Childhood," the most thorough and practical lecture that the society ever had the pleasure of hearing. The lecture was appreciated very highly by all the members.

After the lecture Mrs. Seiler served refreshments to all present. After the refreshments a round table discussion on infant feeding was conducted by Dr. Helmick in which all the members of the society took an interested part. A feeling of good fellowship prevailed. Adjourned to meet the first Monday in August at Waverly, Ohio.—I. P. Seiler, Correspondent.

TENTH DISTRICT.

Delaware County Medical Society held an interesting meeting Friday evening, July 7, in the Court House, Delaware. Several case reports were read. Dr. Mary Wilson of the Girls' Industrial Home was admitted as a member. The society adopted resolutions on the death of Dr. E. M. Hall.

Morrow County Medical Society held its regular monthly meeting July 5 in the rooms of the Mt. Gilead Board of Commerce, Mt. Gilead, Ohio, at 1:30 P. M. The members present at this meeting were Dr. Pugh, president; Drs. Bennett, Case, Johnston and Robinson of Mt. Gilead, and Drs. Neil and Bennett of Cardington.

Arthur Hauer of Columbus entertained the members present with a very instructive paper on the "External Diseases of the Eye." The paper was freely discussed and left many points of much value for those who were fortunate enough to be present.

President Pugh appointed a new committee, consisting of Drs. Case, Johnston and W. S. Bennett, to draft and present to the society a county fee bill, the same to be adopted by the society after its approval and printed copies placed in every office in the county. No further business, the meeting was adjourned until August 2, when we hope to see a goodly number present.—R. L. Pierce, Correspondent.

Pickaway County Medical Society met in regular session Friday evening, July 7, spending the evening reading Cabot's Cases, Dr. May acting as quiz master. C. G. Stewart was elected to full membership.—D. V. Courtright, Correspondent.

Twenty nurses were given diplomas at the graduation exercises held at the Dayton State Hospital June 20.

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Minutes of Council Meeting, June 26.

Council of the Ohio State Medical Association met in regular session at the Secor Hotel, Toledo, Ohio, June 26, 1916, with President Gibbon in the chair. Members present: Drs. Carothers, Hunter, Van Note, Moots, McClellan and Teachnor. Dr. C. D. Selby, Secretary-Treasurer, and Mr. G. V. Sheridan, Executive Secretary, were also present.

The minutes of the last meeting were read and approved.

The President appointed the following committees to act as a supplementary to the constitutional committees elected by the House of Delegates:

COMMITTEE ON HOSPITALS AND HOSPITALS STANDING.

First District—Frank Fee.....	Cincinnati
Second District—L. G. Bowers.....	Dayton
Third District—J. C. Tritch.....	Findlay
Fourth District—S. D. Foster.....	Toledo
Fifth District—A. R. Warner.....	Cleveland
Sixth District—H. E. Patrick.....	Youngstown
Seventh District—J. C. M. Floyd.....	Steubenville
Eighth District—F. E. McKim.....	Marietta
Ninth District—Dan Gray.....	Ironton
Tenth District—Arthur J. Willey.....	Delaware

COMMITTEE ON MEDICAL EDUCATION.

C. E. Briggs.....	Cleveland
E. W. Mitchell.....	Cincinnati
E. A. Murbach.....	Archbold

COMMITTEE ON SOCIAL SERVICE.

R. E. Skeel.....	Cleveland
C. D. Selby.....	Toledo
Charles Graefe.....	Sandusky

COMMITTEE ON VENEREAL DISEASES.

M. L. Heidingsfeld.....	Cincinnati
C. A. Coleman.....	Dayton
C. M. Harpster.....	Toledo
C. E. Chenoweth.....	Lima
J. N. Weller.....	Akron
H. L. Sanford.....	Cleveland
E. H. Jones.....	Youngstown
C. J. Shepard.....	Columbus
C. L. Jones.....	Springfield
W. F. Marting.....	Ironton

COMMITTEE ON SCHOOL CURRICULUM.

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Second District—Harry B. Harris.....	Dayton
Third District—F. B. Kaylor.....	Bellefontaine
Fourth District—P. B. Brockway.....	Toledo
Fifth District—O. B. Monosmith.....	Lorain
Sixth District—J. N. Garber.....	Mansfield
Seventh District—R. P. Rusk.....	Cadiz
Eighth District—C. U. Hanna.....	Zanesville
Ninth District—C. E. Holzer.....	Gallipolis
Tenth District—D. V. Courtright.....	Circleville

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COMMITTEE ON SOCIOLOGY.

(The Attitude of the Press and the Legal Profession to Medical Profession.)

S. J. Goodman	Columbus
L. B. Zintsmaster	Massillon
C. S. Hoover	Alliance

On motion of Dr. Carothers they were adopted as read. Discussed by Drs. Moots, Hunter, Van Note, and Selby. Carried. The President was instructed to notify each member of the committee of their appointment and duties.

The President appointed Drs. Carothers, Moots, Hunter, and Teachnor with Dr. Selby ex-officio members of the Program Committee for the year.

On motion of the Secretary of the Council, and seconded by Dr. Carothers, the orations for the annual meeting this year were limited to medicine and obstetrics. Carried.

It was moved by Dr. Moots and seconded by Dr. Hunter that Mr. Sheridan, the Executive Sec-

retary, be appointed to represent the Council and State Association on the Committee on Arrangements for the next annual meeting at Springfield, Ohio. Carried.

The question of state health insurance was discussed at some length informally by Drs. Selby, Carothers, Moots, and Mr. Sheridan.

It was moved by Dr. Carothers, and carried, that a committee of three be appointed by the President to confer with the Ohio Hospital Association concerning all questions of industrial insurance that may arise during the year.

The question of the necessity of moving the office of THE JOURNAL to other quarters was on motion referred to the Publication Committee with power to act.

On motion of Dr. Carothers and seconded by Dr. McClellan, the Secretary of the State Association was instructed to notify all county societies having local and state members, and who have not certified the local members to the Secretary-Treasurer to appear before the Council at its next meeting to show cause why their charters should not be revoked for violation of the constitution. Carried.

On motion of Dr. Hunter and seconded by Dr.



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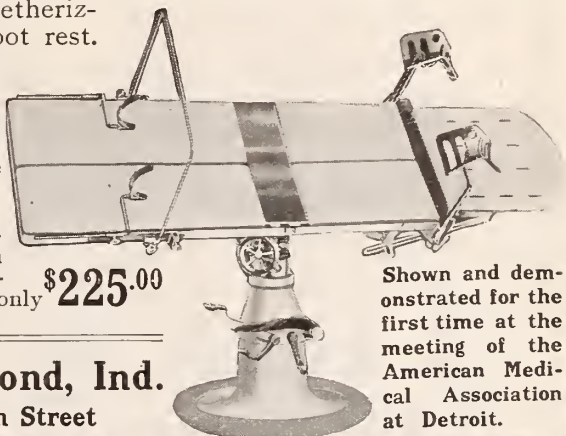
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We have the largest stock of Pharmaceuticals in the Central States. Everything in Serums and Vaccines—Mulford's, Parke-Davis and Shermans lines. Oxygen and Nitrous Oxide, and everything else.

If you are not already dealing with us, why not arrange to buy where you can get everything? Think it over.

Moots, the Publication Committee was instructed to pro-rate the dues for all new members coming in the Association between now and January 1, 1917. Carried.

On motion of Dr. Moots, the Publication Committee was instructed to send the 1916 graduates of Ohio who have passed the State Medical Board examination THE JOURNAL free of charge from July 1 to January 1, 1917, inclusive.

There being no further business to come before the council at this time adjournment was taken, to meet in Columbus, Ohio, Monday, October 23, 1916.

Prevention-of-Blindness Campaign

The campaign to secure prompt reports of cases of inflammation of the eye in the newborn continues. Four physicians were recently fined \$50 and costs in the Lucas county probate courts for failure to report cases of eye infection in infants as required by the special prevention of blindness legislation which became effective Aug. 20, 1915. The fines, however, were suspended in each case.

From the date the new prevention of blindness laws went into effect until June 30, 1916, 921 cases of inflammation of the eyes of newborn were reported to the division of public health

education, state board of health. Of this total, 422 case reports were certified to the auditor of state for warrants on the state treasurer for payment of the fee of fifty cents for each report as provided by law. The cases for which no fees were paid, were either irregularly reported or the age of the infant in which the inflammation occurred, exceeded two weeks.

Analysis of the certification of fees shows that less than three per cent of the physicians and slightly more than six per cent of the midwives practicing in Ohio have been paid fees. On June 1, 1916, 204 physicians had reported 245 cases for which fees were paid and 32 nurses, 18 midwives and two hospitals had received fees for reporting 177 cases.

"With effective legislation and the assistance of physicians, nurses, midwives, health officers and others, we have saved a number of children from lives of blindness," says Dr. R. G. Paterson, head of the division. "We cannot forget, however, the 25 infants known to have become totally blind during the last ten months. We are studying our records with a view to determining where the responsibility for preventable blindness rests."

Dr. George H. Matson, secretary of the state medical board, has been elected president of the O. S. U. Alumni Association.

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Small Advertisements of Interest.

For Sale—The purchaser of my property will have a fine opportunity to get into a first-class general practice in Ohio. Town of 1100; good roads, good schools. Moving to city. Address Dr. X., care of THE OHIO STATE MEDICAL JOURNAL, Columbus, Ohio.

For Sale—\$2500 village and country practice in Western Ohio's richest farming county. Write at once for full description and particulars of this offer, and arrange to come and see this territory. A fine proposition for a live man. Worth investigating. Address Dr. S. C. P., care JOURNAL.

For Sale—Residence and office fixtures of prominent county physician, death of whom leaves splendid opportunity for doctor desiring small town and country practice. Good roads, excellent community. Practice established thirty-seven years. Address Mrs. J. J. Wall, Mallet Creek, Ohio.

For Sale—Nineteen years' established practice in a good village, 500, in Eastern Ohio. Main roads paved, fine residence, all modern conveniences, barn and garage. Collections last year \$3300. Will turn my practice over to any physician who will purchase my residence. Terms easy. Address Lock Box No. 4, Petersburg, Ohio.

For Sale—General practice, ten-room brick house, containing offices. Brick garage, fully equipped. Twenty minutes' ride from general postoffice. \$5,000 practice established 22 years. Am 48 years of age, and ready to retire. Come stay with me as long as you like, to investigate. Price \$12,000. Address Box 32, P. O. Station A, Cincinnati, Ohio.

For Sale or Rent—To a good M.D. my fine eight-room residence, corner lot, modern in every respect. \$4000 practice, good roads, good farming county. Three railroads, good schools and churches. One square from court house and adjoining city park. Best of everything for a village of 2000. Am going to locate in city. Address Mc., care OHIO STATE MEDICAL JOURNAL.

For Sale—Northwestern Ohio \$4,000 general practice, up-to-date town of 1,500, churches, stores, lodges, sewer, water, light and paved streets. Protestant community. Leaving for city to specialize. Will help start. \$700 takes driving outfit, two horses, buggies, sleighs, harness, office furniture, X-Ray, etc. Office location best in town. Investigate. Address C. G., care OHIO STATE MEDICAL JOURNAL.

Coshocton council has authorized a \$25,000 bond issue for building and equipping an addition to the City Hospital.

The Principles of Nutrition

are well defined. Milk is one of the most necessary food materials of the body. When pure, it is a wholesome, digestible and nutritious food for all ages. Ordinarily, foods have but one function—to build tissue or yield energy.

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 C. E. SAWYER, Marion, March 17, 1923.
 GEO. H. MATSON, M. D., Secretary,
 Office, State House, Columbus.
 Examiner in Preliminary Education,
 K. D. SWARTZEL, M. Sc., Columbus.

The following is a list of applicants who successfully passed the State Medical Board Examination held June 6, 7, 8 and 9:

Columbus—Charles Taylor Atkinson, Robert P. Bausch, Harry Ray Burbacher, Cecil Carl Burrett, Guthrie Olaf Burrell, Lewis Richard Carr, Walter Ernest Dapp, Paul Arthur Davis, William H. Hartinger, Carl Claron Hugger, Charles Seymour Lenher, Charles Robert Lewis, John Henry Luikart, Fred Alexander Lutz, Charles Levi Maxwell, Joe Mullineaux Neal, Harold Vieman Postle, Don John Royer, Lecky Harper Russell, Carroll Hallam Skeen, Clarence Benson Tanner.

Cleveland—Joseph Charles Avellone, John Loveless Beach, Leroy L. Belt, Harold Harris Biggs, Joseph Haskell Boutwell, Wilson Smith Chamberlain, Theo. Edward Cox, Paul Franklin Davidson, Trent A. B. Denison, Arthur Lawrence Dippel, Edward Darwin Dowds, James Russel Driver, Barton Greene Dupre, Paul Frederick Finch, Clermont Justin Friedman, Paul C. Gauchat, Frank Scott Gibson, Paul Emerson Gilmer, Harold Jackson Gordon, John Bennett Hanson, Perry Lee Helmick, Henry J. John, Thomas Evans Jones, Edwin Paul Kennedy, Daniel Bartholomew Kirby, Daniel Marsh MacDonald, Alfred Parsons Magness, Oliver Clarence Melson, Floyd Samuel Mowry, Campbell F. G. Norlin, John Darlington Nourse, Leslie Joshua Paul, Herman Deidler Pocock, Lorin Guy Sheets, Charles Arthur Swan, George D. Swaine, Hadley Howard Teter, Merthyn Arthur Thomas, Raymond Lee Thompson, John Poag Tucker, Harold Frederick Wagner, Archie Waldo Warren, Alfred Matthew Wedd, Wilbur C. Weiss, Emil Edward Wolf, John Campbell Young.

Cincinnati—Frank Dickson Campbell, Ralph Goldsmith Carothers, Helen Finney Cochran, Albert Connell Geringer, John Neal Hoffman, Edward Spaulding Huckins, Joseph M. Huerkamp, Abraham Maurice Kalson, Jeremiah A. Klotz, George Allen Perkins, Reed Albert Shauk, Henry Anthony Springer, John Reis Stark, David Andrew Tucker, Jr.

Dayton—Sterling Hindley Ashmun, Donald Murphy Blizzard, Frederick Greiner Barr, John

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Mead's Dextri-Maltose having exhausted the manufacturing capacity of its old home in Jersey City, N. J., has been removed to a new and vastly larger housing in Evansville, Ind., a location nearer the raw materials used in its production and nearer the center of transportation.

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Toledo—George Andrew Hettler, Earl Albert Orwig, Morris Schaner, Charles Cornelius Shearer.

Springfield—Harry C. A. Beach, John Howard Harter.

Youngstown—Thomas McElroy, James Sidney Mariner, Fred Lawwill Rhodes, Colin McFarquhar Reed, Jr., Everett Raymond Thomas.

Henry George T. Beiler, Milford; James M. Bowman, Manchester; Austin Ray Edwards, Ashland; Morrison Wade Everhard, Wadsworth; Charles Frederick Finsterwald, Athens; Otto Leon Goldberg, St. Paris; Carl Herman Graff, Portsmouth; Gale Clevenger Guthrie, Uhrichsville; Joseph Edward Harris, Mt. Vernon; Martin Lewis Helfrich, Galion; Charles Mills Herold, Oxford; Edgar Ward Hill, Jr., Marietta; Matthew Charles Hunter, Greenville; Theo. J. Kaskinski, Lorain; Amy A. Kaukonen, Conneaut; Francis Marion Kissell, Greenville; Merton Ray Kittredge, Bryan; Julius Caesar Kramer, Cardington; John Kinghorn Lawson, Gallipolis; Henry William Lehrer, Sandusky; Lauren Norton Lindenberger, Troy; Clarence Alphonso Lindsay, Xenia; John Gregory Martin, New Concord; George Walworth Mellon, Beaver, Penna; Gail Eldrid Miller, Elida; Justus Ambrose Mouser,

Latty; Elmer Herman Nagel, Defiance; Earl Fray Peinert, Tontogany; Davis Paterson Phillips, Jr., Kenton; Fred Karl Read, Akron; Earl Hurst Ryan, Versailles; Charles Francis Shively, Pleasant City; Victor Roy Smith, Gallipolis; James Edward Stewart, Atwater; Joseph Mathias Ulrich, Akron; John Henry Warvel, Bradford.

ECLECTICS.

Cincinnati—Tressa Martha Bradish, Otto N. Bergmeyer, Margaret N. Dassell, Guy Ransom Fromm, George Fred Hermann, Jr., Maud C. Glines-Mantaner, Joseph Katz, Nathan Hale Keller, Sophia Agnes Levison, Harry Thurman Martin, Albert Schwartz, Ruth Francean Wirick.

Alec Elijah Fingerhut, Cleveland; Robert Bruce Curl, Middleburg; Claude William Davis, East Liberty; Charles Ross Deeds, Stone Creek; George Robert Miller, Leipsic.

HOMEOPATHS.

William Altman, Ralph Gilbert Fallansbee, Wilbur George Weiss, Cleveland; William Hatfield Caine, Cincinnati; Milton Bassett Crafts, Chagrin Falls; Herman Oliver Hodson, Washington C. H.; John Ralph Shoemaker, Columbus.

MARRIED

Dr. Ralph Wilber Hardinger to Miss Helen M. Calkins, both of Cincinnati, June 17.

Bureau of Chemistry, U. S. Department of Agriculture:

"The spurious aspirin is a mixture of either calcium phosphate and starch, cream of tartar and citric acid with some alum; or milk sugar, starch and calcium acid phosphate."—(From N. Y. Department of Health "Weekly Bulletin", Nov. 6, 1915)

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"Recent seizures in various cities of the country of numerous quantities of spurious aspirin make it important that the druggist should assure himself in all cases of the reliability of the source of his supply."—**Pacific Drug Review**, Feb., 1916.

The trade-mark "Aspirin" (Reg. U. S. Pat. Office) is a guarantee that the monoacetic acid ester of salicylic acid in these tablets is of the reliable Bayer manufacture.

The OHIO STATE MEDICAL JOURNAL

OWNED AND PUBLISHED MONTHLY
BY THE
OHIO STATE MEDICAL ASSOCIATION

UNDER THE DIRECTION OF THE PUBLICATION COMMITTEE

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Subscription price, \$2.00 per year. Single copies, 20 cents.

If You Want to Help in This Great Movement to Build Up a Real Medical Organization in Ohio, Here is Your Chance

A Brass-tacks Editorial by the Business Manager

The writer is dog-tired of hearing a lot of men who hold membership in this Association prate about "the need of a strong organization in Ohio," and then proceed to limit their co-operation to annual payment of their membership fees.

Medical practice in Ohio is facing a serious situation. Medical practice conditions are rapidly changing throughout the country, and Ohio is in the lead in the experiments.

Unless the collective interests of the profession are properly protected during the next ten years, it will be impossible to make a decent living in the practice of medicine in this state by 1925.

If, through better organization, physicians had looked after their professional interests more intelligently during the past two decades, we wouldn't be facing this crisis. But this isn't a spilled milk lament.

* * *

Frequently, as I travel over this state, I hear this query:

"What can I do to help boost the organization?"

It is an honest inquiry. Most doctors see the need and all want to help. But nine-tenths of them think that I'm prejudiced when I answer

that the most helpful single thing that any member can do, not for The Journal, but for the Association—is to help boost *The Journal* by

SUPPORTING OUR ADVERTISERS.

Fortunately, for this Association, a large number have used their thinking apparatus and have seen the point. Result: Advertising in *The Journal* has increased every month since June, 1915.

But some think that I am wrong—that medical organization is such a high and mighty proposition that it can have no connection with, and certainly its success cannot be dependent upon, a thing so mundane and so smacking of the commercial.

They're dead wrong. Give me five minutes and I'll prove it.

* * *

A live journal is the first essential of *any* organization, the members of which are scattered over a large territory.

The Anti-Saloon League of Ohio, for example, maintains a large publishing plant and keeps its thousands of friends in touch with its work through a weekly publication. The league gets results.

The Ohio Bankers' Association, the Ohio State

Board of Commerce, the Ohio insurance men—in fact, practically all of the state organizations representing distinct lines of business and the various trades own and maintain journals.

Of course it is much more necessary for an organization representing a profession to maintain its journal, for the scientific as well as the business phase must be considered.

But, without considering the scientific features of a journal such as ours, it must be admitted that it is needed as a frame work for the organization—to keep our thousands of members informed as to the aims of the organization, so that our efforts may be co-ordinated.

* * *

The real strength of the American Medical Association lies in its journal.

And study of the development of the A. M. A. gives us a cue for building up a similar organization in Ohio.

The *Journal of the American Medical Association* is not a constant drain on the Association. Instead, it is the Association's greatest revenue producer.

From the profits of *The Journal*, the A. M. A., is able to finance many of its other great enterprises—the study of drugs, the development of higher standards for medical education, the systematic promotion of public health work, etc.

Why?

Because the advertisers who seek to interest the physicians of the United States have come to know that it is the best possible advertising medium for reaching the physicians of America.

* * *

I merely cite *The Journal* of the A. M. A. to illustrate my point in a general way.

After careful consideration of the Ohio field for three years I am satisfied that we can turn the same trick in this state, that we can transform this journal into a revenue producer.

We can take the money it is costing the association annually—about five thousand dollars—for development of other fields of organization activity.

We can even make it net the Association an annual profit.

Notice, please, that I said *we* could do it. One man can't. The Publication committee can't. It will require a little team work from the whole four thousand three hundred and forty-two of us.

* * *

The *Journal of the American Medical Association* gets advertising because of its wide circulation.

As our circulation is limited to the state borders we cannot offer that inducement.

But we here in Ohio can offer one inducement

that will mean thousands annually to this Association, and permit the building of a state organization that will adequately protect medical practice.

We can show the advertisers who use our journal that we appreciate their support.

We can show it, substantially, by giving their goods the preference.

When you are buying instruments, or books, or drugs, or other things you need for your offices, you can turn to the advertising pages of our Journal and find there the announcements of firms that must be proven first class before they can secure admittance to those columns.

As members of hospital boards and as directors of institutions you can do likewise, and rest assured that by doing so you are insuring the hospital from loss or from inferior goods.

When you have patients for institutional care we can consult and make use of the announcements by the representative sanatoria that, by purchasing advertising space, help make our journal possible.

And when you are solicited by other firms you can gently but firmly inform them that you are giving preference, from now on, to the firms that are helping us build up a great state medical organization.

When we do this the firms which seek business in Ohio will advertise in our journal. In one year this will place *The Journal* on a self-sustaining basis, and the Association will have \$5000 a year to devote to important activities that will raise medical standards and promote the public health, and we will have a real organization. For money makes the mare go.

So, you see—or at least we hope you see—that our continual cry: Buy from our advertisers, is not mere conversation.

It is vital to the continual growth of medical organization in Ohio.

+ + +

Aromatic Spirits of Ammonia in Shock.—Horatio C. Wood, Jr., explains that any stimulating effect which may be observed after the oral administration of aromatic spirits of ammonia is due either to a psychic effect or to its local irritant action on the gastric mucosa, just as the irritation by ammonium carbonate, in the form of smelling salts, of the mucous membrane of the nose may reflexly excite the medulla. (Jour. A. M. A., July 15, 1916, p. 231).

+ + +

We have no reason for believing that the rate of average intelligence in Mansfield is lower than in other communities. In fact, it has always seemed a wide-awake, progressive city. But the

other day our good opinion of the Richland county metropolis received a severe shock.

The State Medical Board is completing its work of granting exemption certificates to those "drugless healers" who claim a right to Platt-Ellis "limited practice" certificates because they were engaged in the continuous practice of their self-styled professions for five years prior to the enactment of the law.

The board is now considering the more difficult of these cases—the cases in which it has, figuratively, to hold its nose the longest before taking the action the law makes mandatory.

One of these came from a Mansfield healer. He had applied originally for a license to practice theosophy, but as even the all-embracing Platt-Ellis law doesn't recognize this as a system of healing, he had amended his application to include suggestive and psycho-therapy. One of the board's investigators advised that the applicant be summoned to Columbus and be given an opportunity to explain his practices to the board. He came, very fussy and very important.

"I understand," President Siemon stated, after consulting the investigator's report, "that you have been treating infectious and contagious diseases."

"Nothing lately but tuberculosis," the healer replied. He added, professionally: "I've been getting some very nice results."

Dr. Siemon coughed, and inquired timidly as to the system used. Here is the exact answer:

"By the power of thought and the grace of God."

Dr. Sherman suggested that he exemplify his explanation a bit, and tell the board just how the same is applied in healing the lungs. Again the answer was very specific and definite:

"God put man on earth to live and do good. Don't do no evil."

He refused to explain further. Board members seemed at a loss as to further questioning, but Dr. Upham finally asked,

"You say that you treat tuberculosis and other diseases. How do you recognize these conditions?"

The healer turned to him, with a rather fatherly and half pitying look, and answered promptly:

"Why, by seeing them."

There was nothing more to be said on that point. After again consulting his notes, Dr. Siemon ventured an inquiry as to the applicant's use of local applications in the treatment of cancer. The good brother answered promptly:

"Well, I don't use applications no more, much. I used to, occasionally. I had success by putting a little rotten apple on the sore. I—"

He was excused, quickly.

NOTICE TO SECRETARIES

Council of the State Society has taken the usual action in providing for a pro-rating of dues for new members accepted late in the year.

On and after September 1 members will be received into the State Association upon the payment to the secretary-treasurer of one dollar. This will place the new member in good standing for the balance of 1916 and will include subscription to *The Journal* and protection by the medical defense fund.

The one dollar covers, of course, only the state dues. Many local societies have pro-rated their local dues in a similar manner.

The dollar rate applies only to bonafide new members—those men who have not been affiliated with the Association during the past two years.

With this rate as an attractive inducement why not start now and enlist a few new members for your society?

At that, we shouldn't be too hard on Mansfield. There are many similar cases in other sections of the state. At the same meeting of the Medical Board a woman applicant for a license to practice "suggestive therapy and mental healing" appeared to argue her case. She lives up in Wayne county. In answer to a suggestion that she explain her system of healing, she turned impressively to Dr. Siemon and said:

"Yes, doctors, I have taught others to heal the afflicted and I will now teach you."

After favoring the board members with a go-forth-and-heal-the-sick smile she explained that it is only necessary to take three red silk threads, knotted carefully, and pass them slowly before the patient, commencing at the top of the head. While doing this you repeat in German, or at least in what she said was German, a couplet which strongly resembles: "Eenie, meenie, miney, mo." Mix in a strong portion of faith, and the trick is turned. Very simple, and works in almost any condition. She personally, after learning it from her mother had treated tuberculosis, erysipelas, and "lots of other bad diseases."

Yes, she was excused then.

+ + +

The press agent of the state osteopathic association has been a busy little person recently. When the association's national convention was held recently in Kansas City, many Ohio newspapers received, from Columbus, an article written under a Kansas City date line informing the public that the osteopaths have an infallible cure for infantile paralysis. It was great news for the dear people, the dispatch said, because the medical fraternity with its antiquated

methods had failed the nation in this crisis. Clinics were to be established by the osteopaths throughout the country, at once, so that the present epidemic might be checked.

That was early in August. Have you seen any of the clinics? Neither have we.

+ + +

Now that the primaries are over it is time to take stock of the men who seek to represent your interests in the next Legislature. We trust that members of this Association will pay particular attention to this matter this year. Look into the records of the men who are candidates for seats in both the House and Senate. Select good men. Avoid men who are narrow, or who are likely to fall victim to the wiles of the lobbyists who will be in Columbus this winter to break down the Medical Practice Act and to undermine our public health laws.

We are glad to note that many Senators and Representatives who were broad-minded in dealing with these questions in the last Legislature, are candidates for re-election. Most of the more bitter of our enemies, through some lucky chance, were defeated for re-election in the primaries or did not seek to return.

Pay particular attention to the nominees for seats in the State Senate. These men represent comparatively large areas, and it is in this branch of the Legislature that the anti-medical interests usually get in the most effective work.

Several matters are coming before the next Legislature that will directly affect your practice. Don't wait until after the Legislature assembles in Columbus next January to get excited about these problems. Now is the time.

+ + +

Dr. F. M. Hunt, of Piqua, was a primary candidate for the congressional nomination in the Fourth district. He was defeated. As a general proposition, we dislike to see a man defeated in any ambition, but Dr. Hunt's case is an exception.

In the Dayton News of August 4 there appeared a glowing account of Dr. Hunt's candidacy, published in news style under scare heads and accompanied by his photograph. The article outlined Dr. Hunt's wonderful qualifications for the position, and gave in detail his views on present day questions. Dr. Hunt was unalterably opposed to woman suffrage; Dr. Hunt was for an European peace commission; Dr. Hunt would give the office a business administration, etc., etc., It was typical of the fulsome praise which candidates usually confer upon themselves.

However, if the reader waded through a column or two he came to the real essence of the article: Dr. Hunt among other things is a

strong admirer of Tanlac. He uses it in his practice, and has found it wonderfully effective, etc., etc., etc. Thereafter in the article Tanlac is referred to as "the reconstructive tonic, appetizer, revigorant and revitalizer so highly indorsed by Doctor Hunt."

The article wound up with a statement as to exactly where Tanlac could be purchased in Dayton.

It seems to us that a physician who will tack his political aspirations to a patent medicine advertising campaign richly deserves the conclusive beating which he received.

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Suffering humanity in Cincinnati is to have relief at last. The five or six hundred physicians who have been striving in that field for some years past now may close their offices and retire. A branch office of the Electro-Medic Institute Company of Ohio has been opened there, in the Greenwood building, at the corner of Sixth and Vine Streets, by the good Doctor Gorslene—he who looks into your body and tells you what makes you sick, and who as a special inducement for this week only, gives you a ten dollar look for one dollar.

Gorslene has lately confined his operations to Cleveland and Akron, but the newspapers there have tightened on him and are compelling him to tone down his healing claims. Also he was recently made defendant in a suit for damages in which the patient claims the cut-rate X-ray examination failed to "deliver the goods." Perhaps the good doctor is looking for new fields to conquer. Hard luck, Cincinnati.

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Wine of Cardui Verdict.—Anent the verdict in the recent "Wine of Cardui trial" awarding one cent damages to the Chattanooga Medicine Company, a medical journal offers condolences to the American Medical Association, declares that the verdict is "a very decided victory for the 'patent medicine' association," and asks "is publicity the way to accomplish the true end"? The outcome of the case was a moral victory for the Association and publicity is the only rational means of attacking the nostrum evil, whether of the "patent medicine" or of the "ethical proprietary" variety. Until the public is given definite and specific facts no great strides will be made in preventing unscrupulous cupidity from preying on the sick and suffering. The faith of the public in patent medicines of all sorts continues because no small part of the medical profession is itself still under the blight of the "patent medicine" business—albeit the preparations in question are euphemistically spoken of as "ethical proprietaries." (Jour. A. M. A., July 15, 1916, p. 206).

Original Articles

The Sewage Pollution of Streams in Relation to the Public Health*

W. H. Frost, M. D., Cincinnati, Ohio

(Passed Assistant Surgeon, United States Public Health Service)

IN every inhabited country the surface waters almost inevitably become more or less polluted with human excreta, but gross pollution of large streams such as is now frequently encountered results only where people are congregated into cities, discharging their wastes directly into water courses through sewers, and these conditions are of comparatively recent development. This is necessarily so in the United States, where many large cities have sprung up within a few decades; but even in the more densely populated European countries conditions of stream pollution have become much more serious within the last fifty to one hundred years, with the development of sanitary sewerage.

Modern sanitary sewerage systems with house connections for the removal of excreta and other domestic wastes are a comparatively recent development, the first movements towards systematic sanitary sewerage having been inaugurated about 1850. Since that time such rapid progress has been made in the sewerage of cities that now all the larger cities of this country have practically complete systems of sewers, with universal house connections, and, though the smaller cities and villages are less completely sewered, public opinion is more and more insistently demanding adequate sewerage wherever people are assembled into communities.

The sum total of the benefits resulting from the provision of sanitary sewerage systems for cities is indeed difficult, perhaps impossible, to estimate. Great as has been the effect of this improvement in the prevention of sewage-borne diseases, a just estimate of its influence is not to be based on this alone; but must take into account also the enormous social betterment resulting from the elimination of disgusting filth from the environment, the encouragement of more cleanly habits, and general elevation of ideals. Nevertheless, a direct and inevitable consequence of this great sanitary achievement has been to greatly increase the pollution of water courses, for the simplest and most obvious means of disposing of sewage is to discharge it directly into a convenient body of surface water, and this has been a common practice. Water courses which previously were polluted with only such wastes as were thrown into them incidentally or washed in from the soil, have now become much more grossly polluted by the discharge of fresh sewage from severed communities.

In the more densely populated European countries the conditions resulting from the discharge of sewage into streams began to cause deep concern in the early period of development of sewage systems, and during the last twenty-five years there has been a progressively increasing interest and activity in bettering such objectionable conditions and preventing their more serious consequences. The chief motive of this movement has always apparently been protection of the public health, as is evidenced in much of the legislation and especially by the fact that more or less authority in the control of stream pollution has commonly been vested in public health authorities. In the early days of the movement the precise relations between stream pollution and public safety were, however, by no means clearly understood; and attention was very naturally directed first to the most offensive rather than the most truly serious conditions, the effort put forth being directed mostly towards the abatement of nuisances.

Very gross pollution of a stream with sewage gives rise to conditions so offensive as to constitute an obvious nuisance. Particles of fecal matter and other debris may be seen floating upon the surface of such a stream, the waters of which are more or less discolored; solids carried in the sewage are deposited upon the sides and bottom of the water course, forming offensive sludge banks; and, especially during warm weather, decomposition of organic matter in the sludge banks and in the stream gives rise to very foul odors. As is now known, these foul odors, which constitute the most offensive of the above conditions, are associated with and largely dependent upon exhaustion of the atmospheric oxygen which is found dissolved in all natural waters exposed to the air. The highly complex and unstable organic matter of fresh sewage is attacked by the bacteria and other organisms which, in converting this organic matter to their uses as food, bring about more or less profound changes in its composition. In the presence of an abundant supply of oxygen dissolved in the water, these changes are mostly in the direction of oxidation, and their end result in the formation of well-oxidized, stable and inoffensive compounds, such as nitrates, carbon dioxide, etc., so that the stream gradually becomes "purified." If, however, the dissolved oxygen of the stream is used up by this process more rapidly than it can be replaced from the atmosphere, the organisms present in the water, while continuing to act upon the sewage organic matter, bring about a very

* Address before the Section on Hygiene and Sanitary Science, Ohio State Medical Association, in Annual Session at Cleveland on May 17, 1916.

different set of changes. Instead of being oxidized into stable and inoffensive compounds, this matter now undergoes a process of anaerobic fermentation, familiarly known as putrefaction, being broken up into unoxidized, offensive and foul-smelling compounds.

In former days, when there was a widespread belief that epidemics of diseases were caused by emanations of foul-smelling gases, the offensive conditions in a highly polluted stream were considered a gross menace to the health of persons in the immediate vicinity. Nowadays it is recognized that foul odors and disgusting appearances, while certainly not conducive to health or happiness, exercise at most an ill-defined, probably indirect, influence in the causation of disease; and while the necessity for abating such nuisance is universally recognized, it is for the sake of common decency rather than prevention of specific diseases.

For the prevention of the nuisance resulting from gross sewage pollution various processes of sewage treatment have been devised. These processes differ widely in their details, but all have two principal objects: the removal of solids and more or less complete oxidation of organic matter. The coarser solids may be removed by screening, finer solids by detention of the sewage in settling tanks, allowing sedimentation. In some instances the settling of solids is hastened and facilitated by chemical precipitation, and in most settling tanks the settled solids are more or less liquified by septic action. In many cases the removal of solids by screening or sedimentation is sufficient to prevent nuisance from the discharge of sewage; but where the volume of the receiving body of water is small in proportion to that of the sewage which it receives, further treatment is often necessary, for oxidation of organic matter, to reduce the draft upon the oxygen supply of the water course and thus prevent putrefactive changes. The process first applied, and still successfully used by some cities for such "purification" of sewage, is dispersion over large irrigation fields where the sewage becomes purified by natural filtration through the soil. In this country such irrigation projects have generally been found impracticable, and sewage is more commonly treated by filtration, either through sand beds or, more commonly, through so-called trickling filters, beds of rather coarse brown stone upon which the sewage is sprinkled. In all these processes of sewage treatment, by percolation through soil, sand filters or trickling filters, very rapid oxidation of organic matter takes place as the result of biological action, essentially similar to that which takes place in a stream in the presence of an abundant oxygen supply, but at a more rapid rate. The effluent from sewage thus treated is clear, comparatively inoffensive, and stable, that is, it will not putrefy, and may therefore be discharged into streams without causing nuisance.

Experience has proven that these processes of sewage treatment, with various combinations and modifications, are adequate for the prevention of the offensive nuisance resulting from excessive pollution of streams with raw sewage. The cost of such treatment, though considerable, is not prohibitive, and is being gradually reduced by further improvements in efficiency of methods. Paradoxically, however, it is not these extreme conditions, giving rise to nuisance, which constitute the most serious and difficult problems of stream pollution. In the first place, the very offensiveness of a grossly polluted stream is so disgusting, and has such direct economic effect in depreciating property values, as to create an insistent popular demand for improvement of conditions. Quite commonly, too, the community responsible for the conditions, must itself suffer the consequences, and is therefore more ready to make the necessary expenditures for sewage treatment; and even if this is not the case, others suffering inconveniences thereby may usually, by recourse to the courts, compel the abatement of a nuisance which is obvious to all observers.

The prevention of grossly offensive nuisance is, however, only the minimum requirement, the first and easiest step towards such control of stream pollution as will effectively safeguard the public health. The most serious consequences and the most difficult problems of control result from slighter pollution, not offensive, ordinarily not perceptible to the unaided senses. As is now thoroughly proven and generally understood, the most disastrous effect of stream pollution is the causation of more or less fatal infectious diseases among persons who drink the polluted water. Distinctly offensive pollution is, in a sense, a protection against this danger, since water which is offensively polluted with sewage will not be so generally used for drinking and other domestic purposes; but water which is entirely inoffensive to the sense of sight, taste and smell may still be dangerously contaminated with disease-producing organisms; and it is the use of such water that has been responsible for the enormous toll of human health and lives chargeable to the sewage pollution of water courses.

The diseases which may be and frequently are caused by drinking sewage polluted water include typhoid fever, Asiatic cholera, dysentery, and other more or less well-defined forms of enteritis, as well as infections with animal parasites. Each of these diseases is caused by a specific organism and with the exception of certain animal parasite infections, the diseases of this group are peculiar to man, not affecting the lower animals. The specific germs of these infections have apparently no other natural breeding place than the human body, and are found in nature only in bodies and the excreta of infected persons. Consequently infection can take place only by ingestion of the excreta of persons pre-

viously infected. Human excreta are, therefore, the most dangerous as well as the most disgusting constituent of sewage, since there is always the likelihood that they may contain these specific disease-germs.

Typhoid fever is, in this country, by far the most common and serious of the sewage-borne diseases, being so widely prevalent that practically no community of ten thousand people remains for a whole year free from this disease, and as a certain proportion of those who suffer from typhoid fever become chronic bacillus carriers, continuing for years to discharge typhoid bacilli in their excreta, it may be taken as an axiom that a water-supply even slightly contaminated with the intestinal discharges of any considerable number of persons is certain in the course of a year to contain typhoid bacilli at times and to cause more or less typhoid fever among its consumers.

It is therefore accepted as one of the rudimentary requisites for conservation of the public health that public water supplies must be protected from such dangerous contamination. This means not merely protection from offensive contamination, not merely providing water which is clean in the ordinary sense; but protection at all times under all circumstances against even the probability of slight pollution with disease germs. Many of our cities, however, especially the larger cities, are forced to take their water supplies from bodies of surface water, subject to more or less sewage pollution, and are thus confronted by the problem of providing safe, clean water supplies from such polluted and dangerous sources. This problem may be approached from two directions: by rigidly preventing the pollution of water courses serving as sources of water-supply, or by efficient purification of all polluted water before it is distributed for use.

To completely protect a surface water-supply from all danger of pollution with human excreta is a matter of more difficulty than is generally appreciated. Absolute protection can be guaranteed only by depopulation of the drainage area from which the water is collected, a measure obviously impracticable except on small watersheds, usually in mountainous country, and of small agricultural value. A considerable number of cities in the United States, notably New York and Boston, obtain their water supplies from protected watersheds either completely depopulated or thoroughly patrolled to prevent contamination of the surface water with human excreta. Even these cities, however, do not put their whole reliance in the efficiency of the measures taken to prevent pollution of their watersheds, but supplement this safeguard with more or less effective purification by long storage in impounding reservoirs. On a large, well populated watershed, such as that of any considerable river, depopulation is, of course, out of the question. The first requisite for adequate protection

of waters derived from such an area would be to divert from the drainage area or thoroughly purify the sewage from all sewered communities. The diversion of sewage is usually out of the question and the processes of sewage treatment which effectively prevent nuisance, though they reduce, by no means eliminate the danger of contamination with dangerous disease germs. Such purification of sewage as would render the effluent entirely harmless, though perhaps possible of achievement, could be accomplished only at a prohibitive cost; and even were this accomplished it would be still more difficult to enforce the measures necessary to prevent occasional slight but dangerous pollution from unsewered communities and country homes. The number of such sources to be controlled on a large, populous watershed is so great that to maintain adequate supervision over them amounts to an impossibility. Therefore, even with the most rigid supervision practicable, it would still be necessary to provide the additional safeguard of purification for water supplies taken from large streams; and, moreover, as most of our streams are more or less muddy, some treatment would be necessary to clarify their waters, even though they were free from dangerous pollution.

Because of the manifold and obvious difficulties in the way of adequately safeguarding surface water supplies by preventing their pollution, the sanitarians of the last fifty years, the period during which the importance of pure water supplies has been fully appreciated, have aimed, in the control of stream pollution, chiefly to prevent nuisance, rather than to eliminate all danger of sewage-borne infectious diseases; and, for the protection of water supplies from polluted sources, have devoted their energies and ingenuity to devising means for purifying water at a moderate cost. The efforts put forth in this direction have been so eminently successful that now, by the application of modern, scientific methods, including storage, sedimentation, precipitation, filtration and disinfection by the use of hypochlorite of lime, liquid chlorine and other disinfectants, it is possible, at a moderate cost, to procure satisfactory, clean and safe water supplies from dirty and dangerously polluted sources. The development of the science of water-purification, and the enormous general improvement in the quality of public water supplies resulting from the application of scientific methods constitute perhaps the most important of all the great advances in the field of municipal sanitation during the last twenty-five years.

The first effective filter to be put into use in the United States was installed, at Poughkeepsie, New York, about 1875. The development of water-purification in the United States since that time has been rapid, especially during the latter part of the period, as may be illustrated by some statistics cited by Mr. George A. Johnson, who estimates that in 1900 somewhat less

than 2,000,000 people in the United States were supplied with filtered water, while in 1911 the population supplied was approximately 8,000,000¹, and is at present about 20,000,000². A further illustration is afforded by statistics collected by the U. S. Public Health Service, covering practically all public water-supplies in the Ohio Basin³, which is a fairly representative section of the United States.

According to these records, which embrace the water-supplies of about 8,300,000 people, sixty-four and a half per cent. of this population were, in 1915, using water from surface sources. About nine per cent. were using water taken from more or less fully protected watersheds, stored in impounding reservoirs; but in many instances the protection thus afforded was considered inadequate, and more than half of such supplies were further safeguarded by filtration, disinfection, or both. Approximately 3,500,000, or 55.5 per cent. of the total population included in these records are not taking their water supplies from rivers. Ninety per cent. of these 3,500,000 people are supplied with water more or less effectively purified by sedimentation, filtration, disinfection or combination of these processes, only ten per cent. using unpurified river waters. Practically all the water-purification plants represented have been installed within the last twenty-five years, the majority within the last ten years, during which period the three largest plants on the watershed, those of Cincinnati, Louisville and Pittsburgh, have been put into operation.

Some idea of what the purification of these water supplies has affected in the conservation of life and health may be afforded by the following illustrative figures, taken somewhat at random from those cities on the Ohio watershed which, since 1906, have taken their water supplies from streams and for which mortality statistics covering this period are readily available.

Eleven of these cities, with a total population of 243,000 in 1914, were still, in that year taking their water-supplies from the same sources as in 1906, with no purification. The average typhoid fever death rate per 100,000 in these cities was, in 1906, 76.8, and in 1914, approximately the same, 74.5. Sixteen other cities, including Pittsburgh, Cincinnati and Louisville, having in 1914 a population of 1,866,000, were in that year, taking their water supplies from the same sources as in 1906, but with more or less effective purification. The average typhoid fever death rate in these cities in 1906, was 90.5 per 100,000, and in 1914, 15.3.

Had these cities, in 1914, suffered the same

typhoid death rate as in 1906, they would have registered 1,688 deaths from this cause instead of 296 deaths actually recorded. Thus in a single and not unusual year there was an indicated saving of 1,400 lives, due to the reduction in deaths from typhoid fever alone. There is good reason to believe that the saving in non-fatal cases of typhoid fever amounted probably to not less than 14,000 to 15,000.

Equally striking reductions in the prevalence of this disease have followed immediately upon purification of the water-supply in scores of other cities, with such regularity as to justify the opinion that in the cities cited the reduction in typhoid fever from 1906 to 1914 must be attributed, in large part, to improvement in their water supplies.

It is not to be inferred that there has been a proportionate reduction in typhoid prevalence among all the 3,150,000 people on the Ohio watershed now using purified river water. In some communities the water supply before purification was not so grossly polluted, and was consequently not so large a factor in the causation of typhoid fever hence its purification has been followed by a slighter reduction in the total prevalence of this disease. In other instances the water supplies have been inadequately purified and are still doubtless responsible for a considerable amount of typhoid fever. Where this is the case, the fault, whether it lies in the construction, or, as is more usual, in the operation of the purification plants, may, in almost all cases be remedied at relatively slight additional cost; and it may be said that there are no insuperable obstacles to prevent all the 3,150,000 people using purified surface waters from having water-supplies of as safe quality as those of the sixteen cities which have been cited in illustration.

To return to these cities, a point to be emphasized is that the improvement of their water-supplies with its consequent reduction in water-borne diseases has been brought about almost wholly by *artificial purification*, not by radical improvements in their *sources* of supply. To be sure, such of these cities as were, in 1906, taking their water supplies from points below their own sewer outlets, have since removed their intakes upstream to avoid such immediate pollution. In general, however, the rivers from which these supplies are taken are more highly polluted now than ten years ago, owing to the growth of population, especially urban population, upon their watersheds, increasing their sewage pollution.

In 1916 the urban population on the Ohio watershed amounted to 5,695,000 according to careful estimates. Of this, approximately 4,100,000, or 72 per cent. were sewered. During the decade from 1905 to 1915, the estimated increase in urban population was almost 29 per cent. and the percentage increase in sewered population was almost certainly greater. According to

¹ Johnson, George A., The Purification of Public Water Supplies. Water Supply Paper No. —, U. S. Geological Survey, Washington, 1913.

² Do.—The Typhoid Toll, Jour. Am. Waterworks Ass'n., Vol. III., No. 2, June, 1916, p. 252.

³ Unpublished data collected by survey and from records furnished by State health authorities.

records compiled by the Public Health Service, the sewage of about 457,000 people, or about 11 per cent. of the sewered population on the watershed, was in 1915, being treated in sewage disposal plants, of which the majority have been constructed within the last decade. This progress in sewage treatment, though commendable, has very evidently not been sufficient to counterbalance the increase in sewage pollution due to growth of urban pollution and extension of sewerage. Considering that many of the smaller sewage treatment plants on the watershed are inefficient, and that the better plants are not even designed to completely "purify" the sewage treated, it appears conservative to conclude that the sewage pollution of the Ohio River system is reduced not more than five per cent. by the sewage treatment plants now in operation, and that the net pollution from urban sewage is now nearly twenty-five per cent. greater than it was ten years ago.

In brief, during the last few decades, the pollution of water courses in the Ohio Basin, which is a fairly representative section of the United States, has been greatly increased by the growth of urban population and the extension of sewerage systems. To offset this increasing pollution, comparatively little progress has been made in the way of sewage purification; and what has been done has been almost exclusively for the prevention of nuisance. However, notwithstanding this increase in the pollution of streams which constitute the only available sources of water-supply for 55 per cent of the urban population, the quality of public water-supplies has, in general, been vastly improved, as the result of advances in the science of water purification and a more general application of modern methods. This improvement in water-supplies has resulted, in the Ohio Valley as elsewhere in the United States, in an enormous reduction in typhoid prevalence, in the saving annually of thousands of lives. In other words, the most disastrous consequences of stream pollution have been largely prevented without improvement in the actual conditions of pollution.

Very evidently the maximum effects of water purification in minimizing the danger of stream pollution have not yet been attained. A small minority of the population of the Ohio watershed, —as of other sections,—is still using grossly unsafe, unpurified river water, but it is hardly to be imagined that the communities of which this is true will much longer endure the odium of such wilful disregard of human life. A larger population is using water-supplies more or less unsafe because of inadequate purification, but at the present rate of progress it may confidently be expected that the next few years will witness great improvements in these supplies; and, on the whole, the immediate future may be expected to show a continuation of the improvement in water-supplies and reduction in prevalence of water-borne

diseases which have so distinguished the last few decades.

On the other hand, in the more or less distant future, in many instances there is imminent danger of a retrogression in quality of many water-supplies with a recrudescence of water-borne diseases. The purification of a polluted water by even the most efficient of modern methods is, after all, never perfect. A modern water purification plant is a rather complex mechanism, and its successful operation a matter of no little difficulty, requiring the constant supervision of a highly trained expert to adjust the mechanism of the plant to meet the ever-changing conditions in the raw water. As in all such struggles of human ingenuity and diligence against the untiring forces of Nature, lapses must occur. Increasing pollution of the water to be treated increases the difficulties of consistent adequate purification, increases the likelihood of occasional lapses and magnifies the dangers of such lapses as do occur. With the rapid growth of urban population and development of sewerage, the present tendency is towards an ever-increasing burden and responsibility upon the purification plants which safeguard the water-supplies of millions. In the past this rapidly increasing pollution of sources of water-supply has been successfully countered by even more rapid advances in efficiency and economy of water purification. Doubtless still further advances will be made in this direction, but probably not in such great strides as have already been made in the development, successively, of slow sand filtration, mechanical filtration and disinfection processes. More likely the additional safeguard required will have to be provided, at least in part, by reducing the pollution of streams used as sources of water-supply. The present and future great problem in the control of stream pollution is, therefore, to determine when, where and how measures should be taken to limit or reduce the pollution of streams, not to prevent nuisance, nor to prevent all dangerous contamination, but to avoid overburdening purification plants.

The difficulties of the situation are many. The cost of such sewage treatment, as may be necessary to materially reduce the sewage pollution of large streams is far greater than the cost of water purification. The community bearing an expenditure for sewage treatment to protect the water supplies of other communities, does not itself receive the dividends from the investment in better protection of its own citizens' health, and for this reason such expenditures are likely to be opposed unless clearly demonstrated to be necessary. But obviously a dire necessity can be demonstrated in a specific instance only after conditions have already become so bad and continued so long as to have caused more or less extensive disaster, and this, of course, must not be permitted. The measures taken must be anticipatory and preventive, not remedial, delayed until after

extensive injury has been done. They must therefore be in a sense arbitrary, sufficiently radical to maintain a wide margin of safety, yet not so radical as to involve enormous expenditures without justification.

These principles appear to be quite generally accepted, but as to the details of their actual application there is as yet no general agreement, chiefly because of a lack of information. This deficiency may be sufficiently illustrated by the mention of only two of the many important respects in which essential knowledge is lacking.

It is known, for example, that sewage discharged into a stream becomes "purified" by natural agencies; and it is economically wise to take legitimate advantage of this natural capacity of streams for sewage purification. As yet, however, there is almost no definite information as to the *extent* of this purification under given conditions, and its consistency under the changing conditions brought about by seasonal variations in the physical and biological characteristics of streams. Without such information it is impossible to estimate accurately the effect which the sewage of one city will have in polluting the source of water supply of some other city down stream, and therefore impossible to estimate how far conditions at the lower city would be improved by any given treatment of the sewage from the upper city. Until sufficiently broad and careful studies have determined the fundamental natural laws governing stream purification, each instance will require an exhaustive and laborious special study, as at present.

Again there is insufficient information as to the extent of danger from a *moderately* polluted water-supply, such as the effluent from a slightly overburdened purification plant. The effect of a grossly polluted water-supply in the causation of water-borne infectious diseases is readily demonstrable, because it has a predominant influence as the chief cause of such disease in the community, but to distinguish the less striking effect of a slightly polluted water-supply is a far more difficult matter, requiring more intensive studies than have yet been made. But even a very slight effect, if it exists, is serious in view of the enormous population affected; and its demonstration is vital, as furnishing the evidence most essential to support arguments for more rigid protection of water-supplies before they have become grossly polluted.

The first requisite in the control of stream pollution today is, therefore, a closer and broader study of the conditions of pollution existing in the rivers of the country, or the fundamental factors that influence these conditions, and above all, of their effects upon health. Without such studies there can be no accurate knowledge as to the necessity for remedial measures, and no reliable estimate of the influence of proposed measures in protecting the public health. In the meantime it is hardly to be expected that the

public will be willing to invest enormous sums for the improvement of stream pollution conditions without knowing what returns may be expected from their investment. It is not sufficient merely to state there will be "some" returns in the saving of life and health; it is necessary to prove the assertion, and if possible to show the extent of the saving in definite terms. The universal sentiment in favor of water-purification plants, developed within recent years must be credited chiefly to the definite proof of their efficiency in saving health and life. Similar proof will win equal approval for any further measures that may be required.

A great deal of diligent study has been and is being devoted to these problems, the existence and importance of which have long been recognized. As the need for further information becomes more urgent these studies will naturally be intensified; and there need be no doubt that the problems will be solved and that the difficulties will be overcome as successfully as other similar difficulties have been overcome in the past.

Aromatic Spirits of Ammonia.—This is an old fashioned complex mixture. Its reputation has little scientific basis. Its effects probably are psychic, in the main. Such effects might be expected from the irritation of the nasal mucosa by the ammonia and to the flavor and odor of the lemon, lavender and nutmeg oils. The physical effect is probably due to the alcohol, though the ammonium carbonate and uncombined ammonia may have some restorative action by the irritation of the gastric mucosa or by their neutralization of nauseating acids in the stomach. When the effects of ammonium carbonate are desired, this is better given in aqueous solution. When the effects of alcohol are desired, whiskey is to be preferred. (Jour. A. M. A., July 1, 1916, p. 65).

Hexamethylenamin in Anterior Poliomyelitis.—It has been shown that hexamethylenamin has no germicidal activities, except in an acid medium. Therefore, it is of special value only in infections of the pelvis of the kidney, ureters, bladder and uretra when the urine is acid. It cannot be expected to exert germicidal activity in the spinal fluid, which is alkaline and hence is of no value in the treatment of anterior poliomyelitis. (Jour. A. M. A., July 22, 1916, p. 309).

Quality of Sodium Sulphite. Investigation has shown that while the crystallized sodium sulphite is unreliable, the dried or desiccated form of sodium sulphite is generally of good quality and relatively permanent. A. H. Clark reports experiments showing that specimens of desiccated sodium sulphite keeps for years with little deterioration. (Druggists Circular, July, 1916, p. 396).

Murphy's Operation for Prolapse of Uterus*

Mark Millikin, M. D., Hamilton, Ohio

THE operation under consideration is described in Bryant and Buck's Surgery, Vol. VIII, page 500; and in Murphy's Surgical Clinics, Vol. 11, page 479.

Because I have operated a few times for prolapse of the uterus by several methods, and have had more or less success, and because this method of Dr. Murphy seems not to be very well known or frequently practiced, I am availing myself of the chance to stir up the gynecologists on this ever debatable subject. The librarian of the Cincinnati General Hospital, in reply to my request for references to this operation writes that after a careful search of their medical indices and current gynecological journals nothing is found.

The operation in brief is as follows: The abdomen is opened in the usual way, though Dr. Murphy prefers the Phannestiel incision through the skin and the splitting of the right rectus muscle close to the middle line. Before entering the abdomen the sheath of the recti muscles is carefully and thoroughly separated from the overlying fat for a space of about an inch on each side of the median line. The uterus is caught with a volsellum forceps at its fundus and drawn upwards. Next the broad and round ligaments are clamped and separated from their attachments to the uterus just as though a hysterectomy was to be done. This allows the uterus to be further pulled out of the abdomen. In his description of the operation in Bryant and Buck's Surgery, no mention is made of the ligation of the uterine arteries, though that is spoken of in the Clinic. It is this point that I wish to especially emphasize, for it seems to me that the ligation of the arteries is a mistake, or at least a dangerous thing to do, when one wants to conserve the lateral halves of the uterus. The next step is to close the peritoneum around the cervix of the uterus. All the subsequent work is now done outside the abdomen. The uterus is now bisected in an antero-posterior manner down to its neck. The mucous membrane is now dissected out of each half. This is very essential in those women who have not yet passed the climacteric, and, I would always do the same in those who had, as the mucous membrane might be infected and it might later undergo malignant degeneration. Next, each lateral half of the uterus is laid out on the anterior sheath of the corresponding rectus and stitched there with catgut. The abdominal wound is then closed in the usual manner, and a small gauze drain left protruding from the lower end.

Dr. Murphy says that he has been doing this

operation for the past five years and has never had to do any resection of the vaginal mucous membrane. The pulling up of the uterus is supposed to take up all the slack in the vaginal mucous membrane and thus correct rectocele and cystocele. Making allowances for Dr. Murphy's skill, I can hardly believe that this operation will do all that is desired.

The first case on which I tried this procedure came out well, even though I found it necessary to do a slight resection of the anterior vaginal wall for cystocele. This was not done until several months had elapsed, and was performed under local anesthesia. I tried with oriental imitativeness to follow out the technique laid down in Dr. Murphy's clinic—Phannestiel incision, ligation of uterine arteries, etc. The pallor of the uterine incision, instead of exciting my apprehension only confirmed me in the conceit that I was some imitator, for, in the language of the author, "It is senile and dry; it scarcely bleeds at all." The wound apparently healed well, but in a few days there was a great deal of serous discharge. This kept up for several days, and then one day in flushing out the wound one of the lateral halves of the uterus much necrosed, floated out. I had tied the uterine arteries not wisely, but perhaps too low, with the result that the blood supply was deficient. Even though this accident or blunder prolonged her convalescence, the adhesions between the uterine stump and abdomen were sufficient to keep the former in place.

The next case operated on in this manner was one in which the uterus and vaginal walls were down almost to the extreme limit of descent. The patient was thin and not very muscular. The vulva was of course much dilated owing to its affording a passage to the uterus and vaginal mucous membrane. Incidentally, I may say, that she was a morphine habitue and was cured of the habit while convalescing from the operation.

Profiting by experience from the former case I did not ligate the uterine arteries. When the uterus was split there was a lack of that ominous pallor which characterized the first case. The healing took place perfectly, and for a long time it was possible to feel through the thin skin the wings of the uterus as they lay on the anterior surface of the recti muscles.

After leaving the hospital and getting around again she complained of the old bulging. An examination showed that the uterus had held to the abdominal walls, but that the redundant vaginal mucous membrane had protruded as of yore. She will need a resection of this in order to give her relief.

Another case, operated on by one of my confreres without ligating the uterine arteries has

*Read before the Surgical Section, Ohio State Medical Association, in annual session at Cleveland, May 17, 1916.

done fairly well, though it is said that there is still too much bulging below.

I believe that this Murphy operation has real merit, though I can not agree that it is all that its author claims. It is not to be expected that redundant tissues, a vaginal outlet greatly relaxed, and the general sagging of the parts will all be corrected by this method of suspension. To be sure it will help, just as some other methods do; perhaps it will give even more aid than any other plan, but there will frequently be the need of plastic work on the perineum and anterior vaginal wall. Where the uterus is not down to an extreme degree, I think some other operative procedure would prove better. For it will be found that the lower the uterus, the easier it will be to pull it clear out of the abdomen and spread its artificial wings on the recti muscles. Where there is only a moderate degree of prolapse in a woman whose abdominal muscles are thick and who is well supplied with subperitoneal fat,

there might be difficulty in drawing the uterus high enough to properly attach it to the recti.

In most cases of uterine prolapse three things should be done to effect a cure. First, the axis of the uterus must be changed by some method of dealing with the round and broad ligaments. Second, a relaxed perineum must be restored to something like its former state. Third, the cystocle must be cured by some operative procedure.

In the Murphy operation there is practically no axis left. It may or may not be necessary to operate on the rectocele and cystocele after his way of suspending the uterus. My personal experience leads me to believe that it will frequently be required.

The ascent of a fallen womb to the realm of rectitude, its partial metamorphosis into wings, is symbolical of the resurrection. But just as vampires, as well as angels, need blood in their wings, so does a Murphyized uterus.

The Intra-Nasal Tear-Sac Operation*

William Mithoefer, M. D., F. A. C. S., Cincinnati, Ohio

THE idea of establishing a permanent opening in the nose for patients suffering with a stenosis of the tear duct, belongs to Galon, but the operation as done at that time, was not successful. For many years the method was consigned to oblivion. It was not until 1893 when Caldwell reported one case, and in 1899 and 1901 when Killian and Passow reported four successful cases that rhinologists again began to interest themselves in this work. The operation as done at this time did not include the removal of the wall of the tear-sac; instead an opening was made in the tear duct after the removal of the anterior end of the inferior turbinate. This operation, however, did not meet with great success for the known reason that most strictures are located at the junction of the tear-sac and the duct. It becomes necessary therefore, in order to relieve the stenosis, to remove a part of the lachrymal sac wall. Much credit must be given West, Halle and Polyack for the development of the modern technic of this operation.

In a personal talk with ten or twelve ophthalmologists, opinions seemed to differ as to the results obtained by probing the tear duct for the relief of chronic stenosis. Some claimed the results were usually good, where as others made the assertion that cases of stenosis of the tear duct caused them no end of trouble and lasting results were the exception and not the rule. This is probably the reason why Professor Silex of Berlin, believes from his large experience as an

ophthalmologist that more can be done for lachrymal disease by approaching it from the nasal side. He certainly demonstrated his enthusiasm for this method of approaching the lachrymal sac by allowing West of Baltimore to perfect the technic of this operation on more than 250 patients in his clinic. The fact that all of West's operations were done in an eye clinic means that a greater significance must be attached to the ultimate outcome of these operations, for although they may have been done by an enthusiastic rhinologist, it is nevertheless true that the results obtained were controlled by competent ophthalmologists. In his last report, West showed that he obtained a cure in 90 per cent of the cases, most of the patients having been under observation at repeated intervals for a period of one and a half to two years.

UNSATISFACTORY RESULTS.

It is generally recognized by ophthalmic surgeons, that the excision of the lachrymal sac from the outside produces results which are far from satisfactory, in fact, many are complete failures. Extirpation of the sac means the loss of its physiological function; it also necessitates, in many cases, the subsequent removal of the tear gland. In this way, the entire mechanism is disturbed. It must be conceded that any operation that results in the loss, in whole or in part, of the physiological function of the sac, is a radical procedure; and that if another method of operation is brought to our attention, which has for its object the re-establishment of the physiological function of the sac that this new pro-

*Read before the Eye, Ear, Nose, and Throat Section, Ohio State Medical Association, in annual session at Cleveland, May 17, 1916.

cedure deserves our earnest consideration. I am firmly convinced in my own mind that the intra-nasal tear-sac operation, if properly done, answers this purpose. It is not as radical a method as the extirpation of the sac, on the contrary it may be termed a conservative operation.

My personal experience is limited to three cases, and it would therefore show a lamentable want of judgment for me to draw conclusions from such meagre material; but I may add that during the summer of 1913, I had the great pleasure of witnessing numerous tear-sac operations in the clinics of West and Halle of Berlin, and that the impressions and observations gained at this time justify the writing of this paper. I have seen chronic suppurative dacryocystitis with fistulous openings that had been present for years clear up within a week after an intra-nasal operation.

A case of bilateral suppurative dacryocystitis that presented some unusual features came under my observation during the past winter. The patient was a young man 22 years of age, who had complained of a swelling in the region of the tear-sac on both sides, for the past three years. He had been under the care of several competent specialists during this time; the sac had been incised, the puncta slit, the tear ducts dilated, and the anterior ethmoid cells removed. There was no benefit derived from these procedures. He gave a history of having had lues four years ago. During the past six months he had had a few injections of Salvarsan and other anti-syphilitic treatment. When I saw him in February, 1916, the Wasserman test was negative, there was pronounced swelling in the region of the tear sacs with considerable amount of scar tissue, there was no stenosis of the canaliculi, there was constant lachrymation, and upon pressure, a small amount of pus could be seen coming from the puncta. At the operation the tear sacs were found very much dilated, filled with pus and the walls of the sacs thickened. There was considerable difficulty encountered on the right side on account of an inward displacement of the processus pyriformis. It was necessary to resect a part of this process before a view of the region of the sac could be obtained. This patient had almost immediate relief, the external swellings rapidly disappeared, and lachrymation even in a strong wind did not take place. He was discharged in two weeks, and a report from his family physician ten days ago stated that he had been free from any symptoms of lachrymal disease since the operation.

INDICATIONS AND CONTRA-INDICATIONS.

What shall we say concerning the indications and contra-indications of the intra-nasal tear-sac operation? It is probably wise to say little or nothing concerning this part of the subject until the operation has been done more often and has gone through its experimental stage.

At present we may say that it may be attempted when conservative means have failed and an external operation is contemplated. By conservative treatment, I refer not only to the painstaking treatment as done by the ophthalmologist, but also to the careful examination and treatment as done by the ophthalmologist, but also to the careful examination and treatment of the nose. A systematic effort must always be made to connect the lachrymal disease with some abnormal condition of the nose, and if nasal disease has been definitely ruled out, we may continue our treatment along other conservative lines. It is well to remember that Rhese reported twenty-five cases of lachrymal disease in which a cure was effected by the removal of diseased ethmoid cells.

In this connection it may not be amiss to mention a few nasal conditions which bear an important relationship to disease of the lachrymal apparatus. In the first place it must be emphasized that the diseased condition of the nose may be many and varied. The extension of the inflammation may take place through:

- 1—Continuity of tissue.
- 2—Infection from purulent nasal discharges.
- 3—Contiguity of tissue with necrosis of walls.

Therefore, in order to eliminate all of the diseased conditions, a careful examination of the nose is imperative. A cursory examination will not suffice. In the first place, the inferior meatus must be carefully examined. It occasionally happens that the anterior end of the inferior turbinate may have the concave side directed toward the septum and the convex side pressing against the outlet of the duct. Another fact that must not be forgotten is that a hyperplasia of the inferior turbinate not only confines itself to the inner side of the turbinate, but may also be found on its lateral aspect, and consequently is in close juxtaposition to the outlet of the duct. Furthermore, a deviated septum may press the inferior turbinate outward, a diseased tooth may produce a periosteal swelling in the region of the ostium, and crust formation in ozena may also cause an obstruction at the outlet of the duct. The mechanical pressure of a large middle turbinate may cause compression necrosis of the thin wall of the lachrymal bone. An ethmoiditis with a possible dehiscence of the lachrymal bone, may be a predisposing factor. Mention must be made of the purulent secretions from an adenoid, and the pressure of a large adenoid on the pterygoid plexus with resulting congestion of the inferior ophthalmic vein, tuberculosis of the nose, a gumma on the lateral nasal wall, and maxillary sinus disease. It behooves us, therefore, to remember the various conditions that may cause a stenosis of the nasal duct, and in our examination to give the nose the attention it deserves.

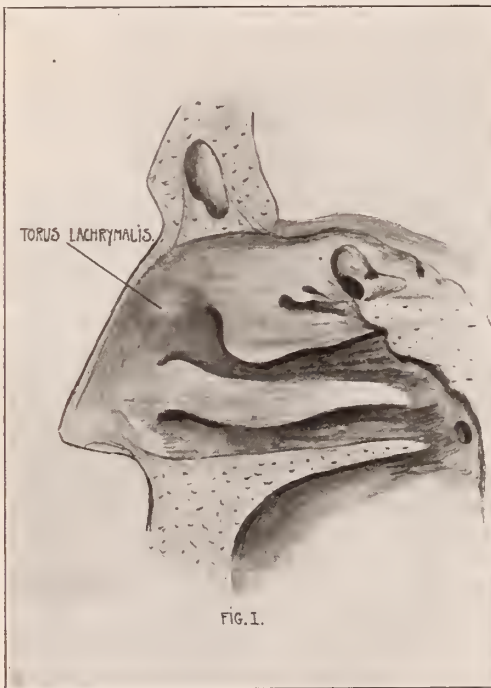
THE OPERATION.

The object of the operation is to establish a communication between the tear-sac and the

nose. In the first place let it be said that the operation is not particularly easy to perform, as the anatomical conditions often offer great obstacles, especially in that type of nasal development where there is extreme narrowness of the nasal chambers with a well developed high bridge of the nose. Other conditions which make the operation difficult, are an inward displacement or a thickness of the processus pyriformis, a deviated septum, enlarged middle turbinate, and well developed anterior ethmoid and uncinat cells. In wide atrophic noses the operation offers no special difficulty, so that any surgeon who is familiar with the ethmoid operation should be able to do an intra-nasal tear-sac operation, without much trouble.

ANATOMICAL CONSIDERATIONS.

The tear-sac lies in the fossa lachrymalis which is formed anteriorly by the processus frontalis of the superior maxilla and posteriorly

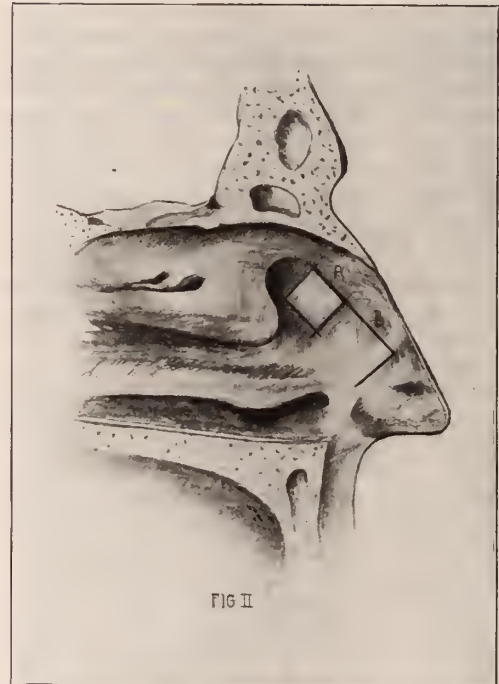


by the thin plate of the lachrymal bone. In some patients the greater part of the fossa may be formed by the thick frontal process of the superior maxilla. In other cases the fossa may be composed mostly of thin lachrymal bone. It may readily be seen that little resistance is offered the chisel when the fossa happens to be composed of thin bone. In looking into a nose one may see a protuberance of the outer nasal wall, which corresponds to the position of the lachrymal sac, and which has been named by West, the torus lachrymalis. (Fig. I.) The prominence is seen in most individuals, and is located in front of the anterior attachment of the middle turbinate. This is an important land

mark, for the reason that the removal of the mucous membrane covering this area is the first step of the operation.

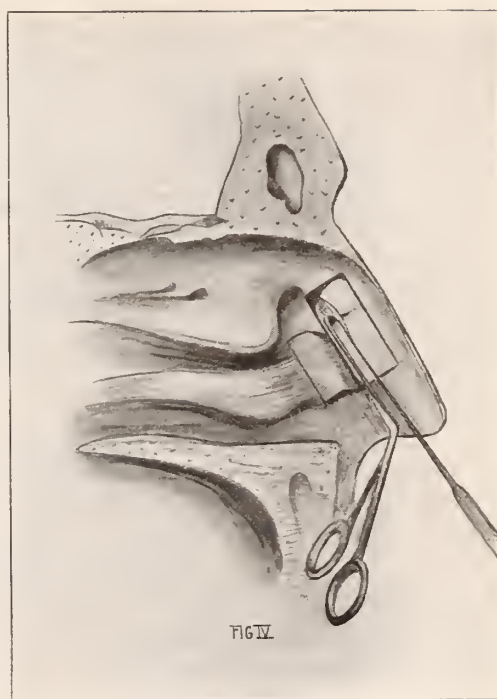
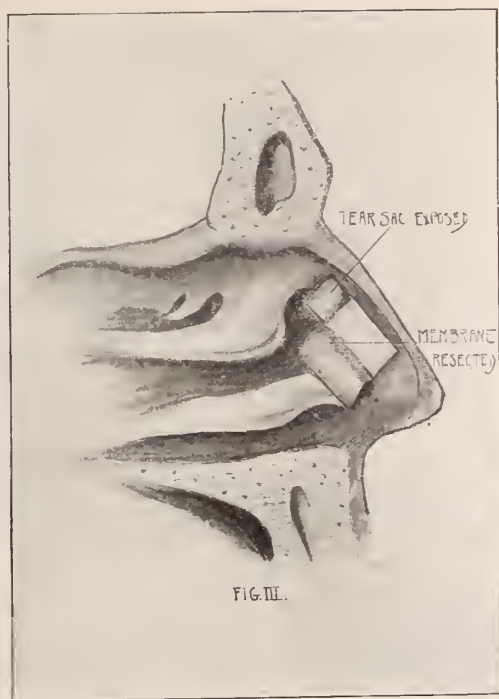
METHOD OF OPERATING.

A few days before the operation, the canaliculus is probed in order to be certain that there is no stricture, calculus or tumor. Should there be a stenosis of the canaliculus, the operation is contra-indicated. The operation is done under local



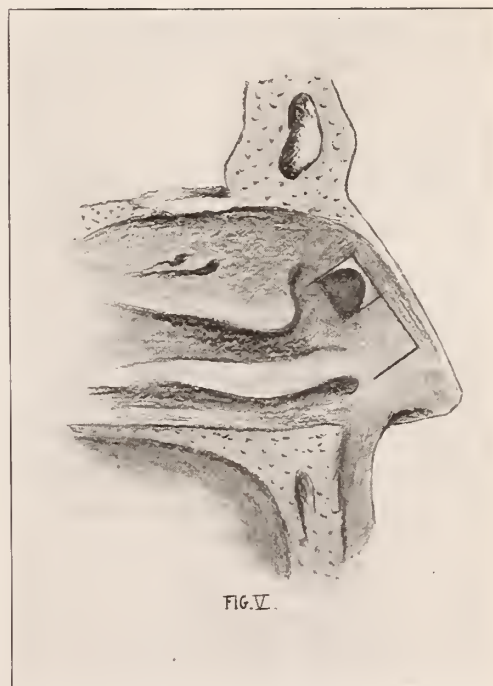
anesthesia. A hypodermic injection of Scopolamine 1/150 gr. and morphine 1/6 gr. is given one-half hour before operation. The nose is irrigated with an alkaline solution, the exterior of the nose and face cleansed with benzine and alcohol and a sterile mask placed over the mouth. The patient is placed in a semi-recumbent position. Applications of cocaine flakes and adrenalin are made to the outer wall of the nose, the septum and middle turbinate region. A few drops of 2 per cent cocain solution is placed in the eye. Injections of novocaine are not used, as they tend to obstruct the narrow field of operation and thereby add another difficulty. If the processus pyriformis is displaced inward and needs resection, a small quantity of novocaine may be injected at the anterior end of the process.

A preliminary submucous resection of the septum may be necessary before attacking the region of the lachrymal sac. When the deviated septum is corrected a good view of the torus lachrymalis can be had. The first incision is made from behind forward above the protuberance corresponding to the tear-sac, the second incision is made in the same direction below this prominence. The



knife used for these incisions must be long and slender. Vertical incisions joining the ends of the first and second incisions are now made anteriorly and posteriorly. (Fig. IIa.) The vertical incisions are made with a knife which has an angular cutting edge. The parallelogram of mucous membrane thus formed is submucously resected. In a wide atrophic nose removal of this piece of mucous membrane is all that is necessary; but if the nose is narrow or the mucous membrane very thick, a mucous membrane flap of the outer nasal wall may have to be made in order to obtain a good view of the field of operation. This is done by making an incision along the outer wall, as close to the roof of the nose as possible and as far forward as the anterior attachment of the inferior turbinate. At this point, a vertical incision is made down to the upper edge of the inferior turbinate and the flap thus formed is submucously resected and pushed downward. (Fig. 2b.) A much better view is thus obtained.

A long slightly curved chisel is now placed over the lachrymal protuberance. The chisel must be directed outward on a line with the center of the eye ball. The assistant now holds the nasal speculum, the operator handling both chisel and mallet. When the resistance of the bone gives way, the handle of the chisel is pressed outward, the piece of bone luxated and removed with a small forceps. If it does not become detached, a heavy mucous membrane elevator will remove it. The opening is now enlarged by the removal of more bone and should the ethmoid cells be well developed, they are also removed. (Fig. III.) If the anterior end of the middle turbinate en-



croaches upon the operative field, it must be resected.

REMOVAL OF LACHRYMAL SAC WALL.

Pressure is now made over the skin in the region of the lachrymal sac and the bulging of the sac wall is readily seen in the nose. It is not necessary to pass a probe into the canaliculus for too much probing may cause injury to the parts and eventually lead to secondary in-

flammation and stenosis. With pressure exerted from the outside, the protruding sac wall is grasped with a West forceps and with a small knife a portion of the wall is removed. (Fig. IV.) A greater part of the remaining sac wall may then be removed with a very small Grunwald forceps made especially for the purpose. (Fig. V.) The success of the operation depends upon the removal of a sufficient amount of the sac wall. If it was necessary to make a mucous membrane flap of the outer nasal wall, this flap is now placed in position and held there by means of gauze saturated with bismuth paste. If the operation was done without making the anterior flap, packing is not required. The patient remains in bed for two days.

The after-treatment is important during the first and second week following the operation. Granulations must be carefully dealt with by making applications of 10 per cent nitrate of silver; for should granulations form to excess, the object of the operation may be defeated. When the epithelium of the sac has grown over the wound and a mucous membrane fistula has formed, a recurrence is not possible.

In conclusion it must be mentioned that the intra-nasal tear-sac operation has been met with some opposition. If good results have not been obtained, the operator and not the method is at fault. The operation certainly has its good qualities if West is able to procure a good result in ninety per cent of the cases. The advantages of the operation may be summed up as follows:

- 1—It enables one to deal with intra-nasal disease which often accompanies disease of the tear-sac.
- 2—It restores a physiological function.
- 3—No external incision, consequently no scar or keloid.
- 4—Removal of the lachrymal gland not necessary.
- 5—May be done in phlegmonous inflammation of the tear-sac.
- 6—Epiphora not present after successful operation.

BIBLIOGRAPHY

- West—Archiv für Laryngologie, Vol. 27.
 Halle—Archiv für Laryngologie, Vol. 28.
 O. Mayer—Weiner klin. Wochenschrift, 1913, Vol. 26.
 Goerke—Berliner klin. Wochenschrift, 1914, Vol. 51.
 Clark—Transactions of Academy of Ophthalmology and Oto-Laryngology, 1914.

A Study of Typhoid Fever in Ohio*

Frank G. Boudreau, M. D., C. M., Columbus

Director, Division of Communicable Diseases, Ohio State Department of Health.

THERE must have been a period in the history of Ohio when the state was so sparsely populated that typhoid fever did not prevail. Whether or not this is true, records of typhoid fever deaths were not collected until 1881, when the disease was even more prevalent than at the present time. In Chart 1, the typhoid fever death rates are shown from 1881 to 1915, inclusive. These records were collected by various systems, and did not approach accuracy until 1909, when the present model registration law took effect. Total deaths recorded in the state more than doubled from 1908 to 1909, so that the accuracy of the rates for years preceding 1909 are subject to grave suspicion. In order to secure a more accurate idea of the comparative number of typhoid fever deaths prior to complete registration, the ratio of typhoid deaths to total deaths was plotted in the upper half of this chart. By this means a better conception is secured of the decreasing number of typhoid fever deaths, and it is to be noted that from 1901 there has been a steady decrease, and not first a decrease and then an increase, as the plotted typhoid fever death rates would lead one to believe. Had the typhoid fever death rate which obtained in 1882 held until 1915, over 3500

deaths due to this cause would have occurred last year, instead of 714. In 1908, reports of typhoid fever deaths collected by the State Board of Health from a limited portion of the state exceeded the total of deaths collected by the Secretary of State for the whole state. It is obvious that too much reliance must not be placed on these charts based upon such unreliable data.

TABLE I.

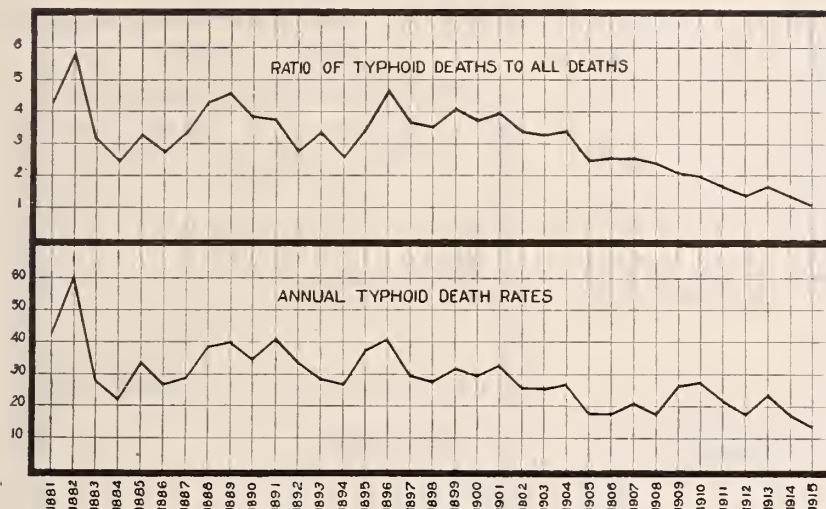
THE COST OF TYPHOID IN OHIO. DEATHS, SICKNESS, MONEY.

YEARS	DEATHS	SICKNESS	MONEY
1909	1261	11464	\$4,933,546
1910	1327	12064	5,419,070
1911	1084	9854	4,426,731
1912	902	8200	3,683,497
1913	1191	10827	4,863,686
1914	912	8290	3,724,334
1915	714	6356	3,415,762
Average	1056	9579	\$4,352,377

In Table I is recorded the number of deaths from typhoid fever collected each year since 1909. The number of cases estimated upon a case-fatality rate of 11 per cent. is also shown. This estimated case-fatality rate is probably double the real rate, but is used purposely so that I could not be accused of exaggerating the number of cases. Using even such a high case-fatality rate as 11, the number of estimated cases greatly exceeds the number of reported cases. In 1912,

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TYPHOID FEVER IN OHIO 1881 - 1915



Above. Percentage which typhoid fever deaths are of total deaths from all causes.

Below. Typhoid fever death rates by years. The remarkable reduction in typhoid fever deaths since 1881 is shown most clearly in the upper half of this chart.

3,042 cases were reported, and the following numbers in 1913, 1914, 1915: 6,863, 4,796, 4,501. Comparing the reported cases with the estimated cases, it can easily be seen that at least 40 per cent of the cases are not reported each year.

In considering the reasons for the excessive prevalence of typhoid fever in Ohio, emphasis must be placed upon the non-report of cases, for cases that are not notified are not safeguarded properly. In Table I the last column gives the direct financial losses occasioned by typhoid fever in Ohio. These losses are based upon the specific death rates, and the estimated specific case rates. The calculations were made according to the methods elaborated by William Farr and Irving Fisher. To these losses were added the estimated cost of medical attention and nursing. The direct average annual loss from typhoid fever in Ohio is \$4,352,377. To this should be added the loss due to more or less permanent invalidism which follows in a considerable percentage of cases, and the loss due to the greatly increased mortality during the three years following convalescence from typhoid fever. The losses shown on this table are based, therefore, on an extremely conservative basis. As typhoid fever has been shown to be easily preventable, it requires no stretch of the imagination to foresee the results of an intelligent investment of even a tenth of this sum every year in preventive measures.

In Chart II are shown the specific death rates from typhoid fever. The population at each age period was estimated by methods used in preparing census estimates, and was taken as of July 1, 1912, the mid-point. This chart gives a much more exact idea of the age distribution of typhoid fever deaths than would be secured from the age distribution per 1000 deaths, for the population at the various age-periods varies considerably.

The greatest number of deaths occur roughly between 15 and 30 years, when society has invested most heavily in the individual and before dividends at all proportionate to the investment have been realized. Typhoid fever preys upon the most valuable classes of the population.

Before leaving the state as a whole, to consider its political sub-divisions, reference should be made to the position Ohio occupies as compared with other states. Among twenty registration states ranked according to the average typhoid fever death rates for the four-year period, 1909-1913, Ohio stands fifteenth, with a rate twice as high as the first five, Massachusetts, Rhode Island, Vermont, New Hampshire and New Jersey, and only eleven points lower than Maryland, with the highest rate. I am glad to state that the average rate of 23.1 for 1909-1913 has been decreased to 14.1 in 1915. Whether our rank has changed, or whether other states have decreased their rates remains for the census compilers to determine.

The seasonal distribution of typhoid fever throws some light upon its sources. In 1902 Sedgwick and Winslow showed that the relation of typhoid fever deaths to seasonal temperature changes according to the sources of the disease. In cities in which the water supplies are responsible for the prevalence of the disease the plotted curve of deaths shows little parallelism with the curve of monthly temperatures, whereas in cities with pure water supplies, the parallelism is striking. Taking the number of typhoid fever deaths occurring each month in the state as a whole, and comparing the resulting curve with the monthly mean temperatures, a striking similarity is seen, if typhoid fever deaths are given two months' advantage of the temperature, to allow for incubation period, and average length of sickness be-

fore a fatal result occurs. Every rise in temperature appears to be followed by a rise in typhoid fever deaths. This is shown in Chart III. Here the average monthly typhoid fever deaths are compared with the monthly mean temperatures.

July and August alternate regularly as the peak months. The conclusion seems just, that factors operating in the spring and summer are most important, and that typhoid fever deaths whose source is public water supplies are comparatively unimportant now and since 1909, when compared with the large mass of deaths due to other causes. Factors which are operative in May, June and July should receive our closest attention.

COUNTIES.

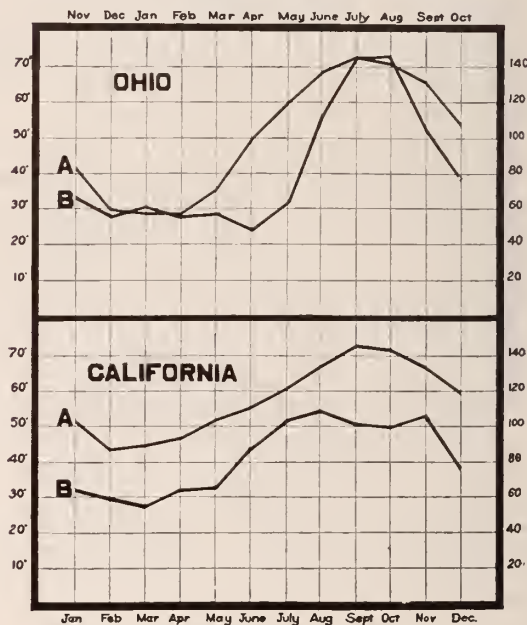
TABLE II.

AVERAGE TYPHOID FEVER DEATH RATES IN THE 88 COUNTIES OF OHIO, RANKED ACCORDING TO DECREASING RATES, 1909-1914.

COUNTY	RATE	COUNTY	RATE
Scioto	65.6	Lorain	23.8
Lawrence	57.8	Morrow	23.8
Muskingum	49.2	Erie	23.4
Jefferson	44.6	Ashland	22.9
Ross	43.7	Ashtabula	22.9
Columbiana	42.5	Licking	22.7
Vinton	39.4	Miami	22.7
Trumbull	38.7	Morgan	22.7
Meigs	37.1	Marion	22.4
Mahoning	35.6	Tuscarawas	22.3
Paulding	34.1	Van Wert	22.3
Lucas	33.9	Crawford	21.5
Jackson	33.6	Mercer	21.2
Lake	32.4	Hancock	21.1
Wyandot	32.2	Logan	21.0
Coshocton	31.4	Noble	20.6
Wood	31.3	Perry	20.5
Gallia	31.1	Warren	20.4
Putnam	31.1	Henry	19.9
Portage	31.1	Williams	19.8
Hardin	30.7	Darke	19.7
Washington	30.1	Fulton	19.3
Delaware	29.9	Wayne	19.3
Highland	29.7	Huron	18.8
Shelby	29.7	Stark	18.6
Belmont	28.9	Clinton	18.5
Brown	28.9	Hocking	18.3
Sandusky	28.8	Butler	18.2
Harrison	27.9	Knox	17.9
Defiance	27.8	Montgomery	17.4
Summit	27.3	Preble	17.4
Union	26.6	Clark	17.2
Pike	26.1	Franklin	16.4
Athens	26.0	Ottawa	16.4
Clermont	25.9	Champaign	15.8
Allen	25.8	Holmes	15.8
Adams	24.9	Seneca	15.2
Monroe	24.8	Auglaize	13.9
Richland	24.8	Medina	13.9
Greene	24.7	Carroll	13.7
Fayette	24.5	Fairfield	13.3
Madison	24.3	Cuyahoga	11.5
Pickaway	24.2	Gauga	11.4
Guernsey	24.0	Hamilton	10.1

Table II shows the prevalence distribution of typhoid fever deaths in the counties in Ohio. The average annual rate for the whole state for the years 1909-1914 was 22.8. Twenty-two counties have rates above thirty, and of these, seven are situated along the Ohio River. Scioto County

SEASONAL DISTRIBUTION TYPHOID FEVER DEATHS COMPARED WITH MEAN TEMPERATURES 1909 - 1915



A represents mean temperatures. B represents the percentage of typhoid fever deaths which occur each month. The temperatures are given two months advantage of the deaths, the former beginning with November (above), the latter with January (below).

has the highest rate in the state, 65.6. Lawrence County follows with a rate of 57.8. Muskingum County, with a rate of 49.2; Jefferson with 44.6; Ross, with 43.7; and Columbiana with 42.5, follow. Counties with the lowest rates are Hamilton, 10.1; Geauga, 11.4; Cuyahoga, 11.5; Fairfield, 13.3; Carroll, 13.7, and Auglaize and Medina, 13.9. The high rates of such counties as Scioto and Lawrence are due to the extreme prevalence of typhoid fever in Ironton and Portsmouth, while the low rates of Hamilton and Cuyahoga Counties are due to the low averages of Cincinnati and Cleveland.

In order to make comparisons fairly just, I have divided the cities of Ohio into four groups,

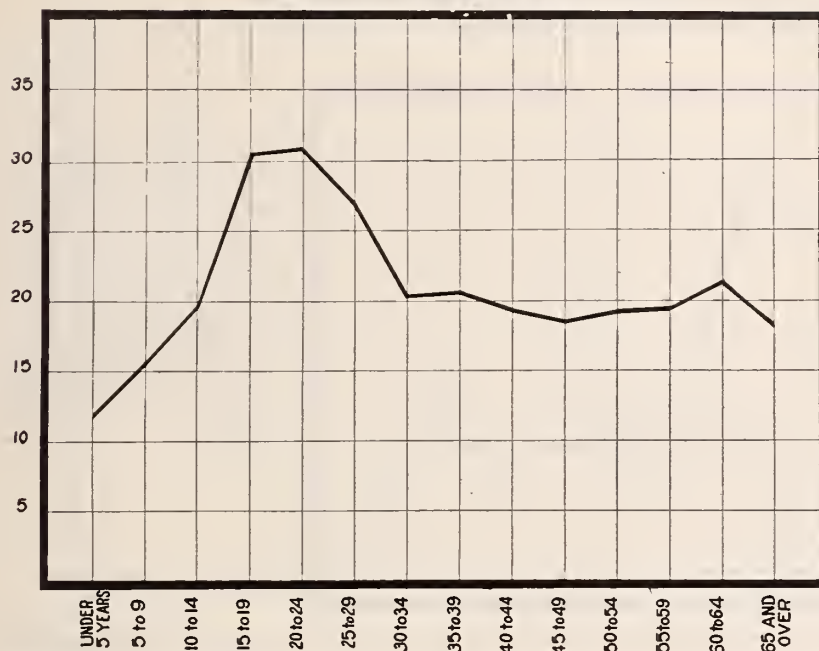
CITIES.

TABLE III.

TYPHOID FEVER DEATH RATES IN CITIES WITH POPULATIONS EXCEEDING 100,000 IN 1910.

City	Ave. rate 1909-1911	Ave. rate 1912-1914	Ave. rate 1909-1914	Rate 1915
Cincinnati	11.4	6.8	8.6	7.4
Cleveland	14.9	9.7	12.1	7.8
Columbus	16.7	17.2	16.9	13.3
Dayton	20.5	15.3	17.9	16.5
Toledo	33.9	49.7	35.7	24.1

2
SPECIFIC TYPHOID DEATH RATES
FOR OHIO 1909-1915



This chart gives the death rates at the various age periods, which are indicated on the lower margin.

according to the population in 1910. The first group comprises cities with populations exceeding 100,000 in 1910. For 1915, Cincinnati has the lowest rate, 7.4, with Cleveland a close second, 7.8. Dayton and Toledo foot the list with rates of 16.6 and 23.5, respectively. The rate of Cincinnati for 1915 exceeds the average for 1912-1914 inclusive, by 0.6, but is less by 1.2 than the average rate for 1909-1914. All of the cities have lower rates in 1915 than the average rates for 1909-1914, inclusive. Columbus and Toledo have made the greatest reductions over the averages for the period of 1909-1914, and more especially over the averages for 1912-1914, inclusive. In a compilation of typhoid fever in the large cities of the United States for 1915, published in the Journal of the American Medical Association, Cleveland stands sixth in a group of nine cities with populations exceeding 500,000. Cincinnati is sixth in the group of ten cities with populations between 300,000 and 500,000. Columbus is tenth in the ten cities with populations between 200,000 and 300,000, and Toledo is twelfth in the fourteen cities with populations between 125,000 and 200,000. Dayton is ninth in a group of cities having populations between 100,000 and 125,000.

TABLE IV.

TYPHOID FEVER DEATH RATES IN CITIES WITH POPULATIONS BETWEEN 25,000 AND 100,000 IN 1910.

City	Ave. rate 1909-1911	Ave. rate 1912-1914	Ave. rate 1909-1914	Rate 1915
Lima	27.2	26.5	26.9	0
Newark	23.5	31.2	27.5	6.9
Hamilton	20.6	12.8	16.6	9.7

Canton	21.1	18.8	19.9	13.2
Springfield	14.9	25.5	20.3	13.6
Lorain	30.9	28.3	29.5	22.4
Zanesville	85.3	63.3	74.1	29.6
Akron	33.9	13.7	30.1	30.1
Youngstown	44.3	41.4	41.1	34.0

The second group comprises nine Ohio cities with populations between 25,000 and 100,000. Lima heads the list with no deaths in 1915. The average annual rate of Lima for 1909-1914 was 26.9, and for 1912-1914 was 26.5. Newark is second with 6.8, and Hamilton is third with 9.7 for 1915. Akron and Youngstown have the highest rates with 30.1 and 34.0, respectively. The average annual rate of Akron for 1909-1914 was the same as the rate of 1915, but the average for 1909-1911 exceeded the average for 1912-1914 by 20.2. Lima, Newark, Hamilton, and Zanesville show the greatest reductions in the 1915 rate over the averages for 1909-1914.

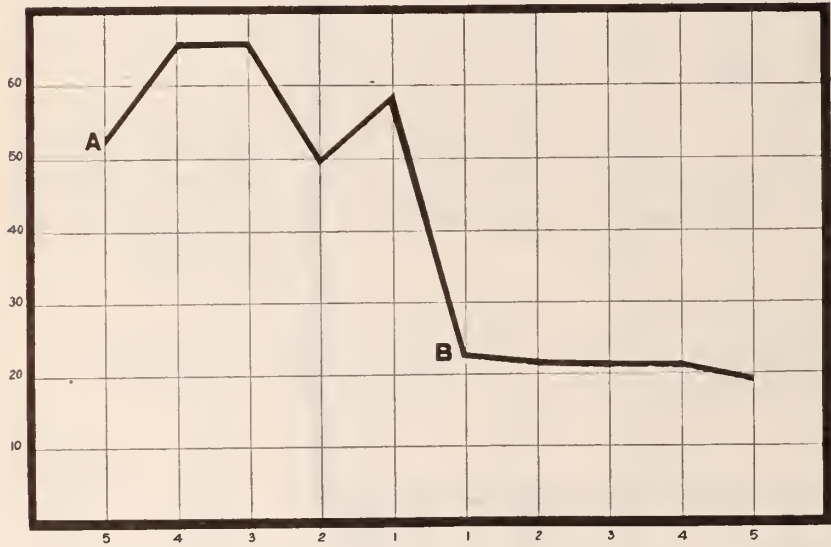
TABLE V.

TYPHOID FEVER DEATH RATES IN CITIES WITH POPULATIONS BETWEEN 10,000 AND 25,000 IN 1910.

City	Ave. rate 1909-1911	Ave. rate 1912-1914	Ave. rate 1909-1914	Rate 1915
Lakewood	4.4	4.2	3.9	0
Massillon	14.2	18.7	16.7	0
Norwood	6.1	6.8	6.5	0
Tiffin	14.0	19.1	16.6	0
Chillicothe	89.4	40.0	64.3	6.5
Piqua	27.3	29.0	28.2	7.1
Sandusky	45.0	26.5	35.7	9.9
Alliance	37.2	15.7	25.8	10.9
Middletown	15.1	13.8	14.4	13.2
Mansfield	48.0	13.7	30.5	13.4
Marion	12.7	41.3	17.2	18.5
Lancaster	5.1	20.8	13.3	19.7

4

COMPARISON OF TYPHOID FEVER DEATH RATES
BEFORE AND AFTER FILTRATION



A. represents the typhoid death rates of eleven cities and five villages for five years prior to filtration of the public water supplies. B. represents the typhoid death rates of the same cities and villages for five years following filtration.

Cambridge	35.1	35.1	35.1	23.1	Wapakoneta	6.2	23.0	14.9	0
Marietta	25.8	38.7	32.2	23.3	E. Cleveland	10.7	0	4.8	8.0
Elyria	22.3	19.8	21.1	27.8	Delaware	44.0	17.7	30.6	10.3
Ashtabula	29.0	20.0	24.3	28.6	Bellefontaine	28.2	22.9	33.3	11.0
Portsmouth	62.1	113.3	88.6	30.3	Bucyrus	40.9	15.4	27.8	11.2
Ironton	53.1	95.9	74.8	36.2	Niles	119.6	59.6	89.5	11.9
Findlay	56.1	22.4	32.5	40.3	Norwalk	25.4	8.2	16.6	12.1
Warren	65.9	30.8	47.7	40.3	Urbana	30.1	24.9	27.4	12.2
Bellaire	25.6	47.2	37.1	41.2	Washington C. H.	54.7	30.0	42.0	12.3
E. Liverpool	79.9	83.1	81.5	71.4	Canal Dover	70.3	28.6	48.8	13.7
Steubenville	56.1	85.3	71.5	79.0	Galion	23.1	23.1	23.1	13.9

The next group comprises 23 cities with populations between 10,000 and 25,000. Norwood, Lakewood, Massillon and Tiffin had no deaths in 1915. Lakewood, Norwood, Lancaster and Middletown have the lowest average rates for 1909-1914, a more just comparison because of the small populations affected, and the consequent tendency of small outbreaks to effect the standing unduly. Portsmouth, Ironton, Warren, Findlay, Bellaire, East Liverpool and Steubenville have had consistently high rates since 1909.

TABLE VI.

TYPHOID FEVER DEATH RATES IN CITIES WITH POPULATIONS BETWEEN 5,000 AND 10,000 IN 1910.

City	Avg. rate 1909-1911	Avg. rate 1912-1914	Avg. rate 1909-1914	Rate 1915
Athens	6.0	5.3	5.7	0
Barberton	45.5	11.8	27.5	0
Bellevue	6.4	5.9	6.1	0
Circleville	9.9	24.7	17.3	0
Defiance	27.3	27.3	27.3	0
Delphos	26.4	45.2	35.7	0
Jackson	54.9	35.0	44.6	0
Nelsonville	27.3	21.2	24.2	0
New Philadelphia	3.8	3.6	3.7	0
Sidney	10.0	24.1	17.3	0
Troy	5.4	69.9	37.8	0
Van Wert	41.8	30.2	36.6	0

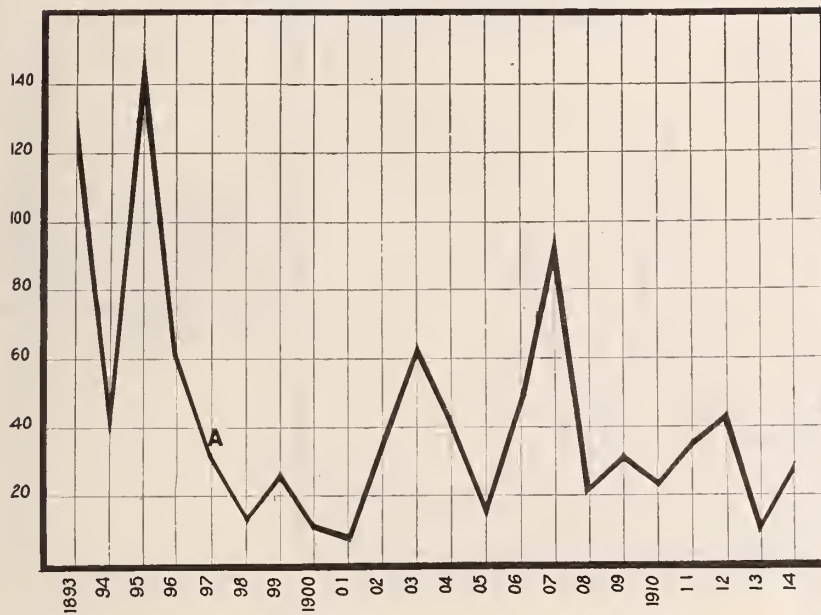
Wapakoneta	6.2	23.0	14.9	0
E. Cleveland	10.7	0	4.8	8.0
Delaware	44.0	17.7	30.6	10.3
Bellefontaine	28.2	22.9	33.3	11.0
Bucyrus	40.9	15.4	27.8	11.2
Niles	119.6	59.6	89.5	11.9
Norwalk	25.4	8.2	16.6	12.1
Urbana	30.1	24.9	27.4	12.2
Washington C. H.	54.7	30.0	42.0	12.3
Canal Dover	70.3	28.6	48.8	13.7
Galion	23.1	23.1	23.1	13.9
Greenville	26.7	5.1	15.7	15.1
Wooster	48.7	10.1	29.8	16.2
St. Bernard	44.3	22.3	34.7	17.0
St. Marys	11.6	28.5	20.1	17.0
Painesville	84.8	53.1	69.7	17.4
Fostoria	10.4	9.8	10.1	18.8
Bowling Green	25.3	63.2	44.4	19.0
Mt. Vernon	14.5	13.4	14.0	19.2
Salem	48.3	24.9	37.4	20.6
Xenia	26.8	45.9	36.3	23.0
Wellsville	42.7	56.3	49.7	23.3
Coshocton	31.0	31.4	31.2	26.6
Wellston	43.6	9.7	26.8	29.0
Ravenna	43.7	64.0	54.2	33.3
Gallipolis	30.0	34.0	32.9	35.7
Ashland	44.1	26.1	34.4	36.5
Fremont	33.5	33.4	33.4	39.9
Kenton	41.7	59.3	50.6	40.5
Conneaut	39.9	30.6	35.3	44.9
Martins Ferry	14.6	27.8	21.3	71.0

The last group of cities comprises 43, with populations of from 5,000 to 10,000. Fourteen of these cities reported no deaths in 1915. The highest average annual rate for 1909-1914 was 89.5, and the lowest (New Philadelphia), 3.7. Eight of the cities have average rates exceeding 40 per 100,000 for the period 1909-1914.

URBAN AND RURAL DISTRIBUTION.

A comparison of the urban and rural typhoid fever death rates for the period 1909-1913, gives

5
LORAIN
TYPHOID FEVER DEATH RATES



The letter A indicates the years during which filtration was begun. The public water supply was treated every year following 1897.

a rate of 23.5 for the cities above 10,000 population, and 24.1 for the state, exclusive of such cities. Within a short time I believe the excess of the rural over the urban rate will be increased, on account of the comparatively large portion of the urban population which will have access to filtered water supplies.

WATER AS A SOURCE OF TYPHOID FEVER.

The most spectacular advance in the campaign against typhoid fever has been due to the distribution of water supplies. As built up communities and sewerage systems developed, rivers and other bodies of water become badly polluted with human sewage. Rivers and other surface waters were used as sources of water supply, and the vicious circle of sewage-pollution, polluted, raw water supplies and typhoid fever began to cause typhoid death rates to increase by leaps and bounds, as a glance at some of the charts will show. In 1896 the first rapid mechanical filter was installed in Ohio, and this method has found so much favor, that the total population which will be served with water purified by this means, at the end of the year 1916, will be 2,201,100, or nearly half the total population of the state.

Chart IV represents the average typhoid fever death rates in eleven cities and three villages for five years prior to, and five years succeeding the installation of water filtration. In this chart a number of cities were excluded because data concerning typhoid fever for the period covered was not available. Others were not included because filtration plants were installed too recently to study the effects upon the typhoid fever

death rates. The year during which filtration plants were installed is not considered because some brief period of time must elapse before the effect of purifying the water is manifested in the reduced prevalence of typhoid fever. The results of water purification as shown in this chart may be summed up by noting that the typhoid fever death rate was reduced 62.7 per cent by this means.

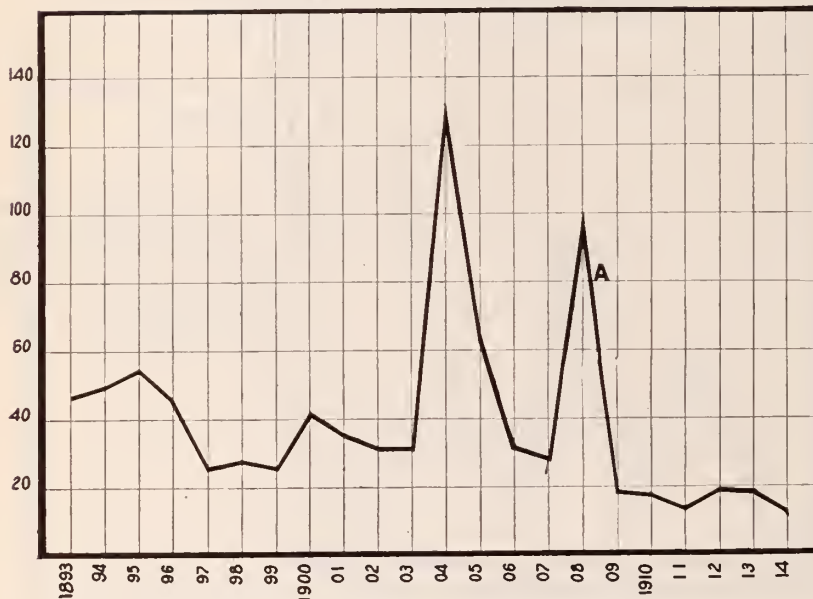
While filtration usually causes the typhoid fever death rate to drop, this is not always the case. Charts V and VI show two cities in which the effects were very different.

The Cincinnati purification plant was placed in operation in November, 1907. The typhoid fever death rate immediately fell and has decreased ever since, until now it is lower than that of any other large city in the state. How much of this reduction has been due to supervision of the milk supply and careful study of the sources is difficult to determine. The supervision of the milk supply became efficient January, 1911, and a steady decrease in the typhoid fever death rate followed.

In Columbus (see Chart VI) the purification of the water supply in October, 1908, was preceded by extensive water-borne epidemics in 1904 and 1908. In 1904, 1500 cases and 165 deaths occurred within two months. Supervision of the milk supply became effective in Columbus in 1912.

In Toledo the situation is peculiar. The death rate in that city prior to filtration was never so excessive as in the other large cities, and filtration did not lower the rate appreciably.

6
COLUMBUS
TYPHOID FEVER DEATH RATES



The letter A represents the date on which filters were installed. The chart graphically shows the lowered rate since that time.

The reasons are not far to seek. The first public water supply was installed in 1872. The Maumee River was the source, and the supply had undesirable physical characteristics. Ground water is easily obtained in Toledo, so that a large proportion of residents sunk wells, and never cultivated the habit of using the city water. A recent census in Toledo revealed the presence of approximately 10,000 surface wells. The residential sewage disposal situation in Toledo is very bad. These two facts are sufficient to account for the negligible decrease in the typhoid fever death rate following filtration. If the typhoid fever deaths in a city are not due to the polluted water supply, then purifying the city water will not reduce that death rate. Another factor was operative in Toledo. Careful studies have shown that milk has been responsible for a comparatively large proportion of the typhoid fever cases occurring every year in certain parts of the city. Purification of a polluted water supply will not reduce the typhoid fever death rate if the source is milk. According to the health authorities of Toledo, supervision of the milk supply is not as yet efficient.

The typhoid fever death rate of Youngstown increased by leaps and bounds prior to filtration. The comparatively small size of the Mahoning River, the very rapidly increasing population along the watershed, occasioned by the boom in the steel industry, and the building up of a city at too rapid a rate to allow the installation of sanitary safeguards, such as sewers, to keep pace with the growth, are some of the factors responsible for these rises. The death rate was

greatly reduced by filtration, but remained higher than it should have been, and has not shown much tendency to decrease since. A very careful study of the typhoid fever situation in Youngstown was made during 1906 by Hansen. Of a total of 153 cases found in that year, 109 used well waters only. Ninety-five lived in houses with no sewerage connections, and 93 in houses not connected with the public water supply. By comparing the percentage of deaths occurring each month with the mean monthly temperatures, Hansen showed that a large proportion of the typhoid fever deaths in Youngstown prior to filtration, was caused by the public water supply. Supervision of the milk supply is said to have become effective June, 1910.

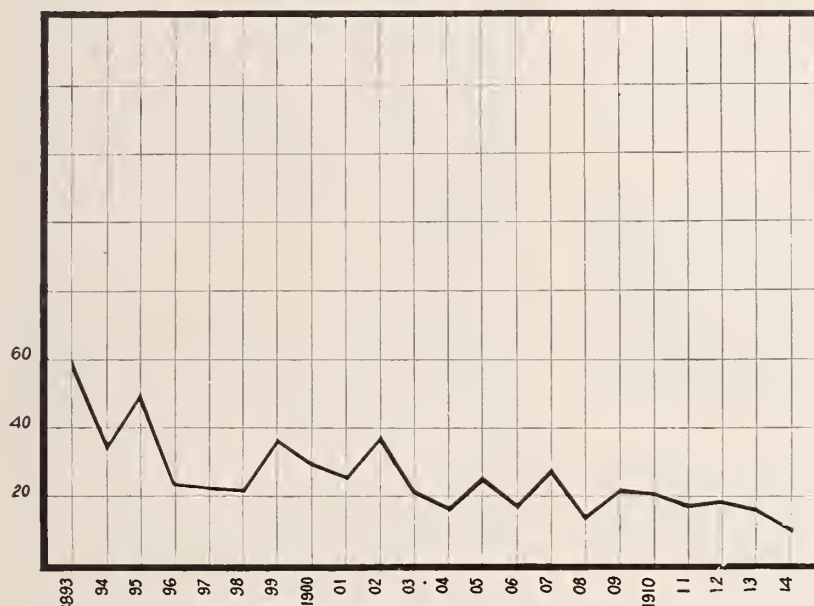
The mechanical filter plant in Lorain (see Chart V) began operating in 1897. Poor results were secured because of improper operation and insufficient capacity. Supervision of the milk supply has not become effective as yet.

To compare with these charts of cities with filtered water supplies, I have Chart VII showing the plotted typhoid fever death rate in Dayton.

In Cleveland the public water supply was taken from Lake Erie, at a point one and a half miles from the shore, and one mile west of the Cuyahoga River, since 1874. The sewage of the city drained into this river, and was carried into the lake past the intake. Growth of the city and consequent increased pollution caused the typhoid fever death rate to rise rapidly. In 1903 from January 1 to April 17, 1,393 cases and 145 deaths occurred from typhoid fever. This resulted in

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DAYTON
TYPHOID FEVER DEATH RATES



Dayton has a public water supply drawn from wells. The reduction in typhoid fever death rates is ascribable to causes other than the public water supply.

placing the intake crib four miles directly north of the Cuyahoga River, at the present five-mile point. An immediate fall in typhoid fever death rates occurred, and the rate has never since risen above 20 per 100,000 population. The seasonal distribution of typhoid fever deaths was altered in the same general way as in the case of Cincinnati. In September, 1911, disinfection of the public water supply with hypochlorite of calcium was begun. Supervision of the milk supply is said to have become effective in 1911.

The typhoid fever death rate of Dayton (see Chart VII) shows more regularly than that of any other city considered. The public water supply is drawn from deep wells, and is of unquestioned purity. It would seem that the factors responsible for typhoid fever in Dayton are being greatly eliminated. Supervision of the milk supply was begun in 1906, but Dr. Light does not believe it is effective at the present time.

Since 1886 when the State Board of Health was established, 102 outbreaks of typhoid fever have been investigated by representatives of the state department. I have summarized the reports of these outbreaks and have drawn certain general conclusions therefrom. Excluding all outbreaks in which a reasonable amount of detail was not given, the following may be considered.

Water-borne outbreaks	24
Milk-borne outbreaks	19
Outbreaks, due to contact.....	11
Food	3
—	—
Total	57

WATER-BORNE TYPHOID FEVER.

Sixteen of the twenty-four water-borne outbreaks were traceable to public water supplies. The average number of cases in these outbreaks was 220. The largest epidemics comprised 1,500, 1,393 and 150 cases. These three outbreaks occurred in cities with public water supplies drawn from surface waters, and the raw water was not purified in any way. Three of the outbreaks were due to faulty operation of the filters, especially the use of insufficient coagulant. Three were due to the introduction of raw polluted water into the public water supply by means of industrial connections. The use of emergency intakes was responsible for seven outbreaks. Two were due to the provision of a double water supply, one for drinking, the other for sanitary purposes. These outbreaks occurred in a state institution, and I have just recently traced another outbreak to a similar source. Where both a safe and a polluted water supply are available children are unlikely to discriminate. Two other outbreaks were caused, respectively, by polluted flood waters covering the well manholes and leaking through the defective concret walls, and to a break in the main which was laid on the bed of a badly polluted stream.

WELL WATERS.

Private wells have been shown to be the source of six typhoid fever outbreaks. Five of these were shallow dug wells. One was a deep drilled well. In this case sewers from certain portions of a city and from a large industrial plant employing hundreds of workers, converged at a point very close to this well. Fifty cases of typhoid

fever developed within an extremely short period, and chemical and bacterial examination revealed gross evidences of pollution. The water was practically diluted sewage. The sewer trap was defective and had allowed sewage to enter the well water. In the five outbreaks caused by dug wells, the proximity of an early case and the improper disposal of his excreta was reported in each instance.

Only one outbreak was traced to a spring. This occurred in Steubenville, and the spring water was used by nearly all the residents of one suburb. The public water supply possessed undesirable physical characteristics, and was also unsafe. As a result residents were forced to obtain water from private sources. Opportunities for pollution of this spring with human sewage were plentiful, and analysis showed gross contamination.

The last water-borne outbreak considered occurred among a group of laborers on Kelly's Island. Water in this case was obtained from the lake and pollution was evident both at the source and at the small storage reservoir.

MILK-BORNE OUTBREAK.

Eighteen milk-borne outbreaks are considered. The average number of cases was 37. The largest outbreaks comprised 140,100, and 55 cases. The smallest involved only six persons. Cases of typhoid fever were found at the dairies in eleven instances. In three outbreaks cases on the route were considered to have infected the milk. In four instances the mechanism by which the milk was infected was not revealed. For reasons with which you are all familiar, evidence implicating milk as a source of typhoid fever is entirely circumstantial. Such being the case it is practically impossible to trace the source of small milk-borne outbreaks. That hundreds of these occur must be obvious to the most superficial observer.

In connection with milk as a source of typhoid fever, I will summarize briefly the information concerning supervision of milk supplies in the twenty largest cities of the state, secured in answer to a questionnaire. I wish at this time to express my indebtedness to the health officers and dairy inspectors of those cities who took such pains to send exact information, and were so prompt in complying with my request. Steubenville and Ashtabula are the only cities where no dairy supervision is exercised by the local health department. State inspectors occasionally make tours of inspection. Youngstown was the first city to practice supervision, June, 1902. In Canton inspection began in 1903. Portsmouth and Lima did not begin inspection until 1913. Health departments of nine cities state that supervision of the milk supply is now efficient. Fourteen cities report that all dairies are regularly inspected. Bacterial counts are

made in 14 cities. Thirteen cities require certain bacterial standards varying from 50,000 to 1,000,000 bacteria per c. c. Incomplete records show that more than 600 prosecutions have been instituted against dairy men. Seventeen milk-borne outbreaks of typhoid fever are reported, the most extensive of which occurred in Toledo. Eight cities report that dairy supervision has had a good effect in preventing typhoid fever. In one city the definite effect of pasteurization after locating the source of an outbreak, was manifested in one ward which had been supplied with milk from a carrier's farm for years. Six cities publish the results of dairy inspection and milk analyses. In thirteen cities typhoid fever cases are checked against the dairyman supplying the milk. This is one of the most important means of preventing the spread of typhoid fever through milk, and should be neglected by no city, however small. Three cities require pasteurization. One city requires pasteurization from May 1 to September. Six cities report that at least 75 per cent of the milk sold is pasteurized. In an editorial in the Journal of the American Medical Association, the reduction of typhoid fever in the large cities of the United States was ascribed largely to the purification of public water supplies and the decreased consumption of raw milk. The cities of Ohio should have stricter requirements as to pasteurization, and I am glad to know that two cities now have ordinances pending. It is not necessary to point out that the holding method is the only form of pasteurization capable of destroying pathogenic micro-organisms.

CONTACT-BORNE OUTBREAKS.

Eleven outbreaks in which contact was responsible for the spread are described. The average number of cases was 32, and the largest outbreak comprised 153 cases. The smallest outbreak included four persons. The term "outbreak" does not really describe these instances, although it is true in the sense that typhoid fever developed where it had not previously occurred for some time. In nearly all milk-borne and water-borne typhoid fever epidemics a comparatively large proportion of cases were due to contact. It is extremely difficult to sift out contact cases from those whose source is a common one in epidemics. Similarly where typhoid fever is endemic it is almost impossible to eliminate wells, milk and food. Finally in regard to contact, I am of the belief that this is the important means of transmission of typhoid fever. Epidemics which have occurred in Ohio within recent years are no more important relatively and no more conspicuous than are mountains on the earth's surface. I believe that contact is now the most important factor in the spread of typhoid fever, and especially if the broader meaning of contact, direct and indirect, is accepted.

FOODS.

Four outbreaks are ascribed to foods. The only source common to thirty persons who developed paratyphoid in South Solon was oysters. An outbreak of ten cases occurred among the customers of a restaurant where convalescents and nurses were employed. Ice cream was responsible for 15 cases in the vicinity of Mansfield. Vegetables, irrigated with water from a small creek laden with human sewage, are said to have been responsible for an outbreak of fourteen cases.

I have not the time to discuss further the sources of typhoid fever. Proper consideration of the material I have accumulated would lead me easily beyond the limits of your patience. I will close by offering the following suggestions. In order to reduce the prevalence of typhoid fever in Ohio:

- I. Public water supplies must be safeguarded by proper operation of filter plants; by proper supervision; by removal of sources of pollution.
- II. Milk supplies must be safeguarded by inspection, analysis, publicity, checking cases of typhoid fever against dairymen, proper pasteurization, and reciprocal notification, so that city health officers will be advised of the presence of typhoid fever in adjoining districts. Reciprocity in inspection is also desirable.
- III. The individual case must be guarded. Prompt notification, accurate diagnosis, efficient disinfection, and close study of the sources are necessities. Standard forms for the epidemiologic study of cases are desirable.
- IV. Human sewage must be disposed of safely, so as to prevent pollution of the soil and streams, and the breeding of flies.
- V. The public must be educated. This, in my opinion, is one of the most important means of preventing typhoid fever. I have under advisement plans to carry out a publicity campaign in rural districts, where the problem of typhoid fever has been neglected so shamefully.
- VI. An earnest effort should be made to discover and eliminate carriers.

This brief survey of typhoid fever in Ohio has convinced me that we have come far on the road leading to the goal of typhoid prevention. Our view of the future must be fraught with optimistic speculation. All that we have to do is to place in effective operation the practical methods elaborated by thousands of workers in order to attain that desirable end, the elimination of typhoid fever as an important sanitary problem.

How Employers Care For Injured

Information relative to facilities for medical and hospital treatment of injured employes provided by employers carrying self-insurance under the workmen's compensation act is contained in a report issued recently by the Ohio State Industrial Commission.

The report, based on replies received from 994 firms employing 221,601 persons and operating 1,017 establishments, shows that in 687 of the establishments, choice of attending physician is allowed the injured person, or his family or friends; in 55, choice is allowed but discouraged; in 12, choice is allowed but the privilege of having the company physician make an examination is retained and in 80, choice is not allowed. One hundred and eighty-three establishments did not report as to whether choice was allowed.

Of the 754 establishments which reported that the injured employe is allowed choice of physician, either with or without restrictions; 604 reported that the company pays the physician; 83 reported that the company does not pay the physician and 67 did not report as to payment of the physician.

Fifty-nine of the establishments reporting maintain hospitals; 34 maintain emergency dispensaries but no hospitals; one employs a physician at its plant but maintains no hospital and 146 have arrangements with outside hospitals for caring for injured.

Of the total number of establishments for which returns were made, 188 reported a contract with outside physicians for caring for injured; 53 reported no contract but call nearest physician and 619 reported no contract with outside physician. No replies as to arrangements with outside physicians were received from 157 establishments. Of the 59 establishments which maintain hospitals, 47 reported a complete hospital equipment; five reported a partial equipment; 57 reported a medical graduate in charge; one reported a non-graduate in charge; one reported a graduate nurse in charge; 24 reported a graduate female nurse in attendance; six reported a non-graduate nurse or attendant; eight reported a graduate male attendant while 21 did not report attendants. Thirteen of the 34 establishments maintaining emergency dispensaries employ a medical graduate and ten have a graduate nurse in charge.

On November 1, 1915, 1,046 firms employing 222,697 persons were carrying self-insurance under the state plan, according to the report. Since then, nine of these firms have gone out of business.

Boys of Athens have formed a Boys' Health League, the purpose of which is to cultivate civic pride and to improve public health and general welfare.

Merits and Dosage with Method of Administration of Antitoxin in Diphtheria, with Report of Case

Albert J. Bell, A. B. M. D., Cincinnati, Ohio

IT seems more than strange that twenty-six years after the discovery by Behring of the use of antitoxin in diphtheria, it should be necessary to herald its virtues or urge its use. At that time it was accepted by the Medical Profession, but in most communities there are peculiar individuals who, because of ignorance, stubbornness, fanaticism, conceit, sensationalism and what not, profess to disbelieve in it and who use it under compulsion or not at all. There are others who do not use it properly. These, who conscientiously try to benefit their patients, may fall far short in their results and do great harm. Patients who are given antitoxin and who die, then are used as arguments against its use.

It is not just the giving of antitoxin that is necessary,—it is the proper dose. If twenty thousand units are needed and three thousand are given, the three thousand have been wasted and had better not have been administered.

Although the immediate purpose of this paper is to report a most severe case of diphtheria that came for treatment at the hospital, it occurred to me that it might serve as a basis for the discussion of some of the principles involved in the treatment of this disease.

During the past winter it developed that three cases of diphtheria in one family were being treated without antitoxin. The child first affected died, and the next one, a girl, was forcefully removed to the hospital against the wishes of her parents, so strongly had the personality of one of the physicians impressed itself upon them. Another brother later on voluntarily followed his sister. In attendance upon this unfortunate family were three physicians, none of whom believed in administering antitoxin. With the purpose in view of emphasizing two or three points that do not seem clear, let me briefly refer to the causes given by one of them for this attitude: A child, with diphtheria, received a dose of antitoxin and died, while two other children in the same family, also with diphtheria, who did not receive antitoxin, recovered. It was suggested that in the one case the dose administered was inadequate and might as well not have been given, and in the others, that they were not as susceptible to the toxin. Before the discovery of serum therapy probably fifty-five per cent of all cases recovered. Another child had died within an hour after receiving a dose of antitoxin. In a very young child, with treatment delayed, the heart overwhelmed by the toxin or weak from other causes, any shock may kill. Reviewing an experience

of over eight hundred cases treated in a contagious hospital, I am unable to recall a single anaphylactic reaction (aside from serum rashes) or any unpleasant or serious result, which might in one instance be attributed to the serum. Such things must be rare. We have all had to explain at times why more patients now are left with "weak hearts," following an attack of diphtheria than before the use of antitoxin. The most serious of the heart complications do not arise until about the third week of the disease. Formerly an appallingly large percentage of these untreated patients died early.

Following is the case report:—

H. K., a girl, aged eighteen years, was admitted to the Contagious Group of the Cincinnati General Hospital, suffering from nasal, pharyngeal and tonsillar, laryngeal and tracheal diphtheria. Her family history was negative for our purposes except that a brother had died of diphtheria in her home on the day of her admission, no antitoxin having been administered to him.

Physical Examination: She was, of course, profoundly septic and had been ill about one week. The membrane was so large that she had seen it herself three days previously. There was cyanosis, a brassy cough, and her voice was completely gone. At this time her temperature was 102°, her pulse was 120, and her respirations, 34. A grayish yellow membrane covered both tonsils and extended over the pharynx, covering the soft palate, almost entirely surrounding the uvula and extending into the naso-pharynx and into the larynx. Any part of the soft palate visible (not covered by membrane) was red and edematous. Membrane was seen in both nares, from which exuded a foul muco-purulent discharge. There was some substernal retraction and the breathing was rapid and shallow.

The lungs, abdomen and extremities were negative, the heart sounds were good and there were no murmurs present. The anterior cervical glands were enlarged and tender.

Twenty thousand units of antitoxin were given intramuscularly at once and twenty thousand units intravenously. Preparation was made for intubation, but as her condition improved, this was not performed.

Routine treatment was instituted, viz.: calomel and a saline purge, three-hourly irrigations of hot soda water for throat and ice bag externally; potassium citrate given internally. As is our custom, fluids were forced and the Murphy drip of normal salt solution started, but this latter was not satisfactory. Tincture of digitalis, caffeine sodium benzoate and strychnine sulphate were administered to support the heart.

*Read before the Section on Obstetrics and Pediatrics, Ohio State Medical Association, in annual session at Cleveland, May 17, 1916.

On her second day in the house the patient coughed up a perfect cast of the trachea three and a half inches long and became much more comfortable. On the afternoon of this day thirty thousand units more of antitoxin were given intravenously. On the following day another large piece of membrane was expelled. An additional thirty thousand units of antitoxin was administered intravenously at this time. The membrane in the nose had shrunk considerably and several pieces had come away; also the tonsillar membrane had curled up perceptibly and diminished in size. On her fourth day in the house the patient was improving generally and the heart was holding its own. On the ninth day, although the patient's condition was fairly satisfactory, the membrane gone and only a little redness and edema of the pharynx present, and a very slow pulse, it was thought advisable to give an additional twenty-five thousand units of antitoxin intramuscularly.

The patient's temperature reached normal on the fourth day and remained practically so for the balance of her illness.

The culture taken, on admission, from the nose and throat, showed A, C and D types, positive. Three negative cultures were, of course, obtained before dismissal.

The kidneys showed nothing except the usual trace of albumin and an occasional granular cast, found in severe infections. There were no arthralgia or serum rashes.

The patient's voice did not become normal until about ten days before her discharge, her stay in the house being sixty-two days. When she was dismissed at this time her heart was normal and she was in every respect perfectly well.

A brother who came three days after H. K.'s admission, with a moderate patch on each tonsil, received fifteen thousand units of antitoxin intramuscularly. His recovery was uninterrupted.

It will be of interest to take up a few details suggested by the first case report. The patient had been ill about one week before receiving her first dose of serum, and her system had had ample time to be saturated thoroughly with the toxin. That this was true was shown by her septic condition, membranes in her nares, pharynx, larynx and trachea; also the loss of voice and substernal retraction indicated a stenosis of the larynx.

It is our routine custom to irrigate the throats of all these patients every three hours with a solution of hot sodium bicarbonate until all signs of inflammation have subsided. Of course an ice collar is always used when there is any swelling in the neck. We make a point of pushing the fluids to dilute the toxins and this is accomplished by ordering potassium citrate to be given in as much water as the patient can take every hour during the day and two hourly at night. We have faith also in the benefit derived from alkalinizing the tissues and

for this purpose give from eight to eighteen grains of potassium citrate per hour according to age. Where fluids are not well borne by mouth, the Murphy drip of normal salt, or Fisher's solution (sodium carbonate, sodium chloride and water) per rectum, have to be resorted to.

I believe that in severe cases, a heart stimulant *not* in large doses, whether indicated or not, should be given from the start, and we use strychnine, caffeine sodium benzoate or tincture of digitalis.

As this was not a tube case the methods of procedure when such a complication arises will not be referred to,—and this variety has its own problems.

No matter how mild the case all children are kept in bed for three weeks—and longer if complications are present.

This patient was given one hundred and twenty-five thousand units of antitoxin in the following manner: Twenty thousand units intravenously and twenty thousand intramuscularly on the first day; on the second day, thirty thousand intravenously; on the third day thirty thousand intravenously, and on the ninth day twenty-five thousand intramuscularly.

We *aim*, in most cases, to give all the antitoxin required in one dose, whether five thousand or forty thousand units. In a case of such gravity as this such a procedure was almost impossible. In all septic or severe cases the serum is administered intravenously, followed by an intramuscular injection.

Let me refer to the reasons for giving intravenous and intramuscular injections in preference to subcutaneous. The toxin which is formed from organisms in the diphtheritic membrane and in the blood stream, is rapidly absorbed and attacks tissues which have an affinity for it. Antitoxin may unite with or neutralize the toxin directly in the blood or in the effected tissues, but for this purpose a high degree of antitoxin concentration is necessary. It is desirable therefore to throw into the blood stream in the most direct way a large number of antitoxin units in the shortest possible time.

According to Veeder, diphtheria toxin skin tests made four hours before injections of the same amounts of antitoxin, were not affected after subcutaneous or intramuscular methods, but were faint after intravenous; skin tests made two hours before injections were faint in intramuscular, negative in intravenous and not affected by subcutaneous. Skin tests made at the time of injection of antitoxin were negative for all but subcutaneous.

By using the intravenous or intramuscular methods we can alter the time required to obtain the maximum concentration of antitoxin in the blood and so attempt to overcome the handicap gained by the toxin in the delayed doses of neglected cases.

According to Park there are ten times as many

units of antitoxin per c. c. at the end of six hours in intravenous as compared with subcutaneous administration. The curve of absorption in the intravenous method reaches its maximum in about twelve hours: in intramuscular in about eighteen hours and in subcutaneous in three days.

Because of the increased rate of absorption of colloidal substances when injected into muscle, over colloidal substances when injected subcutaneously, there is said to be from five to twenty-five times more units of antitoxin in the blood early, when the intramuscular method is used.

Practically we find the intravenous method very simple and accompanied by as little pain as any other way. One of the veins at the elbow is preferred, the antitoxin is warmed to body temperature and as a rule an ordinary antitoxin syringe is used. The gravity method is not necessary.

In considering the proper dose, the number of days sick, the general toxemia, amount of membrane and the amount of edema, must be taken into consideration and all with very little regard to age.

The first day with one small patch on either tonsil, five thousand units; second day two small patches, no edema, ten thousand units (if edema is present fifteen thousand at least): third day with patch on one or both tonsils, with edema, or indication of spreading, fifteen or twenty thousand units; fourth day, the same or worse, at least twenty or twenty-five thousand units; fifth day, throat conditions marked, twenty to forty thousand units. If evidences of toxemia are present give part of the serum intravenously and part intramuscularly. It must always be borne in mind that there is no limit to the dose of antitoxin, as far as danger is concerned, the only thing to fear is that it may be too small. If improvement is not satisfactory in twenty-four hours repeat the dose.

A laryngeal case, if at all marked, should never receive less than twenty-five or thirty thousand units.

The writer has always given large doses of antitoxin. Probably the dosage advocated will be criticized as being unnecessarily large. We have aimed to give more in every instance than the absolute requirements would indicate. If we were in doubt as to a second or third dose, the second and third doses were given. Our dosage has been based upon the clinical requirements and the results obtained.

Presumably less antitoxin would be administered in second and third doses if the antitoxin content of our Hospital patients were carefully and consistently checked up by means of the toxin skin reaction.

If the profession at large will discontinue the practice of administering antitoxin subcutaneously, except possibly as a second or third dose, and use the intramuscular and intravenous methods, the doses most commonly employed now

will not be so far off, as in this way the efficiency of the serum is increased infinitely, at least from twenty-five percent upwards.

In our experience, a hospital case seldom receives less than fifteen thousand units, usually more. Probably the average number of days sick before being sent to the hospital is three or four, often much later.

These figures bear a direct relation to conditions in the community,—poverty and ignorance of patients, late diagnoses and too small dosage, and improper method of administration of antitoxin by physicians. An early diagnosis in laryngeal cases is especially important as nearly all our deaths are from this cause.

In the year between January 1915 and January 1916, our Hospital mortality was six and two-thirds percent for all cases. This includes every variety of the worst types of the disease. Omitting the cases practically moribund which died within twenty-four hours after admission—and this should cause some serious thinking on the part of the medical profession, our mortality becomes three and one-third percent. I believe that these very creditable statistics are due to our method of administration and our free use of the serum.

Reading Road and Ridgway Avenue.

Names sometimes designate without adequately describing. Such is the case with the Battle Creek Sanitarium which will celebrate the fiftieth anniversary of its founding on October 3, 4 and 5. This institution is a sanitarium, with all the most modern and scientific equipment for diagnosing and curing disease. But it is much more. From its inception, it has been in the forefront of the movement for natural, rational and physiologic methods in the treatment of the sick. Primarily, indeed, its function has been educational—the teaching of right principles of living as not only aiding in curing sickness but preventing its return as well. The sanitarium therefore has taken an active and a leading part in movements for public sanitation, for diet reform, to curb the liquor evil, to check tuberculosis, to abolish child labor and more especially to study tendencies toward race degeneracy and to point out eugenic and other remedies for them.

Being purely a charity and having no dividends to pay to stockholders, it has been able in the half century of its existence to spend over \$1,400,000 for the care of the indigent sick.

The program for the celebration includes a huge banquet, receptions, a big outdoor spectacle, a street pageant, with historical and allegorical floats, a race betterment exhibit, conferences on child labor, eugenics, tuberculosis and other sociological and medical problems of the day, with numerous speakers of prominence, and a Health Chautauqua.

The management announces that all Ohio physicians are invited.

Cleveland Hospitals Unite to Solve Their Problems Through a Joint Council; Plan Has Produced Good Results

Eighteen Cleveland hospitals have banded together under the name of the Cleveland Hospital Council, for the purpose of increasing their efficiency and co-operation in order to meet more adequately the hospital needs of the community. Hospitals represented in the new organization, which owns land, buildings and equipment valued at \$5,169,250 and commands the services of 420 physicians and surgeons, 600 nurses and 750 other employees, are:

Babies' Dispensary and Hospital, Cleveland City, Cleveland Tuberculosis, German, Huron Road, Lakeside, Lutheran, Maternity, Mount Sinai Hospital of Cleveland, Mount Sinai (old), Rainbow, St. Alexis, St. Ann's, St. Clair, St. John's, St. Luke's, St. Vincent's Charity and Woman's.

Officers of the council are: President, A. D. Baldwin, president of the Babies Dispensary; vice president, Dr. A. R. Warner, Lakeside; treasurer, John Anisfield of Mount Sinai; executive secretary, Howell Wright.

Here are some of the things the 18 hospitals, which serve Cleveland with 2,857 beds, have done through the council, as shown by a recent prospectus:

"Agreed not to rent their beds for cases for which industrial or other corporations are morally and by the Ohio laws responsible, at less than cost or to maintain such beds or give such service at less than cost. Why should any Hospital receiving charitable funds from the community care for accident or industrial cases either for the State Industrial Commission or corporations carrying their own insurance, at less than maintenance cost and charge the balance to charity and to those contributors frequently called upon to make up annual deficits? Several hospitals in the Council have already increased their rates in accordance with this agreement and others are planning to write new contracts for such service on the cost basis.

"Agreed to report yearly the number of different patients cared for and the total number of days treatment given free, part-pay and pay patients; the pay patients to be those who pay at least the entire cost of their care; the part-pay those who pay only part of the cost of their care and free patients those who pay nothing. Dispensary patients and emergency cases, remaining in the hospital less than twenty-four hours, are to be reported separately and not included in the above. It is also agreed that uniformity in the essentials of accounting is desirable and that the Cleveland Hospitals shall work to that end.

"Agreed not to rent private rooms to patients at a rate less than the full maintenance cost of the rooms. Why should hospitals tax the charitable funds of a community to help maintain hospital service when people who buy it are able to pay for it? Several hospitals have already increased their private room rates up to maintenance cost, thereby removing a tax upon Cleveland's charitable funds aggregating over \$15,000 annually. Each hospital in the Council is being urged to take this same action as a means of increasing its earnings."

In answer to the question "What can the hospitals with such great financial and human interests involved do through their voluntary asso-

ciation to increase their efficiency to the end of better meeting Cleveland's hospital needs?" the pamphlet says:

"Adopt business economics found wise locally or elsewhere, such as the storeroom system of control and distribution of supplies and co-operative buying.

"Adopt uniform accounting system; uniform at least in the essential particulars of modern hospital accounting, which will make it possible at all times to give the public an intelligent statement of the work done and the unit cost of the same.

"Promote the feeling of responsibility on the part of the hospitals to know and to better the social factors influencing their patients as individuals and members of the community.

"Keep informed through the central organization of all legal matters and all legislation local or state affecting the work of any one of all of the hospitals in the Council.

"Co-operate in matters of medical and nursing education. Substitute co-operation for competition in securing internes and in the work of securing and training of nurses.

"Co-operate in urging the municipal, county and state authorities to assume their full responsibilities toward the sick and for the removal of conditions which are responsible for sickness and injury. Treatment of cases of preventable sickness and accidents now forms a large part of the work of these hospitals. Reduction of these will not only save suffering, but the cost of the care.

"Co-operate in working out a satisfactory division of labor between tax supported and so-called private hospitals and dispensaries.

"Co-operate with the Health Department in meeting obligations toward the Public Health.

"Consider the needs of Cleveland as a whole in the planning of new hospital and dispensary facilities; their relation to existing facilities; their weaknesses and strong points; their concentration and their distribution.

The council consists of two representatives from each participating hospital. Other institutions can be admitted only by unanimous vote of all members. The hospitals now represented in the council spend each year for operating expenses, \$1,169,450; for salaries and wages, \$374,000; for provisions, supplies and equipment, \$562,975 and for other expenses, \$227,595. They have an annual income of \$1,167,800. Of this amount, \$330,675 is derived from tax collected funds; \$589,165 from hospital earnings (patients); \$109,010 from endowment or bequests and \$139,065 from contributions. In a single year, they care for about 70,000 persons, or 10 per cent of the entire population of Cleveland.

WHAT SHALL WE DO WITH OUR FEEBLE-MINDED?

The problem of caring for Ohio's feeble-minded is a serious one, according to H. H. Shirer, secretary of the board of state charities. "Ohio's single institution for feeble-minded in Columbus is grossly inadequate to care for the increasing number of feeble minded persons in the state," he says. "Something must be done soon to relieve this condition if we are to make any inroads on the crop of feeble-minded in Ohio."

A Brief for Health Insurance—Andrews

Health (or Sickness) Insurance is a matter of real interest in Ohio, and particularly is it of importance to the medical profession. Our Association has not recorded its attitude on the matter, for the reason that our membership is radically divided. However, *The Journal* feels that it should "publish both sides." The following paragraphs were prepared for us by John B. Andrews, of New York, secretary of the American Association for Labor Legislation and one of the leading American proponents of governmental insurance.

Convincing facts and arguments in support of health insurance legislation are found in the brief for health insurance just published in New York by the American Association for Labor Legislation. The necessity to protect further the health of wage-earners is evident from the high death rate among even the better paid workingmen holding industrial life insurance policies. This mortality rate is twice that of professional men carrying "ordinary" policies. The excessive death rate is accompanied by a high degree of disability, due in part to the health hazards to which many workers are exposed. For example, in Ohio the dangers due to industrial poisons alone were present in 68 per cent of the thousand or more establishments investigated by the State Board of Health in 1913 and 1914. Against this illness, involving an average loss of nine days of sickness per workman a year and a national wage loss of \$500,000,000 a year, the workman is powerless to protect himself, either through savings or insurance. Accumulated savings, various investigators have found, are rarely possible on the low wages paid. On the other hand existing methods of insurance cover only a small portion consisting for the most part of the higher paid workers, while the poorer paid who most need insurance are left unprovided for. Moreover, insurance, especially commercial health insurance, is unduly costly; the burden falls entirely upon the worker, whereas justice demands that industry should pay its portion of the human repair bill. In the absence of adequate savings and insurance, debts are incurred, the family standard of living is lowered, or charity is sought.

Resulting financial stress often makes it impossible for the sick workman to receive the medical care he needs. Strange as this may appear to physicians, familiar with the large amount of gratuitous service always rendered by the profession, actual investigations have revealed that in eastern industrial communities from 25 to 39 per cent of those ill are without medical attendance. In a city like Boston the Boston Dispensary estimates that one-fourth of the population are unable to pay for the requisite medical care at the rates usually charged

by private practitioners. This hiatus, the brief shows, is not and ought not be met by charitable provisions which tend to pauperize, and which are therefore rejected by the independent workman.

The peculiar appropriateness of compulsory health insurance to meet these great needs is so clearly proven that the task of showing why we should not adopt compulsory health insurance has become a difficult one indeed for the selfishly interested opposition.

Citizens of Columbus have subscribed a large sum of money to erect a tremendous convention hall. It will be large enough to accommodate the great national assemblages. It will have a mammoth exhibit auditorium, and a full complement of committee rooms. It will be downtown, in the heart of the city, and but a few steps from the leading hotels.

When completed, next year, it will provide an ideal place for the annual sessions of our Association.

There has been a growing sentiment in favor of adopting a central meeting point for the annual sessions of the Association, and Columbus is of course the logical place. When the Association meets in Northern Ohio, in Cleveland or Toledo, the attendance is largely from the northern counties. When it meets in Southern Ohio, the northern counties are poorly represented. When it meets in Central Ohio, every one has an equal chance to attend.

Our prediction is that within the next five years the Association will decide upon Columbus as a permanent meeting place, and turn over all details of management and the expense of the meeting to the Association. Otherwise it would work a hardship on the Columbus members.

Cleveland Health Dept. to Make Wassermanns

Cleveland health department has installed additional laboratory equipment and will in the future make Wassermann tests. The work will be carried on without charge, under the direction of Dr. J. G. Frey as serologist. The complement fixation tests will be made on definite days each week, and a sealed report will be mailed the physician on the same day. No tests will be made unless the history blank is properly filled out, but the information will be held absolutely confidential and the files will be retained under lock and key. It is not the aim of the bureau to make the diagnosis for the physician, but rather to report findings, the interpretation of which, in addition to his own clinical data, will assist him in an accurate diagnosis.

Three nurses of the training school of the Wooster Hospital, Wooster, received diplomas at commencement exercises held Aug. 18.

STATE BOARD OF HEALTH

Sanitation, personal hygiene, child welfare work, protection of food supplies, measles and whooping cough were the chief topics discussed at the forty-fourth conference of the state board of health and representatives of village and rural health boards of northern Ohio at Cedar Point, August 3 and 4. About 600 health officials attended the meeting.

Speakers emphasized the importance of providing more and better means of preventing disease in the rural communities. Larger units for rural health departments was urged as one means of greater efficiency in combating disease and providing proper sanitation. What was termed the "niggardly policy" of small town officials and township trustees in making appropriations for safeguarding public health was criticized. Health officers, it was agreed, should be paid larger salaries. Many receive almost nothing.

There was a disposition on the part of some of the rural delegates to disagree with a few of the city and state health department speakers. The state, these delegates contended, is trying to force upon the small communities "city extravagance" which "would break up the taxpayer."

Dr. Frances M. Hollingshead, director of the division of child hygiene, delivered an address prepared with a view to creating in the minds of the rural delegates a desire to improve child welfare work in the smaller communities. She also presented the preparedness question in a new light. "There is one form of preparedness," she asserted, "which the American people are beginning to realize is quite as vital for the future of the nation as military preparedness—that is, that preparedness which will result from the intelligent prevention of infantile mortality."

The speaker told of discussing the advisability of medical supervision in the schools with the principal of the schools in a small town, "You see," the principal said, "we are a small town and we have really no health problems in the schools. There may be a few cases of sickness but that is all."

Later, a superficial examination of about 100 school children in the small town revealed ten cases of infected eyes; only 18 children with perfectly clear, open throats, the others having enlarged or diseased tonsils or adenoids; only five with perfect sets of teeth; one suffering from St. vitus dance and another from a severe heart lesion.

Efforts of the state to control measles and whooping cough and the economic loss resulting from these diseases were described by Dr. Frank G. Boudreau, director of the division of communicable diseases. A set of charts, prepared with painstaking care, was used by Dr. Boudreau in his lecture with good effect. The speak-

er complained that the state authorities were not receiving the co-operation they had a right to expect from local health authorities.

Work which the state has been doing in an effort to protect the public from adulterated foods and drugs was explained by J. S. McCune, state chemist. Dr. Angus MacIvor, of Marysville, president of the board, presided over the sessions of the conference. In his address he reviewed the activities of the state department in improving health conditions and pleaded for better support from rural health officers.

Health officers were urged by Dr. R. P. Albaugh, acting director of the division of industrial hygiene, to familiarize themselves with rules, based on anatomic, physiological and hygienic data, in order that they may inform the people in simple terms as to the best method of caring for the body. He told of the tragic result of ignorance on the part of a township health officer recently brought to his attention. A dog showing symptoms of rabies, bit a horse belonging to a farmer. The dog was killed and the health officer was consulted concerning its disposal. The idea of sending the dog to the state department of health for examination was scoffed at by the health officer, who stated that such an examination would cost \$50. Later, the horse bit four members of the farmer's family and died with symptoms typical of rabies. Upon the advice of a veterinarian, the head was sent to the laboratory of the state department of health and an examination for rabies proved positive. Four members of the farmer's family are now making anti-rabic treatment.

Other speakers were L. A. Bolay, sanitary engineer of Lucas county; Harry S. Mesloh, dairy inspector, state board of agriculture; R. S. Durrell, assistant engineer, and W. F. Duffy, assistant plumbing inspector, state department of health; and Dr. J. W. Schereschewsky, United States public health service, Pittsburg, Pa.

No successor to Dr. Eugene F. McCampbell, who resigned as secretary of the state board of health to become dean of the medical college of the Ohio State University, was elected by the board at its Cedar Point meeting, August 4. James E. Bauman, assistant secretary, will continue to act as secretary until one is elected.

Rules and regulations for the management of soda fountains and ice cream parlors laid down by the state board of health are being ignored in many parts of the state according to reports received by the board.

"Until the state board of health is given power to make its rules effective through authority to remove local boards for inefficiency or failure to enforce regulations," said Acting Secretary J. E. Bauman, "these regulations will owe their value solely to what they can accomplish in an educational way."

In recent years there has been very little friction in Ohio between the druggists and the doctors. Our state associations have been working together in seeming harmony. It is with surprise, therefore, that we note the following in the annual address of President J. F. Gallaher (Dayton) before the annual meeting of the Ohio State Pharmaceutical Association at Cedar Point in July:

"The greatest enemy of the retail druggist of today, from a professional standpoint is the dispensing physician: he stocks his shelves with specialties the merits of which he knows nothing, except the 'spiel' given him by the silver-tongued detail man who has been previously instructed by his house just what to say, and delivers his speech, parrot like, in each office he visits. The doctor asks the price—if it is cheap enough to dispense from the office, he buys. If not, he sends him to see the druggist and says, 'Tell him I will prescribe it, and have him advise me on receiving his supply.' Result—the doctor perhaps writes one or two prescriptions, the druggist carries the rest of the stock forever. Most of these formulas are not on a par with the proprietary medicines on the market today, and the doctor's knowledge of their content, their freshness or therapeutic activity is little or no greater than that of the man who buys over your counter after reading the ad in the daily papers. I recommend that this Association petition the Bureau of Drugs of the Dairy and Food Commission and, if necessary, a committee be appointed to call on the members of the Board of Agriculture and request that one of the drug inspectors, now in the State's employ, spend his entire time collecting samples for analysis, and checking up the stock of drugs carried by the dispensing physicians in Ohio, and that the report of his finding be given proper publicity.

If an attempt is made by the druggists to use the Dairy and Food Commission as a method of retaliation against the prescribing physician, we of course, as a state association, will take a hand in the matter. Such talk is twaddle.

If Mr. Gallaher will investigate he will find that in most cases the physician is forced to dispense his drugs, in order to insure their character. In Mr. Gallaher's own town there is a downtown drug store that seems to be almost completely devoted to the retailing of a widely exploited nostrum, which the proprietor and all the clerks recommend unreservedly. The writer entered this store recently to buy a pencil. The glaring signs advertising the nostrum, electric and otherwise, confronted him everywhere. The clerk, while looking for the pencil, spent most of his time telling about the wonderful "cures" it had accomplished. In the rear of the store a special counter was devoted to the cartons, and a display of "testimonials." It was a patent-medicine and not a drug store.

Speaking of drug stores, and the subservience of many of them to the patent medicine evil, it is refreshing to note the policy of the Cleveland company which operates the Mayell & Hopp stores on Euclid avenue. We have been noting a series of small and dignified advertisements it has been running in the local papers, under the heading of "Little Chats About the Drug Business." In Number 40, on August 2, in the

Cleveland Plain Dealer, under the heading of "Unsafe Saving," the bulletin says:

"There are many people who try to doctor themselves by the use of this or that so-called medicine.

"And the sad part of it is that very often such medicines are sold at high prices—prices far in excess of any real value—the bottle frequently being the most expensive part of the whole outfit.

"Instead of the supposed condition being helped it may be so aggravated that the last state is far worse than the first.

"The wise plan is to place one's self in the care of a physician and follow his advice implicitly."

It closes with the suggestion that the Mayell & Hopp stores are equipped to handle prescription filling as a science, and not as a "side line."

If more drug stores would follow this example, and not prostitute their field for the nostrum fakers, the pharmaceutical profession would have a far higher standing.

Committee Plans Work in Obstetrics

The new Committee on Medical Education was appointed by the President, Dr. H. B. Gibbon of Tiffin, in June. It consists of Dr. E. W. Mitchell of Cincinnati, Dr. E. A. Murbach of Archbold, and Dr. C. E. Briggs of Cleveland. The Committee met with the President in Cleveland on July 17. Dr. C. E. Briggs, 118 Lennox Bldg., Cleveland, was elected Chairman. It was decided by the Committee to complete that portion of the program dealing with the subject of Fractures and Dislocations. It was also determined to undertake a lecture on Obstetrics, arrangements for the details of which are now under consideration. It was also thought possible that some arrangements might be made for short post-graduate courses in Obstetrics at two or three centers to supplement a general lecture, it being believed that the nature of the subject will lend itself to such short practical courses as is not possible in more general subjects such as Medicine and Surgery. Further announcements will be made later.

Adopt Revised Fee Schedule in Columbiana

Physicians of Lisbon formed a permanent organization and adopted the revised fee schedule of the Columbiana County Medical Society at a meeting held August 3. Officers of the local organization, which will hold monthly meetings are, Dr. J. N. Calhoun, president, and Dr. Hugh S. Maxwell, secretary-treasurer. The fee schedule which became effective Sept. 1, follows:

Housecalls, day time, from 7 a. m. to 9 p. m. \$1.50; night, \$2.00.

Office fees, ordinary, 75c; examinations or treatment \$1.00 to \$5.00. Urine examination, 50c to \$1.00. Telephone consultation 75c. Extra charge for medicines.

Obstetrics—Normal, including two after visits \$15.00. Extra charge for time after four hours, per hour \$1.00. Additional charge for difficult deliveries.

State Industrial Commission Outlines Rules Upon Which Payment of Fees for Hospital Service Will be Based

Rules governing the payment of fees to hospitals for services rendered employes under the state workmen's compensation act have been adopted by the Industrial Commission. The rules, which became effective June 1, follow:

1. Our rate for hospital service per day is \$2.15 for private room, or a rate of \$15.00 per week. If the injured party is confined to a ward, the usual ward rate of \$1.00 to \$1.50 per day, or \$7.00 to \$10.50 per week is allowed.

2. The service of internes or externes is understood as belonging to the hospital. No fees are allowed for their service.

3. A fee is allowed to the hospital for dressings in cases not confined to the hospital, but which come into the hospital for medical aid. A first aid fee in such cases will be allowed any physician rendering service, not employed by the hospital in the capacity of interne or externe, provided attending physician's report is filed with the Commission.

4. Unnecessary or prolonged hospital fees for room, board, nurse and general attendance will not be granted.

5. Hospital fees cannot be paid until the Physician's Report and Supplemental Application (or Final Report) of the employes are in our files, except in cases disposed of according to Rule 9 of the Rules of Procedure. In such cases it is only necessary that the Preliminary Application, Application of Employe (or First Report) and the Attending Physician's Report be in our files.

Attention to these matters by the hospital when possible, will materially assist us in handling the claim promptly.

6. Hospital fees are not allowed in cases where the claim is disallowed by the Commission.

7. A fee of \$5.00 is allowed for the use of the operating room in major operations, a fee of \$3.00 in minor operations for the use of the emergency room. A fee of \$5.00 will be allowed for anaesthesia when administered by a regular physician not connected with the hospital in the capacity of interne or externe or employed by the hospital, direct. Otherwise the fee for anaesthesia is covered by the operation room fee.

8. The services of a special nurse when shown to be absolutely necessary and ordered by the attending physician shall be allowed. When such service is rendered by a graduate or trained nurse, a maximum charge per day, not to exceed \$4.00 a day, meaning 12 hours service, will be allowed. (Where nurse is employed by the week, the Commission allows \$25 salary and \$5.00 for board.)

There has developed considerable opposition to some of the points established in these rules. On August 15 a committee representing the Ohio Hospital Association and the legislative committee of our Association appeared before the Industrial Commission and pointed out certain injustices.

The rate of fifteen dollars per week for private room service was conceded to be fair, but it was held that no hospital could furnish ward service at one dollar per day. A minimum rate of two dollars per day is necessary, unless the state is demanding charity service.

Considerable criticism to Rule 6 was voiced. It works an obvious injustice on both the hospital and the attending physician, as in many cases the commission has been very slow in its determination as to whether the patient is protected

by the act. Mr. Yapple, chairman of the commission, pointed out that it is almost impossible to remedy this condition as it frequently requires many weeks to determine the patient's right to compensation.

Messrs. Yapple and Duffy of the Industrial Commission expressed a desire to modify the regulations in accordance with justice. They requested that data upon the cost of hospital service be furnished so that an equitable ward rate may be determined.

Hospitals of the Future Will be Less Costly—Bonfield

In the hospital of the future, more attention will be paid to usability, comfort and economy in construction than to architectural beauty and use of costly ornamental material, Dr. C. L. Bonfield, of Cincinnati, declared in an address at the annual meeting of the West Virginia Hospital Association. (*Hospital Management*, June.)

Other predictions were made by Dr. Bonfield in connection with his rather severe criticism of expensive hospital buildings. He expressed the opinion that the hospital of the future will have its X-ray department where the man in charge will work for a salary. A competent pathologist and bacteriologist, who also will be found in the hospital's laboratory.

"The hospital will charge for the services of these men," he continued, "but they will be able to charge for them at a wholesale rate and therefore it will be less expensive than it is now to secure their services.

"It may be asked why I prophesy that these positions will be filled by salaried men while surgery and the real medical treatment are done by private contract. I am well aware that in one hospital in St. Louis already the chief surgeon receives an annual salary and his fees are collected and kept by the hospital. I understand that there is a large maternity hospital in Pittsburgh where the chief obstetrician receives a salary and the hospital charges whatever it thinks his services are worth, but I do not believe it will ever become a general custom."

Dr. Bonfield thinks the hospital of the future will be provided with accommodations which will meet a demand for cheap small rooms, or for a bed in a room that will accommodate two or three persons. This, he said, would allow persons to go to the hospital who would otherwise be deterred either by the expense or the necessity of going into a public ward.

In the construction of hospitals politicians will be forced more or less to follow the example of corporations when the keen business men, who manage the latter, have demonstrated to the world that just as good results can be obtained

in their plain and unostentatious hospital buildings as in the most elaborate institutions in existence. Municipalities will be unwilling, he said, to pay \$5,000 a bed to treat failures in life when they find that manufacturing concerns are having their workmen treated just as well in their industrial hospitals that cost from \$2,000 to \$2,500 a bed.

"I am familiar with a hospital which recently constructed an addition for some fifty patients at a cost of some \$200,000," the doctor said. "They put in an automatic electric elevator that is so situated that they have already found it necessary to forbid its use after bedtime on account of the noise."

Because of improvements in ventilating systems, the hospital of the future will have its kitchen in the basement, preferably at the rear of the administration building, so that it can serve the various wings easily, Dr. Bonfield believes.

New and Non-Official Remedies

Standard Radium Solution for Drinking (1 microgram Ra.)—Each bottle (60 Cc.) contains radium chloride equivalent to 1 microgram Ra., and 1.3 mg. of barium chloride. The solution contained in one bottle is taken after each meal. The Radium Chemical Co., Pittsburg, Pa. (Jour. A. M. A., July 1, 1916, p. 35).

Radium Bromide, Schlesinger Radium Co.—It complies with the standards of N. N. R. and is sold on the basis of its radium content. Schlesinger Radium Co., Denver, Colo.

Radium Carbonate, Schlesinger Radium Co.—It complies with the standards of N. N. R. and is sold on the basis of its radium content. Schlesinger Radium Co., Denver, Colo.

Radium Chloride, Schlesinger Radium Co.—It complies with the standards of N. N. R. and is sold on the basis of its radium content. Schlesinger Radium Co., Denver, Colo.

Radium Sulphate, Schlesinger Radium Co.—It complies with the standards of N. N. R. and is sold on the basis of its radium content. Schlesinger Radium Co., Denver, Colo. (Jour. A. M. A., July 8, 1916, p. 121).

Vitalait Starter.—A culture in vials of the *Bacillus bulgaricus* and the *Streptococcus acidibacilli* in symbiosis. It is intended for the home preparation of fermented milk. Sufficient to prepare from 1 to 3 quarts of fermented milk is sent on request of the physician to the patient twice a week. The Vitalait Laboratory, Inc., Newton Centre, Mass. (Jour. A. M. A., July 15, 1916, p. 203).

MARRIED

Dr. Edwin L. Carleton, of Canal Winchester, to Mrs. Josephine A. Daukert, of Chicago, August 1.

It is a pleasure to note that the State Medical Board, in inaugurating the new system of nurse registration, has adopted an extremely liberal policy. This was first shown in granting exemption certificates to those nurses now in practice. Very few applicants were refused. Now it marks the board's actions in extending recognition to the hospital training schools. Under the law, a training school must be connected with a hospital recognized by the board to make its graduates eligible to registration. Of course, many of the hospitals cannot immediately meet the rather elevated nurse training requirements which the board has adopted as a minimum. However, instead of proceeding arbitrarily and forcing many institutions to discontinue nurse training, the board has granted temporary recognition to practically all hospitals that applied, and its efforts during the next year or so will be to help the weaker of these to come up to the required standard. It is handling a difficult situation in a manner which, we believe, will meet with general satisfaction.

The Pharmacopoeia Revision.—As usual the Pharmacopoeia about to be issued will be antiquated when it comes out. Some of the drugs in it will have become more or less obsolete, while many new ones which have proven of value will not be there. Since all the publications of the A. M. A. are issued promptly and in excellent style, and are complete, correct and up to date, it is suggested that the U. S. P. should be taken over by the A. M. A., and be henceforth published by it. It may be extreme to say that the world would be almost as happy without a Pharmacopoeia, but at least we could get along very nicely with a Pharmacopoeia about one-half the size of the present one. A good deal of the matter it contains is quite superfluous and its deletion would prove distinctly advantageous to (1) the book, (2) to the medical profession, (3) to the pharmaceutical profession and (4) last but not least, to the students of medicine and pharmacy. (Critic and Guide, July, 1916, p. 239).

MARRIAGES IN OHIO

Dr. J. H. Prince, Piqua, to Miss Edith Quinn, Piqua, recently.

Dr. John Rogers Parry, Lima, to Miss Dorothy Moitz, of Philadelphia, June 26.

Dr. Franklin D. Postle, Shepard, to Miss Ethel Marie Main, Delaware, August 3.

Dr. Otto W. Schwarz to Miss Florence E. Allstaetter, both of Cincinnati, July 17.

Dr. Kline V. Menefee, Cincinnati, to Miss Fay Rogers, of Falmouth, Ky., at Louisville, Ky., July 20.

Dr. Archer Dean Woodmansee, Washington C. H., to Miss Edna Jane Chenault, Circleville, August 2.

Poliomyelitis Situation in Ohio Normal

One hundred and eighty-nine cases of poliomyelitis were reported to the Ohio department of health from January 1 to August 25. As figures for August are incomplete, it is believed that reports for the month from all health districts will swell the total for the first eight months to more than 200 cases. Although figures show a greater prevalence of the disease this year than last, there is no cause for alarm. In 1915, the total number of cases reported in the twelve months was 463.

Many inquiries are being received by the secretary of the state board of health regarding infantile paralysis quarantine, and regulations governing the traveling of children. Pennsylvania is the only state that has officially notified Ohio that children of 16 years or under must show health certificates before entering the state. However, other states and some cities may be maintaining similar quarantines as safeguards against outbreaks.

For the benefit of physicians who are called upon to furnish health certificates, Dr. Frank G. Boudreau, director of the division of communicable diseases, who attended the recent federal conference on infantile paralysis at Washington, states that the certificates should contain the following information:

"Identification of each traveler, the exact location of present or usual residence and a record of premises as to freedom from poliomyelitis during the preceding three months, or as to renovation or cleansing of premises after infection."

"The certificate must bear the signatures of the physician and the local health officer, and must be obtained not longer than 24 hours before the time of departure."

Toledo is the center of the disease in Ohio. More than 70 cases and eight deaths have been reported from that city and the opening of the public schools has been postponed because of the epidemic. The other cases are well scattered throughout the state. In 1915, the disease was unusually prevalent in Akron but so far this year the city has reported only two cases. Of the total number reported to the state health department, 156 developed during July and August. In seven of these, adults were the victims.

Fear of a possible outbreak of the disease caused Dr. Frances M. Hollingshead, director of the division of child hygiene, to postpone indefinitely a number of baby conferences which were to be held at county fairs.

The measles situation in Ohio is rapidly returning to normal. Only 1526 cases were reported in July as compared with 4,325 in June. Few case reports are being received in August returns.

The division of communicable diseases of the state health department was asked to investigate a number of typhoid fever outbreaks during Au-

gust. The most serious was at Hamilton where 15 cases have been reported. Information received from that city indicates that ice cream may have been the carrier. Typhoid was found in the family of an employe of a dairy company from which the ice cream factory purchased supplies. It was learned that some of the milk was not pasteurized.

Ten cases were reported from Vermillion. A brief investigation led state officials to believe that the typhoid may have come from a bathing beach, not far from the outlet of the town's sewerage system. Defects also were found in the sewerage system.

From all health districts, 319 typhoid cases were reported in July, an increase of 47 over the June report.

Toledo reduced its number of scarlet fever cases from 92 to 42 during July, according to health department reports. The total number of cases reported in this month was 251.

For the first time in two years, a case of hook worm was reported in July. The sufferer from this disease is located in Cincinnati. Other reports received by the department of health in July were: Diphtheria 282; whooping cough 805; chicken pox 158; small pox 95.

Use More Care in Making These Reports

For the purpose of eliminating the definitely feeble-minded and standardizing tests suitable for measuring the mentality of persons, Dr. Thomas H. Haines, clinical director of the state bureau of juvenile research, recently made a mental survey of the Ohio state school for the blind. Although every person in the school is certified by a physician as being of such mental capacity as to profit by the methods of instruction provided for the blind, Dr. Haines found 21 pupils so definitely feeble-minded that the maintenance of these persons at the school, constitutes of it, to this extent, an asylum, which is clearly contrary to the statutory provisions for the institution.

Recognition of the family of Dr. James Carroll, the martyr to the discovery that the yellow fever germ is transmitted by the mosquito, has been obtained from Congress through the efforts of a committee of the American Medical Association headed by Dr. C. A. L. Reed, of Cincinnati. Dr. Carroll's widow, Mrs. Jennie Carroll, is to receive from the government one of the cottages in Officers' Row at Ft. Thomas, Kentucky, to be used by her and her family as a permanent home.

The twenty-sixth annual state conference of the Ohio Board of State Charities will be held in Youngstown, November 14 to 17.

Public Health Federation Renews Work

At the meeting of the executive council of the Ohio Public Health Federation, in the office of *The Journal* on August 18, plans were perfected for the formation of a permanent organization to care for the collective legislative work along the lines that proved so successful two years ago.

The executive council—which includes one representative from each of the co-operating organizations—adopted a constitution and a set of regulations which will govern the Federation's actions in the future. The general principles which were followed in 1914 and 1915 will be strictly adhered to. All legislation which is to be considered by the next General Assembly will be carefully scrutinized by the Federation, and its united resources will be exerted in favoring that which is good, and in fighting that which is bad.

All of the organizations which co-operated two years ago have signified their intention of continuing in the Federation. These are: Ohio Society for the Prevention of Tuberculosis, Ohio State Medical Association, Ohio State Dental Society, Ohio State Pharmaceutical Association, Homeopathic Medical Society of Ohio, Ohio Eclectic Medical Association, and Ohio Veterinary Medical Association. In addition, applications for membership were received from the Ohio Hospital Association, the Ohio State Association of Graduate Nurses, and the Ohio Osteopathic Society. The first two were admitted to membership by unanimous vote of the council. The application of the Osteopathic Society was referred to a membership committee for further consideration.

Dr. J. H. J. Upham, of Columbus, chairman of the Legislative Committee of our state association, represents the association on the executive council.

Tribute to the late John B. Murphy

The death of Dr. John B. Murphy, which occurred at Mackinac Island on August 11, surprised and grieved his many friends and admirers throughout the state. The tribute paid him by Dr. J. Morton Howell, of Dayton, in the *Dayton Journal* is typical of the expressions heard on all sides. Dr. Howell said in part:

"He was not alone a prince in his profession, but he was likewise a philanthropist, humanitarian, and a Christian gentleman of the highest type. He was ever ready to extend a helping hand to aid justice, to relieve suffering and advance in every way the interests of his greatly beloved profession. I am sure that I voice the sentiments of every medical man in this city when I say that no greater surgeon has ever passed from earth into the great beyond and that perhaps his equal as a teacher has never lived."

Small Advertisements of Interest

For Sale. Having on hand many books and instruments, in good condition, bought at sale of Dr. Brinkerhoff's effects, these are now offered for sale at low prices. Doctors location still open. Send stamp, for prices and list. P. O. Box 166, Mendon, Ohio.

For Sale—The purchaser of my property will have a fine opportunity to get into a first-class general practice in Ohio. Town of 1,100; good roads, good schools. Moving to city. Address Dr. X., care of THE OHIO STATE MEDICAL JOURNAL, Columbus, Ohio.

For Sale—Northwestern Ohio \$4,000 general practice, up-to-date town of 1,500, churches, stores, lodges, sewer, water, light and paved streets. Protestant community. Leaving for city to specialize. Will help start. \$700 takes driving outfit, two horses, buggies, sleighs, harness, office furniture, X-Ray, etc. Office location best in town. Investigate. Address C. G., care OHIO STATE MEDICAL JOURNAL.

For Sale—General practice, ten-room brick house, containing offices. Brick garage, fully equipped. Twenty minutes' ride from general postoffice. \$5,000 practice established 22 years. Am 48 years of age, and ready to retire. Come stay with me as long as you like, to investigate. Price \$12,000. Address Box 32, P. O. Station A, Cincinnati, Ohio.

SIXTH DISTRICT ASSOCIATION MEETING

Because of bad weather, fewer than 50 attended the 169th meeting of the Union Medical Association of the Sixth councilor district held at Brady Lake, Portage County, Aug. 8.

The entire time of the meeting was given to Dr. Charles Edwin Briggs of Cleveland, who delivered his illustrated lecture on "Fractures and Dislocations." The first session opened at ten o'clock in the morning and lasted until noon when a dinner was served to the visiting physicians. The second session occupied two hours in the afternoon. Many favorable comments were heard on Dr. Briggs' instructive talk. Most of the towns in the sixth district were represented.

MARRIED

Dr. Frank B. Cross, vice dean of the medical department of the University of Cincinnati, to Mrs. Josephine Thrall Stoll, daughter of the late Dr. W. R. Thrall, of Cincinnati.

 * STATE MEDICAL BOARD *

Under the new law providing for state registration of trained nurses it is necessary that the hospital training school in order to graduate nurses eligible to registration, must be officially recognized by the state medical board. Practically all of the hospitals which operate training school and which have a daily average of fifteen patients applied for such recognition some months ago, setting forth in their applications a description of their training school facilities and courses. These were later checked by an inspection conducted under the direction of the board.

When the board met on August 9 to pass upon these applications it was decided to adopt a liberal policy and extend temporary recognition to all of the hospitals that applied. Had the board rigidly enforced its standard of minimum requirements perhaps fifty per cent of the applicant hospitals would have been denied recognition. Under the plan adopted all hospitals will be accorded recognition to July 1, 1917. In the meantime the board will make definite recommendations to those hospitals which do not meet the nurse training requirements, and in 1917 will determine whether or not the recognition is to be permanent.

A number of the smallest hospitals of the state which now operate training schools did not apply for recognition as they cannot meet the minimum patient requirement. Recognition was not extended to special hospitals, such as maternity and children's hospitals, and special sanatoria. Nurses trained in these institutions to be registered will supplement their courses in general hospitals.

The list of hospitals to which temporary recognition was granted follows:

Alliance City Hospital, Alliance.
 Antonio Hospital, Kenton.
 Aultman Memorial Hospital, Canton.
 Ball Memorial Hospital, Piqua.
 Bethesda Hospital, Cincinnati.
 Bethesda Hospital, Zanesville.
 Champaign County Hospital, Urbana.
 Christ Hospital, Cincinnati.
 City Hospital, Akron.
 Cincinnati General Hospital, Cincinnati.
 Cleveland City Hospital, Cleveland.
 East 55th Street Hospital, Cleveland.
 Elyria Memorial Hospital, Elyria.
 Eddy Road Hospital, Cleveland.
 Evangelical Lutheran Hospital, Cleveland.
 Findlay Home & Hospital, Findlay.
 Flower Hospital, Toledo.
 Gill Hospital, Steubenville.
 Glenville Hospital, Cleveland.
 German Hospital, Cleveland.
 Grace Hospital, Cleveland.
 German Deaconess Home & Hospital, Cincinnati.
 Good Samaritan Hospital, Cincinnati.
 Good Samaritan Hospital, Sandusky.
 Good Samaritan Hospital, Zanesville.
 Grant Hospital, Columbus.
 Grace Hospital, Conneaut.
 Hawkes Hospital of Mt. Carmel, Columbus.
 Huron Road Hospital, Cleveland.
 Ingleside Hospital, Canton.
 Jane M. Case Hospital, Canton.
 The Jewish Hospital, Cincinnati.

Lakewood Hospital, Lakewood.
 Lima Hospital, Lima.
 Marietta Hospital, Marietta.
 Martins Ferry Hospital, Martins Ferry.
 Medical & Surgical Sanitarium, Mt. Vernon.
 Mercy Hospital, Columbus.
 Mercy Hospital, Canton.
 Mercy Hospital, Tiffin.
 Mercy Hospital, Hamilton.
 Miami Valley Hospital, Dayton.
 Newark Sanitarium, Newark.
 Ohio Valley Hospital, Steubenville.
 Painesville Hospital, Painesville.
 Peoples Hospital, Akron.
 Protestant Hospital, Columbus.
 Providence Hospital, Sandusky.
 Robinwood Hospital, Toledo.
 Salem Hospital, Salem.
 St. Clair Hospital, Columbus.
 St. Clair Hospital, Cleveland.
 Sanitarium Hospital, Ashland.
 Springfield City Hospital, Springfield.
 St. Elizabeth's Hospital, Dayton.
 St. Elizabeth's Hospital, Youngstown.
 St. Joseph's Hospital, Lorain.
 St. Luke's Hospital, Cleveland.
 St. Vincent's Charity Hospital, Cleveland.
 St. Vincent's Hospital, Toledo.
 Sawyer Sanitarium, Marion.
 Seton Hospital, Cincinnati.
 Toledo Hospital, Toledo.
 Warren City Hospital, Warren.
 Youngstown City Hospital, Youngstown.

Under our reciprocity agreement Dr. Frederick Bernstein, of New York, a graduate of Long Island College Hospital, was granted a license to practice in Ohio. He will locate in Cleveland. Applications for reciprocity licenses were received from the following:

George Starr White, of Los Angeles; graduate of New York Homeopathic College; intended residence, Akron; registered in New York, Nevada, Connecticut, Missouri, California, Michigan and Illinois.

Charles H. Garvin, colored; graduate of Howard University; intended residence, Cleveland; registered in Washington, D. C.; has been connected with Freedman's Hospital, Washington, D. C.

Karl B. Figley; graduate of Jefferson Medical College; intended residence, Toledo; registered in New York; has been in hospital practice since graduation.

All cases of late matriculation of soldier-students, whose duties prevent them from entering medical college at the opening of the school year, must be passed upon by the medical college committee, according to a ruling by the board. Members of the board are not opposed to soldier-students entering college after the beginning of the school year but they demand that such students present valid excuses for so doing.

Complaints have been received by Secretary Matson that nurses with kits are being engaged by manufacturing concerns and insurance companies ostensibly for first aid service but that in some instances such nurses have followed up injury cases, rendering additional medical service without consulting or calling a physician. Whether the services of a physician are necessary is left to the judgment of the nurse.

This practice, the board contends, is in vio-

lation of not only the spirit but also the letter of the law regulating medical practice, and arrangements have been made to put a stop to it.

The next examination for medical licensure will be held in Columbus December 5, 6, and 7.

The board has adopted a resolution requiring that all physicians who seek to enter Ohio through license through reciprocity must have resided and practiced at least two years in the state in which they hold their certificate. Several states require this.

Miss Harriet Friend, recently of Miami Valley Hospital, Dayton, succeeds Miss Anzie Johnson as chief examiner of nurses under the state medical board. Miss Johnson continues as a member of the examining board.

Dr. LaMont B. Smith, Youngstown, whose license was revoked after he had served a term in the penitentiary for illegal sale of narcotics, has applied for reinstatement. Action on his application has been indefinitely postponed.

Dr. George F. Schwenkmeyer, Cincinnati, whose license was revoked several months ago after he had admitted his connection with R. Von Walden, the so-called diet specialist, recently appeared before the board and admitted that he had seen the error of his ways. On his promise to practice decently, his license was restored.

Reciprocity in Nurse Registration.—Letters have been sent to nurse registration boards of other states by the Ohio state medical board, informing them that reciprocity in nurse licensure may be established with Ohio, provided the legal requirements of the reciprocating state are equal and also provided equal privileges are granted by the state.

A list of persons granted certificates to practice "limited branches of medicine or surgery" at the last two meetings of the state medical board, together with a key showing the branches in which each applicant was licensed, follows:

- | | |
|-----------------------|----------------------|
| 1. Chiropractic | 8. Psycho-therapy |
| 2. Spondylotherapy | 9. Magnetic Healing |
| 3. Electro-therapy | 10. Massage |
| 4. Hydro-therapy | 11. Swedish Movement |
| 5. Mechano-therapy | 12. Chiropody |
| 6. Neuropathy | 13. Cosmetic Therapy |
| 7. Suggestive-therapy | |

Akron—Francis Marion Stone, (6); George L. Mathias, (1); Orrin R. Steiner, (1).

Alliance—Jefferson Fox, (5).

Cambridge—Bertha Hoisington, (1, 9, 10).

Canton—Henry J. Kirkowsky, (10); Isaiah F. Engle, (9).
Cincinnati—Mrs. Emma Lee Pate, (12); Douglass T. La Mont, (3, 13); Lillian La Mont, (3, 13); Jennie E. Collier, (10, 11).

Cleveland—Adolph Gustav Nunvar, (1, 5); Max Broustein, (10, 11); Dora A. Ellsworth, (12); Edgar W. Hennig, (3); Henrietta R. Kingsbury, (10); Antoinette Kopetsky, (13); Irene Milner, (13); Catherine A. Reese, (13); Helen Alma Reese, (13); Anna M. Welsh, (9); Eugene G. Willer, (1, 4, 10); Nathaniel H. Wood, (10); August T. Novy, (1, 3, 4, 10, 11); Anna Novy, (1, 3, 4, 10, 11); Henry J. Janloz, (5).

Columbus—R. F. Gage, (12); Mrs. Marion George, (1, 3, 4); James Kelso, (1, 3, 6); Erving Raymond Kuhn, (12); John W. Trego, (1, 6); Irwin H. Pohl, (5).

Coshocton—Marion H. Goodhart, (5, 9).

Conneaut—Jerome G. Blair, (12).

Dayton—Joseph G. Kickerson, (12); Narcisse Johnson, (12); Grace W. Finley, (12); Mary S. Brannon, (13); Christina F. Ley, (10).

Hanover—Ed. G. Haas, (1).

Lakewood—Thomas Volk, (10, 11, 12).

Lima—James E. Grosjean, (12); Elizabeth Fox, (7, 9).

Marion—William N. Drake, (1).

Middleport—D. Quinn Waugh, (9).

Mt. Healthy—Minnie E. Burgess, (12).

Piqua—Catherine Speicher, (9).

Roxabel—John Henry Lisk, (10).

Tiffin—Orlen O. Shafer, (5).

Toledo—Jerome D. Baron, (4, 10); Bert David Decker, (5); Joseph M. Egan, (1); William J. Martin, (5); Frank S. Randolph, (10, 12).

Warren—George W. Gray, (1, 5).

Zanesville—Eliza Jones, Colston, (19).

Youngstown—Winifred McCarty, (12); Joseph A. Jones, (3-10).

BOOK REVIEW

DISEASES OF THE EYE. By George E. deSchweinitz, M. D., LL.D., Professor of Ophthalmology. Eighth Edition. W. B. Saunders Company, 1916. Cloth, \$6.00, net; half Morocco, \$7.50, net.

The eighth edition of the deSchweinitz Text Book of Ophthalmology, "Diseases of the Eye," revised, entirely reset and reprinted, has just been published. Important revisions and additions, affecting more than eighteen subjects, have been made, covering the advances in ophthalmology during the past three years.

The consideration of glaucoma is amplified and the Elliot Trephine operation is described by Lieut. Col. Eliot himself.

The chapters on perimetry, iritis, and diseases of the pituitary gland have been largely rewritten.

The problem of the immature cataract is considered and the Smith intracapsular operation, the Homer Smith ripening operation, and the stanculeanu procedures are accorded description and discussion.

In summarizing the cataract operation, Dr. deSchweinitz makes the following statement: "It is the author's impression that, while this operation (the Smith intracapsular operation) will retain a place in ophthalmic surgery, especially in the extraction of unripe cataract, it is not likely to drive from the field those procedures which have for years been firmly and favorably established."

This classical text-book deserves continued the unstinted confidence it has prompted for more than twenty years.—I. G. Clarke.

Committee on Service Will Collect Data Relative to Medical Fees in Ohio— Dr. Skeel Heads Survey Committee

The State Association has launched a movement to ascertain the character of remuneration for medical attention prevailing in different sections of Ohio. An effort will be made, through a survey to be conducted from our state headquarters, to learn the present scale of medical fees in each village, town, and city in the state.

The Committee on Service of the State Association, which has inaugurated the work, hopes to compile this information and make it available to the physicians in any community.

It is known that in some communities the scale of fees is ridiculously low. In a very large number of smaller communities the scale has not been increased in fifty years, despite the large increase in the cost of living and in the cost of conducting an office.

The Committee on Service is not undertaking this work with a view of raising fees or of lessening them. It believes that by securing exact information as to existing conditions physicians in the various communities will be in better position to adjust their fee bills in a manner that will be fair and satisfactory to all.

Drs. R. E. Skeel, Cleveland, C. D. Selby, Toledo, and Charles Graefe, Sandusky, comprise the Committee on Service. At its initial meeting recently Dr. Skeel was elected chairman. The committee, in conjunction with President Gibbon and

Executive Secretary Sheridan, worked out a definite plan for securing information relative to fees and other facts relating to the economic status of medical practitioners.

The inquiry into the fee situation is only a start in the work. It is planned to supplement this with a study of the question if investments for professional men, with a view of eventually recommending the type which offers the best returns compatible with security.

Later, also, the committee plans to study office systems and give publicity to plans which have been found feasible.

In other words, the committee hopes to fulfil the mission indicated by its name—the Committee on Service. To do this properly it is necessary that its survey of the fee situation be complete and accurate.

Please co-operate when the committee's questionnaire reaches you. Treat the matter candidly and supply the necessary information without reservation. The information requested will be entirely confidential—it is not even necessary that you sign the blank that will be submitted to you.

For a long time many of us have realized that the fee situation in Ohio is deplorable. This is an honest effort in the direction of remedying the more flagrant features.

Commission May Abolish System of Local Examiners

Dr. William H. White, chief examiner of the Ohio industrial commission, has under consideration a plan to abolish the offices of local medical examiners, provided for in the present system of administering the workmen's compensation act, and substitute medical referees. The state would be divided into districts of larger areas than counties, and the medical referees in each district would be specialists to whom cases would be assigned according to their lines of practice. Fees for such inspection would be increased.

The reason for the proposed change, Dr. White explains, is that many local examiners do not thoroughly understand the work of the commission in adjusting claims arising under the compensation act and consequently fail in many cases to report necessary information. This he says, tends to delay pending cases and increases the cost of administering the law. The chief examiner believes a saving would be effected, particularly in cases where special medical or surgical attention would hasten the patients's recovery and end the weekly payment of insurance from the state fund.

Revision of the medical fee and permanent partial disability schedules also is being worked out by the chief examiner for submission to the

commission. Dr. White says that during the last year the work of his department has increased fully 33 1-3 per cent but that it is being carried on without additions to his staff of physicians.

In a recent report to the Governor, Dr. White says:

"Special lines of work have been undertaken and pushed with more vigor than ever before; namely, the corrective treatment, the attention of the department to autopsies, and the adoption of hospital, hernia and other rules pertaining to the department. Numerous changes have been made in our local examiners throughout the state, with a view of increasing the efficiency of our work in this particular line."

The steady increase in the amount of work handled by the medical department of the commission is indicated by this comparative table:

	Nov., 1915	June, 1916
Number of regular claims.....	10,191	12,253
Number of special examinations made	191	254
Number of local examinations made	163	116
Number of first notices reviewed..	7,097	9,487
Total.....	17,642	22,110

Propose Old Age Pensions System for Ohio

A plan for old age pensions is provided for in a bill drafted recently by delegates of labor, civic, suffrage and philanthropic organizations from all sections of Ohio, meeting at Columbus. If sufficient signatures are obtained, the measure will probably be submitted to popular vote in November, 1917. Those interested in the proposal organized by electing George W. Compton of Columbus, president, and Carl Brannin of Cincinnati, executive secretary. Mr. Compton is president of the Columbus Federation of Labor.

Resolutions adopted at the meeting declare for a "noncontributory old-age pension act," the revenue for which shall be provided, "not by additional taxes upon general property, but by the taxation of large inherited fortunes."

According to terms of the proposed law, every person who is a citizen of the United States and who has been a legal resident of Ohio for one year prior to the date of the adoption of the act, or who thereafter becomes a resident of the state, and shall have resided in the state continuously 10 years and in the county two years, and who is 65 years or more of age, and who has an income from all sources of less than \$200 a year, shall be paid a pension sufficient to guarantee an aggregate income of \$240 a year, subject to the qualifications of the act; provided, however, that no such pension shall be paid to a person while he or she is supported in a public institution.

Persons deriving an income from other pensions or from real or personal property would receive the difference between such aggregate annual income and the maximum old-age pension of \$240 a year.

Prohibitionists Seek Medical Facts

Ohio physicians' medical opinion of alcoholic liquors is sought in a questionnaire issued by Mrs. Emma C. Quayle, state superintendent of medical temperance department of the Woman's Christian Temperance Union.

"Because of courtesies received in reply to former inquiries, I am venturing to send out this one," Mrs. Quayle says in her communication. "Would you be willing to write briefly your opinion of alcoholic liquors as outlined by the following questions? If so, would you permit your opinions to be published?"

The questionnaire follows. If you care to answer the questions, address Mrs. Quayle, at Lakeside, Ohio.

1. Do you approve of the use of alcoholic liquors as family remedies for fainting, colds, weakness, old age, the monthly period, etc.?
2. Do you approve of the use of beer and wine to give strength to people who are "run down"? What is there in these drinks to give strength?
3. Do you approve of the use of beer by nursing mothers? What effect has beer upon the mother and upon the child?

4. Do you consider that alcohol is, properly speaking, a food? Prof. Atwater told the writer of this letter that alcohol is burned in the body as gunpowder is burned in a stove, a sudden flash of heat with likelihood of some damage to the container of the fuel. Is this your understanding of alcohol as food?
5. Do you agree with the findings of Dodge and Benedict of the Nutrition Laboratory at Boston that alcohol, even in very small doses, is a depressant of the bodily functions? (See Publication No. 232 Carnegie Institution of Washington.)
6. If alcohol is a heart depressant can it be a food to the heart muscle as some writers teach?
7. Do you agree with Aufrecht that the use of alcoholic liquors in the treatment of pneumonia should be abolished?
8. Do the experiments of Rubin of Rush Medical College, Chicago, showing that rabbits infected with pneumonia germs and given alcohol all died, prove anything against the use of alcohol in pneumonia for human beings?
9. Do you agree with the editorial statement of the Journal of the American Medical Association, Sept. 8, 1900: "The facts brought out by the researches of Abbott and Laitinen and others do not furnish the slightest support for the use of alcohol in the treatment of infectious diseases in man?"
10. Do you find much less advocacy of alcohol as a remedy than was the case a few years ago?

THE HARRISON NARCOTIC LAW.

The following is from *The California State Journal of Medicine*:

In the first place, let it be said that the purpose and intent of the law are beyond all question of the greatest benefit to society, to physicians, and to persons who come to physicians as patients. There are, however, numerous things about it that are vexatious. Some of the rules made are absurd, and it would be practically impossible for any physician actively to practice his profession and not violate some of these rules and regulations. For instance, in the matter of absurdity, treasury decision 2213 learnedly lays down the rule that a physician's prescription, when made up, is a preparation and not a remedy. One is reminded of many wise questions that have been propounded; as, for instance, "Why is a red hot stove?" It is also somewhat annoying to see incompetent and unfitted persons on the payroll of the Government making silly and bothersome rules of this kind, and at the same time read from the court report in a newspaper that a man running a regular business in selling narcotics to drug fiends, when arrested, was penalized only to the extent of 30 days in the county jail. Physicians as a class are doing a great deal, by conformingly willingly to the Harrison Law, toward the end of suppressing the habit-forming drug evil. However, if society wishes to rid itself of this pest, it will have to cooperate with physicians in future more than it has in the past.

A room fitted as a small laboratory, with the necessary chemicals and a microscope, will prove a better investment in the long run than a static machine, ozone apparatus and similar new-fangled mechanical contrivances.

Northwestern Ohio Members Will Participate in Fractures Demonstration Meeting at Napoleon on Wednesday, October 4th

The Committee on Medical Education will carry its university extension work into northwestern Ohio early in October. Arrangements have been made for a meeting in Napoleon on Wednesday, October 4. An invitation is hereby extended to every physician practicing in the following counties: Henry, Williams, Fulton, Lucas, Wood, Defiance, Paulding and Putnam counties. The invitation is extended to non-members as well and each member of the Association is urged to interest some non-member in the meeting.

Dr. Charles Edwin Briggs, Cleveland, chairman of the Committee, will deliver his lecture and conduct a demonstration of the subject of fractures and dislocations, along the plan that has been followed in similar group meetings in other sections of the state.

The meeting will commence promptly at four o'clock and Dr. Briggs will lecture until six. At that hour a subscription dinner will be served. In the evening he will continue his demonstration of the subject, using X-Ray equipment and demonstration methods of reducing many common fractures.

This meeting should not be confused with the annual meeting of the Northwestern Ohio Medical Association which will be held in Toledo on October 19 and 20. The program for the Northwestern meeting appears on another page.

The practical value of the work done at these university extension meetings has been demonstrated in other sections of the state. Similar group meetings have been held at Marion, Dayton, Gallipolis, Steubenville, and Lake Brady, each with an attendance of physicians from adjoining counties. The Committee is now working on four or five additional meetings by which they will cover the balance of the state.

Physicians Nominated for Legislative Positions

While the official returns from the primaries have not yet been filed with the secretary of state, we learn from unofficial sources of the nomination of several physicians for membership in the next legislature.

In the House Drs. R. B. Cameron, of Defiance; W. P. Ellis, of Geauga; W. S. Hoy, of Jackson, who served in the last legislature with credit to themselves and to the profession, were re-nominated. We are also glad to know that Dr. E. D. Helfrich, of Galion, received the Democratic nomination from Crawford county, and that Dr. Louis Benkert received the Republican nomination from Franklin county.

In the Senate Dr. J. V. Winans, of Lake county, was re-nominated by the Republicans of the 24th-25th district. This is a normally Republican district and he probably will be elected.

Dr. Van S. Deaton, of Troy, who served ably in the House during the last session, was nominated for the Senate by Republicans of the 12th district, consisting of Darke, Miami, and Shelby counties.

Dr. U. G. Murrell, of Clinton, received the Republican nomination for senator from the 5th-6th district—Fayette, Greene, Clinton, Highland, and Ross counties.

Dr. Byron Baker, of Milford Center, received one of the Democratic nominations in the 13th-31st district, which comprises Hardin, Marion, Logan, Union, Crawford, Seneca and Wyandot counties.

It is pleasing to those who have been interested in medical legislation to note that several members of the last House and Senate who were con-

spicuous in their opposition to progressive public health legislation were defeated in their efforts to be re-nominated this year. In several instances the voting population showed a nice discrimination.

Need Assistant Physicians in State Hospitals

Members of the state civil service commission complain that they are not receiving a sufficient number of applicants for the position of assistant physician in the various state institutions. The supply is not equal to the demand and in a number of cases they have been forced to confirm provisional appointments. To fill one vacancy, which developed recently, the commission was forced to name a physician who is not a naturalized citizen of the United States. Arrangements are being made for a civil service examination for assistant physician, in which provisional appointees will have to compete with any others who desire appointment. The date of the examination will be announced later.

Assistant physicians who resigned recently are Stanley G. Odom, Longview Hospital for the Insane, and Booker Lee and R. F. Gregorius, Massillon State Hospital.

Dr. D. P. Philips, of Kenton, has been provisionally appointed assistant physician at the Columbus State Hospital and Dr. Victor R. Small, Ohio State, '16, has been given a similar position at the Gallipolis Hospital for Epileptics.

Dr. A. J. Girardot, of Toledo, is major in command of the medical department of the Sixth Regiment stationed at Camp Willis.

Northwestern Meeting at Toledo October 19 and 20

If you live in northwestern Ohio make a note on your desk pad to reserve October 19 and 20, the dates set for the annual meeting of the Northwestern Ohio Medical Association. The meeting will be held in Toledo and the committee is planning to present the best program in the history of the Association—and its history runs back to 1869.

When this issue of *The Journal* went to press the details of the program were not ready for publication. However, there will be ten practical papers by men from the district, and addresses by three distinguished guests—Dr. Harvey Wiley, of Washington; Dr. Stone, of Harvard, and Dr. Abt, of Chicago. Dr. Sidney D. Foster, of Toledo, president of the Association, and Dr. Edwards H. Porter, Tiffin, secretary, have been busy for some time completing arrangements for the big meeting. In our October issue we will print the program in detail.

Second District Meeting at Springfield October 4th

Tentative plans for the annual convention of the Second Councilor District of the Association to be held at Springfield, October 4, were made at a meeting of officers and committees of the district at Springfield, August 15.

The program as outlined will consist of clinical lectures at the City Hospital on diseases of children, general surgery, eye, ear, nose and throat and internal medicine, in the forenoon. After lunch, the visiting physicians will be taken on an auto tour of the city. Lectures and addresses will make up the afternoon program. Dr. John Bently Squier, of New York City, the visiting essayist, will use motion pictures to demonstrate points in surgery. The late J. B. Murphy had promised to address the meeting but his recent death necessitated a change in the program.

The Clark County Medical Society has appointed the following local committee on arrangements for the meeting: Arrangements—C. L. Minor, J. R. McDowell, J. A. Link, W. P. Ultes, Geo. D. Grant, Clement L. Jones; Finance—W. C. Taylor, F. P. Anzinger, R. C. Rind, F. A. Hartley, C. S. Ramsey; Reception—H. B. Martin, J. E. Moore, E. R. Brubaker, W. A. Ort, C. W. Russell.

Dayton State Hospital Appointment is Pending

No change has been made in the office of superintendent of the Dayton State Hospital by the state board of administration. As a result of the civil service examination for this position, held July 8, the state civil service commission certified to the board the names of three physicians who are eligible for appointment. In the order in which they were certified, they are Drs.

Chester C. Kirk, of Toledo; Nelson H. Young, of Toledo, and Kensie S. West, of Cleveland. Dr. E. A. Baber, the present superintendent of the Dayton institution, is eligible for reappointment as he is protected by a non-competitive examination. His name was certified along with the others. The board, however, is deadlocked over the appointment of Dr. Baber's successor. It is understood that the superintendent is favored by two members of the board for reappointment.

BOOK REVIEW

GYNECOLOGY. By William P. Graves, M.D., F. A. C. S., Professor of Gynecology at Harvard Medical School. Octavo volume of 770 pages with 424 original illustrations, 66 of them in colors. Philadelphia and London: W. B. Saunders Company, 1916. Cloth, \$7.00 net; Half Morocco, \$8.50 net.

In this new work by Dr. Graves of the Harvard Medical School, designed both as a text book and a general reference book of Gynecology, the subject matter is dealt with in three parts. Part one deals with the physiology of the pelvic organs and the relation of gynecology to the general organism. In part two the essential gynecologic diseases are considered under the general headings of special inflammatory processes, general inflammatory processes, new growths, defects of developments, malpositions of the uterus, injuries due to childbirth, with chapters on special gynecologic diseases, as ectopic pregnancy, dysmenorrhoea, vaginismus, infantilism, etc., and general symptomatology. The very adequate and beautiful illustrated descriptions of the technic of the operations that constitute gynecologic surgery are found in part three. This part is happily not a compendium of the numberless procedures usually met with to confuse the student, but is a careful description accompanied by many illustrations of a high order of those operations which have been found best in the author's wide experience.

The micro-photographs with subjoined descriptive legends accompanying the discussion of the pathology of each disease represent a remarkable selection and are a most valuable addition.

L. L. BIGELOW.

Cleveland health authorities have announced that if living conditions in New York have shown any improvement because of the recent lifting of the ban on horse meat in that city, Cleveland may follow the lead of the New York board of health. Health Commissioner R. H. Bishop, Jr., says that if the sale of horse meat would be of any assistance in the fight against the advancing cost of living, he would champion the movement inaugurated by the New York health authorities.

James Franklin Heady, M. D., aged 64; Miami Medical College, 1878; died July 24, at his home in Glendale, Hamilton county, after a three years' illness. He served as an interne in Cincinnati General Hospital, 1877 and 1878. Upon leaving the hospital he moved to Glendale, where he took up the practice of his profession. He

took an active interest in business affairs and at the time of his death was vice-president of the First National Bank of Lockland, and medical director of the Cincinnati Life Insurance Company. He was a member of the Cincinnati Academy of Medicine and the Cincinnati Obstetrical Society. Dr. Heady is survived by his widow.

COUNTY SOCIETIES

SECOND DISTRICT

Darke County Medical Society met in the Henry St. Clair Memorial Hall at Greenville in regular session on the afternoon of August 10, with thirty members present.

W. D. Inglis, Columbus, gave a comprehensive and highly instructive talk on gestational toxemia; causes and treatment of eclampsia, from chart tracings, giving the value of blood pressure, pulse, temperature and elimination, emphasizing the necessity of fresh preparations of veratrum vir.

President-elect E. O. Smith, of Cincinnati, followed with a lecture on "The Significance of Blood in the Urine," with special emphasis on tubercular kidney; in fact, a very practical talk on the entire urinary tract.

J. E. Monger, of Greenville, followed with a talk on some new things discovered in sacro-iliac affections. The discussions which followed each essayist reflected the attention given and favorable impression made upon all present.

The following were elected to membership in the Society: Ward C. Zeller, of Greenville; C. P. Sullivan, of Burkettsville, and F. M. Kissell, of North Star.—J. E. Hunter, Correspondent.

THIRD DISTRICT

Mercer County Medical Society held an interesting meeting in Celina on July 25. H. G. Rawers reported a case of miscarriage followed with some unusual symptoms, which was freely discussed. W. A. Lieser read a paper on infantile paralysis, and W. C. Stubbs reported the history and treatment of a local case of same disease. Free discussion was indulged in by all present.—D. H. Richardson, Correspondent.

Seneca County Medical Society held its regular monthly meeting in Fostoria, Thursday evening, July 27, with twenty members present. G. L. Lambright presented a paper on "Cholera," and V. L. Magers on "Cholera Infantum." Following the papers general discussion was taken part in by all of the physicians present.

FOURTH DISTRICT

Sandusky County Medical Society did not hold its regular monthly meetings for July and August, but will hold the next regular meeting on the last Thursday in September. Several doctors of Fremont met at Dr. Philo's office Monday evening, August 7, for a discussion of Dr. Cabot's case reports. It is planned to hold these meetings weekly.—D. W. Philo, Correspondent.

FIFTH DISTRICT

Medina County Medical Society held its annual picnic at Chippewa Lake, July 19. R. E. Skeel, of Cleveland, addressed the meeting on the subject of "The Early Diagnosis and Treatment of Cancer of the Cervix." After the meeting the doctors and their families partook of one of the Society's famous picnic lunches.—R. G. Strong, Correspondent.

SIXTH DISTRICT

Columbiana County Medical Society held its monthly meeting Tuesday, July 11, at the Buckeye Club, with thirty members present. The feature of the gathering was a treatise on "Pneumonia," presented by I. H. Alexander, of Pittsburg. The remainder of the afternoon was spent in general discussion of matters pertaining to the medical profession. The meeting was followed by an elaborately arranged chicken dinner served by the club chef.

SEVENTH DISTRICT

Tuscarawas County Medical Society held a very interesting meeting in Newcomerstown, August 1, with a very good attendance. Program was as follows: "A Study of a Case of Sexual Inversion," by G. T. Harding, of Columbus. The paper was very good and was enjoyed by all. A paper on "Traumatic Lesions of the Alimentary Canal," by W. D. Shumaker, of Dover, was very well prepared. The physicians and their families of Uhrichsville and Dennison held a picnic on August 2. All present except two.—Tracy Haverfield, Correspondent.

Harrison County Medical Society has not had a meeting for two months. At the same time its twenty-two active members are reading the *Ohio State Medical Journal* monthly and enjoy it. One member briefly expresses the opinion when he says "I can't get along without it."—S. B. McGavran, Correspondent.

EIGHTH DISTRICT

Muskingum County Academy of Medicine met

in regular session in the Chamber of Commerce rooms at Zanesville, July 12. M. Loebell read a very instructive paper on "The Differential Diagnosis and Treatment of Summer Complaints." E. C. Brush reported two cases of gun shot wounds, with skiagrams. Discussion by Drs. Melick, Higgins, Long, Bainter, and Infield.

There was a general discussion on the subject of advertising cards in the papers, but no definite action taken.

Present: Long, Rambo, Infield, Higgins, Matthews, Kelly, Brown, E. C. and E. R. Brush, Dusthimer, Bainter, Melick, Warburton, Hammond, of Otsego; Loebel, of Sonora.—Edmund R. Brush, Correspondent.

Fairfield County Medical Society held a very interesting meeting in the Council Chamber, Lancaster, Tuesday evening, July 25. Dr. Eleanora Everhard, of Dayton, delivered an interesting and instructive talk on "Diseases of Children Which Occur Most Frequently During the Summer Months."

NINTH DISTRICT

Hocking County Medical Society held its regular monthly meeting at the Cherrington Hospital, Logan, Friday, August 4. The meeting was called to order by President E. A. Moore, of Union Furnace. The Society was favored by a splendid address by W. D. Inglis, of Columbus. The Society had as guests three members of the Athens County Medical Society—Drs. Pritchard, Roades, and Butts, of Nelsonville. Dr. Butts entertained the Society with several selections of his very excellent poems, which were highly enjoyed by the physicians present.

TENTH DISTRICT

Morrow County Medical Society held its regular monthly meeting in the rooms of the Board of Commerce, Mt. Gilead, on August 2nd. Those present were Drs. Pugh, Case, McCormick, Bennett, Jackson, J. H.; Jackson, C. S.; Pierce, and Dr. Cramer, of Cardington, was a guest.

The session was taken up in trying to formulate and adopt a county fee bill, one that is practical and all would adhere to. After a form was drafted the fee bill was tabled until the next regular meeting when it will be acted upon.

The professional remuneration of this county has always been ridiculously low and if all would conform to a plan of this kind it surely would work out to the betterment of all concerned.

The next meeting will be held September 6th.—R. L. Pierce, Correspondent.

FROM THE PRESIDENT

It is no doubt a matter of interest to the profession to know what the various Committees of the State Medical Association are doing. I am pleased to be able to report that during the past two months I have had the pleasure of meeting with the Committees on Medical Education, Social Service, and County Extension Work, for organization, and I am certain that it is a source of gratification to the profession, as well as to the President, to know that our busy doctors are willing to sacrifice liberally of their time for the good of the profession.

The earnest work of the various Committees assure us of something good from them during the year. I bespeak for them the hearty co-operation of the profession in their endeavors.

I had the pleasure of hearing a part of Dr. Brigg's lecture on "Fractures," at Brady's Lake, and I wish to say to those who have not had the opportunity to hear the lecture, that you will not consider it lost time, after attending the lecture, for it is highly instructive and it will prove to be a profitable way of taking a day's outing.

The other Committees will meet for organization at some appointed time during the next two months, which time and place of meeting will be given later. Let us keep going, having Efficiency for our motto.

H. B. Gibbon.

INDUSTRIAL COMMISSION CHANGES

Dr. William R. Moore of Orland, has been permanently appointed fourth assistant examiner in the medical department of the state industrial commission. He had held the position for some time as a provisional appointee. His name, with those of Dr. Llewellyn G. Klepinger of Dayton, and Dr. Bernard R. LeRoy of Athens, was certified to the industrial commission by the state civil service commission as eligible for appointment. They took the civil service examination July 27, 1916. Names of those eligible for appointment as first assistant in the medical department of the industrial commission have not been transmitted to the commission. Physicians who passed the civil service examination for this position July 27, 1916 are: Drs. Kenneth A. Clouse of Columbus, T. R. Fletcher of Bidwell, E. D. Harper of Guysville and George Burner of Appleton.

Dr. R. E. Lightner of Union Furnace has taken charge of the practice of Dr. J. S. Jolley at Morrel for several weeks.

Dr. Hollingshead Urges State Survey of Child-Caring Institutions

Suggestions for better regulation of maternity hospitals and infant boarding homes in Ohio are made by Dr. Frances M. Hollingshead, director of the division of child hygiene, state department of health, in connection with a report on forty of these institutions which are licensed by the state. The report covers the first six months of 1916.

As only forty of these institutions are registered, Dr. Hollingshead is convinced that many others are operating in the state without licenses and without supervision of any sort. "The law states that all institutions caring for two women or two children under two years of age within a period of six months shall be subjects for license by the state board of health and the board of state charities conjointly, but it is the province of the local boards of health to recommend such institutions for license," she says. "This very many local boards of health never do and it would require a corps of workers to go into city after city and ferret out these places."

For this reason, Dr. Hollingshead suggests the employment by the state board of health of a worker with both medical and social training, who could give all his time to supervision work, and asks the co-operation of physicians, health officers, nurses, and social workers in locating

the unlicensed institutions in order that they may be inspected. A few of the institutions, the report says, are of the highest type.

"Some way should be found, first of all," she asserts, "to make an intensive study of the disposal of the children born during the year 1916. This might be done by a study of the three cities, Cincinnati, Columbus and Cleveland, where most of the institutions are located. If we knew what the death rate had been, how many of the children had died, how many of them had drifted into institutions, how many had remained with the mother to be cared for by her alone and how many of the women have married the child's father, we would be prepared to start out on a campaign to correct existing conditions."

A table prepared by Dr. Hollingshead shows that in the forty licensed institutions during the first six months of 1916 there were 963 admissions; 808 births, 791 living and 17 stillbirths; 143 illegitimate cases; 63 deaths of which 5 were mothers and 58 children, including stillbirths; 322 removals, of which 142 were mothers and 180 children, and 2,299 notifications.

Individuals represented in the table number 1,771. In a year, this would make 3,542. With reports which will be received before the end of the year, this number, Dr. Hollingshead estimates, will be increased to almost 5,000. "This number," she continues, "must only be a small

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part of the mothers and children being handled over the state of Ohio. But one institution is at present licensed in Toledo, while it stands to reason that so large a city must have a number of both institutions and individuals of this type.

"Out of the total number of children listed—808—143 are reported as illegitimate. This is not a true statement, of course, as many of the mothers will try to protect themselves and some of the institutions protect them by reporting as the woman states without question. The only way in which the state need be concerned with the question of illegitimacy is from the standpoint of the economic burden which will ultimately fall upon it. It should know what becomes of the children.

"The law, as it now reads, places but little real authority with the state boards of health and charities as to the regulation of the milk supply, medical service or ultimate disposition of these children.

"Surely the great state of Ohio will very soon attack this problem concerning 5,000 individuals so intelligently that instead of becoming a large economic burden they may be developed, at least the major portion of them, into self-respecting and self-supporting citizens."

Electric Light in Treatment of Wounds

In his annual report to the board of trustees of Lakeside Hospital, as visiting surgeon, Dr. G. W. Crile says:

"As the result of our experience in France last year, we are introducing into the Surgical Service here the treatment of wounds by electric lights. I found in the American Ambulance that the French service were dispensing with dressings in certain cases and exposing the wounds either to sunlight or electric light. I gave this method the following trial there: Each second patient was treated as we were accustomed to treat patients in the Lakeside Hospital and the remainder were treated by electric lights and sunlight. It was soon obvious that electric light was an important factor in wound healing. We have now made a sufficient number of observations to know that in many cases requiring frequent dressings, by the use of the electric light not only are dressings dispensed with, but also rapid healing of the wounds is induced. This matter will be further investigated during this year. Should this French method be finally proved superior to our own then the following desirable results will be secured—the wounds will heal faster; the patient will be more comfortable and there will be a great saving of dressings. An important advantage also will be the more rapid exchange of patients."

The preliminary program of the forty-second annual meeting of the Mississippi Valley Medical Association, to be held at Indianapolis, October 10, 11 and 12, has been issued. The orators in medicine and surgery will be Dr. J. B. Sedgwick, of Minneapolis, and Dr. George W. Crile, of Cleveland. Dr. Willard J. Stone, of Toledo, is president of the association.

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ACTIVITIES OF OHIO CITIES
 IN PUBLIC HEALTH WORK
 HOW ABOUT YOUR CITY?

Miss Jessie L. Chapman, public health nurse of Greenville, has resigned to take post graduate work in New York. Miss Eva L. Peck takes her place.

The board of health of Tiffin has instructed its city solicitor to draft an ordinance prohibiting the display of foodstuff for sale in front of business houses.

A fresh air camp for the treatment of tuberculosis patients has been established near Lancaster under the supervision of the Fairfield County Anti-Tuberculosis Society.

Clean milk for Akron babies is the object of a campaign begun by city health officials August 12. Rigid inspections of dairies, bottling apparatus and delivery wagons are being made.

Only seven of the 440 babies cared for during July by the District Nurse Association at Toledo, died, according to a report by the head nurse. The nurses made 1,307 visits to 319 babies in their homes while 191 babies were brought to the various clinics.

The first free baby dispensary in Canton was opened Aug. 4, by Dr. Charles LaMont, city health officer. The dispensary will be open Monday, Wednesday and Friday afternoons between 3:30 and 4:30 o'clock. The work is to be carried on under supervision of the Children's Aid Society.

In its campaign to prevent an outbreak of infantile paralysis, the Dayton health department requires conductors of all railroads to obtain the names and addresses of all children entering the city. Cards are provided for this purpose and an investigation of each case is made by the health officer.

The percentage of bad eggs, shipped into the Cincinnati markets increased so much during the summer months that more than 10 per cent, or 1500 dozen, are ordered thrown out daily by city and federal food inspectors. Health officials have sent circulars to farmers advising proper care and shipment of eggs.

Dr. S. A. Douglass, superintendent of Ohio State Tuberculosis Sanatorium at Mt. Vernon, sends



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THE REGISTRAR,
 1353 East 9th St., Cleveland

Diphtheria Antitoxin Mulford

For the Treatment and Prevention of Diphtheria

Diphtheria Antitoxin has reduced the mortality of diphtheria from 40 per cent to less than 10 per cent.*

This mortality may be still further reduced

By using Diphtheria Antitoxin earlier.

By giving larger doses—5000 to 10,000 units.

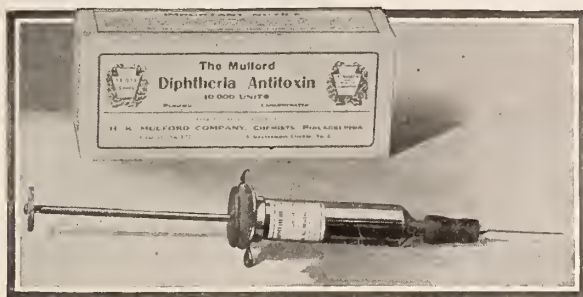
By intravenous injections in severe or late-treated cases.

The Time of Administering Antitoxin is Vital.—In the Philadelphia Hospital for Contagious Diseases, from 1904 to 1910, 256 diphtheria patients were treated on the **first day of the disease and all recovered.**

Patients treated on the **second day** the mortality was **5.4 per cent.**

In those treated on and after the **third day** the mortality was much higher.

The early administration of Antitoxin is imperative.



Larger Doses are Necessary.—The object in administering Diphtheria Antitoxin is to neutralize, in the shortest possible time, the poison (toxin) circulating in the blood stream and tissue fluids. Dr. William H. Park advises 10,000 units in severe cases for little children, and 20,000 units in severe cases for adults. This is practiced in many leading hospitals.

Intravenous Injection.—No case should be considered hopeless. In malignant cases

and late stages of diphtheria recovery may be brought about by the intravenous use of Antitoxin in large doses. The Antitoxin is thus carried directly into the circulation and its activity exerted at once, whereas, if given subcutaneously, only one-tenth of the amount reaches the blood stream at the end of 24 hours.

The importance of large doses is appreciated when we consider the impossibility of ascertaining the amount of toxin circulating in the patient's blood. The only safe rule is to give **sufficient antitoxin.** The giving of larger doses than are necessary does no harm; but an insufficient first dose, and in some cases the lack of intravenous injection, may be serious mistakes.

Diphtheria Antitoxin Mulford is accurately standardized and repeatedly tested. It is supplied in the Mulford aseptic antitoxin syringes, ready for immediate use, containing 1000, 3000, 5000 and 10,000 units. 20,000 units supplied on special request.

*Osler states: In 183,526 cases of diphtheria treated in 150 cities previous to the use of antitoxin, the mortality was 38.4. Since the introduction of the antitoxin treatment, records of 132,548 cases show a mortality of 14.6; and leaving out those cases which did not receive serum injection, the mortality is reduced to 9.8. It is estimated that without antitoxin there would be, in the United States, over 64,000 deaths yearly from diphtheria, while the mortality has been reduced by the use of antitoxin to less than 15,000 in the United States alone. This means a saving of over 49,000 lives a year.

Literature Supplied on Request.



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us a copy of *The Optimist*, which is published monthly by the patients. It is a newsy little eight-page journal filled with matter of interest to the patients, and designed to instill the very necessary fighting spirit of optimism.

Pure milk supply, pure water supply and effective service of the District Nursing Association are given as reasons why Columbus in 1915 had the lowest death rate ever recorded in the history of the city. There were 2948 deaths from all causes, excluding stillbirths, during the year, according to the health department's annual report.

Henry Denn, who operated in Columbus as the Denn Rheumatic Cure Company, recently pleaded guilty to a charge of distributing misleading advertising regarding his rheumatic "cure" and mislabeling bottles in violation of the pure food and drug law. He was fined \$75 and costs by United States District Judge Sater. Action was brought against Denn by United States District Attorney Bolin.

R. G. Paterson Leaves State Health Department

Dr. Robert G. Paterson, who is largely responsible for the creation of the division of public health education and tuberculosis in the state

department of health, and who has served as its director for three years, has resigned. He has resumed his former position as executive secretary of the Ohio Society for the Prevention of Tuberculosis. A portion of his time will be devoted to the Medical Department of Ohio State University, where he will have charge of the course in public health nursing. This course, which is an innovation in medical college work, is designed to prepare nurses to meet the growing demand in Ohio for such nursing.

Under Dr. Paterson's direction, the division of public health education and tuberculosis became one of the most important branches of the state health department. It conducted the traveling health exhibit which has been shown throughout the state. Under it was established a system of supervision of the public health nursing work, and of the work in the district tuberculosis hospitals.

His resignation and return to an executive position with the private organization is in line with the policy established by the society several years ago. Through a campaign of education it brought the state to realize the need of such work as it is now doing. Practically, the society loaned Dr. Paterson to the division to inaugurate the division. Now that the basic work in tuberculosis prevention has been taken over by the state, the society will develop its campaign along new lines under Dr. Paterson's direction.

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Extract of Malt

— TROMMER —

LIEBIG was the first physiological chemist to call attention to Malt Extract and advocate its use as a food medicine. That his views were correctly based is evidenced by the wide use of Malt Extract in America and Europe and the popularity of many infant foods in which maltose is the principal constituent.

Leibig's process for making Malt Extract destroyed the diastase and it remained for Prof. Trommer to develop the fact that while maltose as prepared by Liebig was an excellent nourishment for the sick, that diastase as preserved in a properly prepared Malt Extract such as **TROMMER'S** is the element which effects transformation of the carbohydrates into an assimilable form of food.

"Diastase normally exists in constant proportion all the tissues, organs and fluids of the human body where its action has been demonstrated to be intracellular, as for example, converting the glycogen of the liver that its product may be utilized for structural growth and repair of wastes."

Bechamp and Moro discovered that human milk contains diastase and that cow's milk does not contain it. In infant feeding many physicians have achieved brilliant results by the addition of diastatic Malt Extract to pure cow's milk, thereby supplying the vitalizing and energizing element (diastase) of which an artificially fed infant is otherwise deprived. Sixty-six per cent of the solids of human milk are carbohydrates, which the diastase of human milk seems to dispose of to the advantage of the growing child. Cow's milk solids consist of 36 per cent of carbohydrates, to which often more carbohydrates are added to make the quantity equal to human milk. Few realize the importance of adding normal diastase to assist the process of metabolism in the new born.

MALT SOUPS (Malzsuppen) have been largely used by Keller, Czerny, Gregor and Koplik. The latter says: "The Keller method of feeding with dextrinized gruels is one of the most useful methods of feeding marantic infants, and one in which, in a great number of cases of atrophy, has given me brilliant results. I have used this method of feeding in cases in which all other known methods have failed."

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OHIO

OHIO HOSPITAL ASSOCIATION

President, A. G. LOHMANN, Cincinnati.
Secretary, HOWELL WRIGHT, Cleveland.

(The Journal is the official organ of the Ohio Hospital Association. This column will be a regular monthly feature in the future. Items relative to Ohio hospitals are solicited.)

President A. G. Lohmann, of The Ohio Hospital Association, has appointed the following general committees to carry forward its work during the year:

Workmen's Compensation.—Rev. A. G. Lohmann, Chairman, Supt. German Deaconess Hospital, Cincinnati; Dr. A. R. Warner, Supt. Lakeside Hospital, Cleveland; Sister M. Brendan, Supt. Hawke's Hospital of Mt. Carmel, Columbus.

Membership.—Rev. F. W. Leich, Chairman, Supt. German Hospital, Cleveland; Sister Brennan, Supt. of Nurses, St. Vincent's Hospital, Toledo; Miss L. J. Napier, Supt. City Hospital, Springfield.

Constitution and Rules.—Rev. M. T. Griffin, Chairman, Trustee St. Elizabeth's Hospital, Youngstown; Miss Alice Thatcher, Supt. The Christ Hospital, Cincinnati; Dr. W. H. Leet, Trustee Grace Hospital, Conneaut.

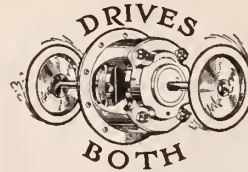
Local Committee on Arrangements.—Miss Mary A. Jamieson, Chairman, Supt. Grant Hospital, Columbus; Rev. N. W. Good, Supt. Protestant Hospital, Columbus; Miss A. Lawin, Matron Franklin County Tuberculosis Sanitarium, Columbus; Howell Wright, 308 Anisfield Building, Cleveland.

Legislative and Nurse Registration.—F. S. Bunn, Chairman, Supt. Youngstown City Hospital, Youngstown; Miss Mary M. Roberts, Supt. Doctor Holmes Private Hospital, Cincinnati; Miss Frederika K. Gaiser, Supt. of Nurses, City Hospital, Cleveland; Dr. F. C. Huth, Surgeon-in-Charge Cambridge Hospital, Cambridge; Dr. Wm. F. Marting, Supt. Keller Hospital, Ironton.

Nominations.—Dr. A. C. Bachmeyer, Chairman, Supt. Cincinnati General Hospital, Cincinnati; Mr. C. B. Hildreth, Supt. Saint Luke's Hospital, Cleveland; Sister Genevive, Supt. St. Elizabeth's Hospital, Youngstown.

Time and Place.—Dr. C. Golder, Chairman, President Bethesda Hospital, Cincinnati; Sister Mira, Superioress St. Francis' Hospital, Columbus; Miss Harriet L. Leete, Superintendent Babies' Dispensary and Hospital, Cleveland.

Resolutions Committee.—Dr. E. R. Crew, Chairman, Supt. Miami Valley Hospital, Dayton; Miss Marie A. Lawson, Supt. City Hospital, Akron; Sister Victoria, Supt. Good Samaritan Hospital, Cincinnati.



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Columbus, Ohio

Indianapolis, Indiana

Springfield, Illinois

Trustees of Flower Hospital, Toledo, plan an addition.

Work will be started soon on a 20 room hospital at Santoy, Perry County.

Miss E. J. Lauten, superintendent of the Astabula General Hospital, has resigned.

New X-ray equipment, costing \$3625, is to be installed in the Chillicothe hospital, Chillicothe.

Plans are being made for a large addition to the City hospital at Wooster. Details have not been announced.

Miss Lucy Glancy, new superintendent of the Van Wert County Hospital, assumed charge of the institution Aug. 1.

Several Columbus hospitals, which in the past have received free water from the city, must now pay for their water service.

An addition, containing an operating room and two baths, has been decided upon for the Hodson Hospital, Washington C. H.

After serving as surgeon on the Springfield City Hospital staff for 20 years, Dr. H. E. Miller has tendered his resignation.

Defiance county commissioners have agreed to pay to the management of the Defiance hospital \$800 a year for the treatment of county cases.

Plans are being made for the erection of two wings to the Springeld City hospital, which would practically double the present capacity of the institution.

Purchase of the George Brown property, which will be transformed into a modern hospital, is announced by the Emergency Hospital Association at Geneva.

Ten Columbus nurses, selected by the war department through the American Red Cross for service on the Mexican border, left August 22 for Eagle Pass, Texas.

District tuberculosis hospital to be erected by Ross, Scioto, Jackson, Fayette, Highland and Pike counties near Chillicothe, will cost \$35,000 and will accomodate 40 patients.

Plans have been drawn and subscriptions to the amount of \$15,000 have been raised for a county hospital in Greenville. Several free sites for the building have been offered.

Trustees of the Sandusky County Memorial Hospital Association, which has \$100,000 to erect

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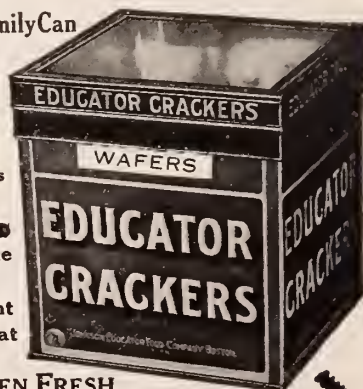
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a hospital, have decided to conduct another campaign for \$20,000 to equip the institution.

The Home for Convalescents in Maumee, donated by Charles Thatcher, of Toledo, was opened late in August. Only women and children will be admitted. It will accomodate 14 patients.

Hopes of building an addition to Coshocton's City hospital this summer went glimmering Aug. 8, when contractor's bids were opened. The lowest bid presented was \$7,000 higher than the estimate.

The annual report of the treasurer of the Chillicothe hospital, Chillicothe, shows that the expenses of the institution for the year ending April 15, 1916, amounted to \$14,811.11. Receipts were \$14,846.11.

Miss Eleanor Hamilton, educational director of the Illinois Training School for Nurses at Chicago, has been selected superintendent of the nurses training school at the Miami Valley Hospital at Dayton.

Dedication of Bethesda hospital at Zanesville, August 20, which was in charge of the Odd Fellows lodge, was followed on August 21 by the inauguration of a campaign to secure \$50,000 for the institution.

Plans have been approved for new buildings at the Akron City Hospital which, when completed, will enable the institution to care for 200 patients. The improvements will be financed out of the fund of \$400,000 raised recently in a joint hospital campaign.

Physicians and nurses who expect to be called upon to assist in the selection of equipment for hospitals should write for "How to Equip a Hospital," just published by the enterprising firm, The Max Mocher & Son Co., Cincinnati. They will mail it free on request.

Contract has been let for the new Holzer Hospital at Gallipolis. The building will have a finished basement, three main floors and a sun parlor covering the third floor. There will be 30 private rooms for patients. Dr. Charles E. Holzer estimates that the cost will be about \$60,000.

Dr. A. C. Bachmeyer, superintendent of the General Hospital, Cincinnati, has presented to the war department his resignation as lieutenant in the First Hospital Corps, First Regiment, Ohio National Guard, because his services are needed at the hospital. He has been stationed at Camp Willis.

Employees of the Cleveland hospital will ask the next legislature for a 25 per cent increase in wages, according to an announcement by Dr. A. G. Hyde, superintendent. They expect employees of other state institutions to join in the movement. The long hours they are compelled to work justifies an increase, the employees say.

50% Better Prevention Defense Indemnity

1. All claims or suits for alleged civil malpractice, error or mistake, for which our contract holder,
2. Or his estate is sued, whether the act or omission was his own
3. Or that of any other person (not necessarily an assistant or agent),
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5. All claims arising in autopsies, inquests and in the prescribing and handling of drugs and medicines.
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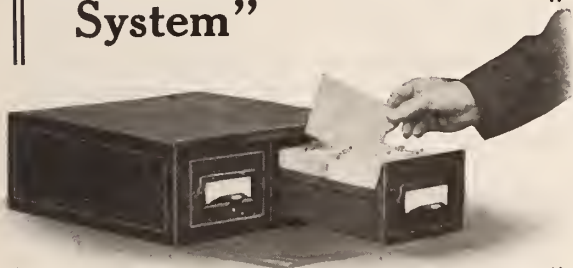
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9x180 Omega Complete with Accessories \$225.00
Price

Piqua—Dr. R. M. Shannon spent the month of August in Boston doing post-graduate work. Dr. C. E. Hetherington has returned from New York, where he took graduate work.

Fulton—Ill health has forced Dr. E. R. Gamble to leave Fulton for the South. Dr. W. K. Black, who has been in hospital practice in Boston and New York, will take his place.

Canton—Mrs. Miranda Walker, wife of Dr. A. B. Walker, died suddenly on July 10. She was stricken with apoplexy while preparing to leave on a motor trip with her husband.

Ashland—Dr. George P. Riebel has returned from Chicago where he took advanced work in diseases of the eye, ear, nose and throat. After Oct. 15, he will limit his practice to this field.

Somerset—Dr. J. C. Sommer, who was operated on for acute appendicitis shortly after he returned from Chicago, where he spent July doing post-graduate work, has resumed his practice.

Columbus—Dr. Ivor G. Clark spent the month of August in Boston attending clinics at the Massachusetts General and the Children's Hospitals.—Dr. Hugh Gibson Beatty studied in Boston during August.

Springfield—Dr. C. S. Ramsey has been made president of the Clark County Medical Society, succeeding the late Dr. L. E. Niles, whose untimely death occurred in June. The censors of the society made the selection.

Athens—Physicians of Athens county, with their families and lady friends, picnicked in a grove near here August 1. Speeches were barred but musical selections, a big dinner, horseshoe pitching, and recitations were enjoyed.

Steubenville—Dr. J. C. M. Floyd and family spent the month of August at Chautauqua Lake, N. Y., where the doctor recuperated from his recent serious illness.—Dr. James E. Miller has returned from Boston where he took a special course of study.

East Liverpool—To avoid running down a man with a child in his arms, Dr. Merle D. McCutcheon steered his auto into an embankment, August 12. He was caught beneath the machine, which overturned, and was painfully injured. His hip and back were sprained and he was badly bruised.

Delaware—Dr. Victor B. Weller, of Ostrander, has leased the residence of the late Dr. E. M. Hall and will soon open an office here.—Dr. J. H. Long returned recently from Rochester, Minn., where he spent three weeks in study with the Mayo Brothers.—Dr. and Mrs. Franklin D. Postle returned August 8 from their honeymoon.

Parkman—Dr. John A. Heeley was seriously injured at Baltimore, Md., July 24, by a piece of iron pipe which fell from a building through the top of an automobile in which the doctor was riding. An examination revealed that he

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was suffering from a fracture of the skull, necessitating an operation, which was performed July 26.

Toledo—Dr. Nelson H. Young, Toledo State Hospital, successfully passed the state civil service examination and is now eligible for appointment as superintendent of one of the state hospitals. He was qualified as eligible along with Dr. W. H. Pritchard, who was appointed superintendent of Columbus State Hospital, and Dr. C. C. Kirk, of Toledo.—Dr. W. W. Conger, first lieutenant in Medical Reserve Corps, has been called to the Mexican border. He reported to General Fred Funston at Ft. Sam Houston.—The duties of Dr. Paul E. Bethards, a member of the city health staff in charge of the communicable disease hospital, have been assumed by Dr. C. S. Mundy, epidemiologist.

Look Out for These Book Agents

The Domestic Medical Society of New York City, whose agents have been operating in Ohio, is described by the propaganda department of the American Medical Association as a concern which is selling as a modern medical work, material that is more than a quarter of a century old. The book, which the concern calls the "Domestic Medical Practice," is about one-half foot thick and seems to have been printed largely from stereotypes that apparently have seen better days.

To the purchaser of the "Domestic Medical Practice" the agent gives a so-called certificate of membership in the Domestic Medical Society, which is said to entitle the purchaser "to the privileges of health protection, medical service, consultation, diagnosis, prescriptions and advice and also to personal attention for any or all ailments, with the exception of confinement and surgical operations, at the office of the consulting physicians, without any extra charge or fee whatsoever for such service, for a period of two years from the date of this certificate."

It is understood that the concern forces its agents to memorize in its offices what is known as the "Demonstrators' Talk." In these talks and in the book itself the names of some pretty good men are given as editors or contributors.

A number of the physicians, whose names appear in the book, were asked if their names were being used with their knowledge and consent. In every instance the reply was in the negative.

By selling the ancient material the concern is commercializing the names of men who are known to be opposed to the concern's method and who had not the slightest idea at the time the book was written that any such use would be made of the publication or of their reputations.

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OHIO CONTRIBUTORS TO MEDICAL LITERATURE

Baldwin, J. F., Columbus: "Nitrous Oxid Oxygen, Most Dangerous Anesthetic"; Medical Record, July, XC, No. 5.

Bruner, William Evans, Cleveland: "Preliminary Capsulotomy in Immature Cataract"; Jour. A. M. A., Vol LXVII, No. 5.

Carter, E. P., Cleveland: "Simple Interpretation of Polygraphic Tracings"; Jour. of Laboratory and Clinical Medicine, July 1, No. 10; Abstract Jour. A. M. A., August 12.

Drysdale, H. H., Cleveland: "Conjugal Paresis: Report of a Case"; Jour. A. M. A., Vol. LXVII, No. 5.

Dunham, K., Cincinnati: "Treatment of Carbuncle by Roentgen Ray"; Am. Jour. Roentgenology, May, III, No. 5.

Fischer, M. H., Cincinnati: "Classification and Treatment of Nephritides"; Journal-Lancet, July, XXXVI, No. 13. "Principles of Treatment in Nephritis"; Tenn. State Med. Ass'n. Journal, July, IX, No. 3.

Frost, W. H. Cincinnati: "Confirmatory Tests for B. Coli in Routine Water Examinations"; Am. Jour. Public Health, June, VI, No. 6.

Hayhurst, E. R., Columbus: "Classification of Hazardous Occupations"; Am. Jour. Pub. Health, May, VI, No. 5. "Compulsory State Wide Health Insurance and Its Relation to Medical Service"; Modern Hosp., June, VI, No. 6.

Hoover, C. F., Cleveland: "Parenchymatous Disease of the Liver a Cause for Rise in Portal Blood Pressure"; Jour. A. M. A., July, LXVII, No. 1.

Kahle, Roscoe R., Columbus: "Knee Block for Avulsion of Bone Fragment by Posterior Crucial Ligament."; Jour. A. M. A., July, LXVII, No. 1.

Means, J. W., Columbus: "Cysts of Urachus: Report of Case"; Annals of Surgery, July LXVI, No. 1.

Manley, O. T., Warren, and David Marine, Cleveland: "The Transplantation of Ductless Glands, with Reference to Permanence and Function"; Jour. A. M. A., July, LXVII, No. 4.

Pauli, W. O., Cincinnati: "Relation of Insurance Medicine and Periodical Health Tests to General Practice"; Southern Med. Jour., July, IX, No. 7.

Perkins, R. G., Miller, M. J., and Ruh, H. O., Cleveland: "Diphtheria in Cleveland; Diphtheria Carriers"; Jour. of Infectious Diseases, June, XVIII, No. 6.

Peters, W. H., Cincinnati: "Report of Committee on Medical Inspection of Schools"; Am. Jour. Public Health, June, VI, No. 6.

Ravogli, A., Cincinnati: "Condyloma Acuminatum of the Anal Region in the Male"; Jour. A. M. A., July, LXVII, No. 2. "Case of Gangren-

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ous Syphilitic Gumma of Thigh"; Jour. of Cutaneous Diseases, May, XXXIV, No. 5.

Scott, R. W., Cleveland: "Dissociation Curve as Index to Hydrogen-ion Concentration of Blood"; Jour. Lab. and Clin. Med., May, I, No. 8.

Snively, H. H., Columbus: "Base Hospital Work in Russia"; Military Surgeon, June, XXXVIII, No. 6.

Steinharter, E. C., Cincinnati: "Acute Arthritis Experimentally Produced by Intravenous Injection of Staphylococcus Pyogenes"; Boston Med. and Surg. Jour., July, CLXXV, No. 2. (Abs. Jour. A. M. A., July 29, 1916.)

Stern, Walter G., Cleveland: "The Prognosis in Infantile Paralysis"; Jour. A. M. A., Vol. LXVII, No. 5.

Stevenson, D. W., Akron: "Additional Fixation of Eye, in Connection with Use of Lid Retractors in Standard Cataract Operations"; Ophthalmic Record, June, XXV, No. 6.

Troland, L. T., Cleveland: "Enzyme Theory of Life"; Cleveland Medical Jour., June XV, No. 6.

Vail, D. T., Cincinnati: "Some Newer Principles in Dealing with Uncomplicated Cataract"; Arch. of Ophthalmology, July, XLV, No. 4.

Warner, F., Columbus: "Hair Matrix Carcinoma"; Medical Record, July 15, XXXVI, No. 14. "Branchiogenic Carcinoma"; Annals of Surgery, July, LXIV, No. 1. (Abs. Jour. A. M. A., July 29, 1916.)

Wright, H. R., Columbus: "Rare Tubercular Conditions of Eye"; Ophthalmic Record, July, XXV, No. 7.

Praise at Last, from the Enquirer

The Ohio State Bar Association has inaugurated a campaign to bring about higher ethical standards in the legal profession. They propose to require a study of legal ethics for admission to the profession. Recently the Cincinnati *Enquirer* in commenting upon this commendable move cited the medical profession of the state as an example of the value of maintaining ethical standards. *The Enquirer* strongly urged the lawyers to inculcate these proper principles in their educational system and added:

"Through insistent insertion of their ethical directions into statute law the members of the medical profession in Ohio have greatly elevated their standing. The quack virtually has been banished and the rascally practitioner is steadily being driven behind him into deserved banishment from the field of practice. Surely the lawyers can do what the doctors have done with their own tools."

Ohio medical colleges will begin the 1916-1917 school year on the following dates: University of Cincinnati, October 3; Western Reserve University, September 28; Ohio State University, September 19; Eclectic Medical College, Cincinnati, September 14.

Bureau of Chemistry, U. S. Department of Agriculture:

"The spurious aspirin is a mixture of either calcium phosphate and starch, cream of tartar and citric acid with some alum; or milk sugar, starch and calcium acid phosphate."—(From N. Y. Department of Health "Weekly Bulletin", Nov. 6, 1915)

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"Recent seizures in various cities of the country of numerous quantities of spurious aspirin make it important that the druggist should assure himself in all cases of the reliability of the source of his supply."—**Pacific Drug Review**, Feb., 1916.

The OHIO STATE MEDICAL JOURNAL

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If the citizens of the state of Ohio are to be protected from the unrestrained greed of the chiropractors and similar drugless "healers" who were recently licensed under the exemption clauses of the new Platt-Ellis Act, it will be necessary for the State Medical Board to act promptly and decisively.

Reports from various sections of the state indicate that these new-fledged healers are indiscriminately violating the provisions of the new law in an eager scramble for "business."

The Act is a good one, we believe. It in a measure safeguards the public from the results of the ambitious and unscrupulous ignorance of these "healers," in that it limits their practices and specifically prohibits them from treating a large class of diseases in which their lack of scientific training would prove particularly disastrous.

But many of these licentiates, since receiving their limited practice certificates from the state medical board, have become bold in their actions and seem to feel that they have been admitted to the unrestricted practice of the healing art. Many of them are endeavoring to give the public this impression, and in this effort they are resorting to a variety of sneaking artifices.

Take the matter of titles, for example. Under the law they are specifically prohibited from using the unqualified term of "Doctor." They are permitted to use the qualified term following their names. For example, a chiropractor may sign himself: "John Doe, D. C.," or "John Doe, Doctor

of Chiropractic;" but he is specifically prohibited from us of the term "Doctor John Doe," with the title preceding the name. This precaution was taken by the Legislature in drafting the new law so that the public might differentiate between a scientific practitioner of medicine and a healer. If the "limited practitioners" were honest in their practices they would adhere to the ruling without question.

Now is the time for the State Medical Board to take a firm grasp of the situation, and punish those who do not.

* * *

Many, as soon as they received their certificates, commenced use of newspaper advertising. Some of them are advertising in direct violation of the law, which (Section 1275, Gen. Code) prohibits advertisements which contains "extravagantly worded statements intended, or having a tendency to, deceive and defraud the public," or where specific mention is made of various diseases.

The law necessary to deal with these violators is already on the statute books. The State Medical Board should proceed at once against every violator, and let them know that these regulations are something more than dead letters.

Further, the regulations specifically prohibit these practitioners from treating infectious contagious or venereal diseases, specifying those diseases which are classified as reportable by the State Board of Health.

As a protection to the public health this provision should be enforced with special emphasis.

Unless these regulations are enforced vigorously, from the start, the more or less irresponsible individuals who are posing as healers will quickly gain the impression that the state does not intend to limit their practices in any way. And their practices are bad enough at best, under the most stringent regulation.

It is the duty of the members of this Association to aid the Medical Board in prosecuting these offenders. You owe it to your community to take an interest in this matter, and to promptly report infractions by your local "healers" to Dr. Matson, at Columbus. It is only by this method that the board can gain the necessary control of the situation.

+ + +

Speaking of chiropractors, permit us to call your attention to one George Meeker, of Cincinnati, who appears to be one of the leading lights in the Ohio Chiropractic Association. This Association met at Cedar Point in August, and among other things decided to launch a publicity campaign to "educate the people of Ohio to the wonderful healing properties of Chiropractic." Meeker was placed at the head of this movement. The Sandusky Register, August 27, in reporting this meeting said:

"The subject of infantile paralysis was discussed by Dr. George D. Meeker, of Cincinnati, who positively asserted that in the acute stage,

chiropractic adjustments give immediate relief by abating the disease. In the intermediate stage fully 50 per cent of the cases are cured, and in the final or chronic stage, every case receives material benefit."

About this time there appeared the report of Simon Flexner on the work in this field of the Rockefeller Foundation, in which he frankly admitted that science had found no cure for infantile paralysis, and could not definitely assign the cause.

Yet, "Doctor" Meeker comes to front with a cure-all—despite the fact that chiropractors in this state are specifically prohibited from treating the disease.

The newspaper paragraph prompted us to look up "Doctor" Meeker. We find that the records of the State Medical Board show that he is licensed to practice chiropractic and spondylotherapy, under the provisions of the years-of-practice exemption. He took a two-years course, in 1907-8, at the Carver Denny Chiropractic College, of Oklahoma. (We decline to comment.) The space reserved for information as to preliminary education is blank, although he claims that prior to this he once taught school. He adds that he started practice in Cincinnati in 1908, and by that admission is proven guilty of being a state law violator for a period of eight years!

This is the man who is to "educate the Ohio public" regarding chiropractic.

Here Are Some of the Things "Limited Practitioners" Cannot Do in Ohio; Infraction Means Revocation of License

Prescribe or administer drugs in any way, shape or form.

Perform major surgery.

Treat infectious, contagious or venereal diseases or any disease that is declared reportable by the state board of health. Such diseases are chickenpox; diphtheria and membranous croup; gonococcus infection; measles; measles, epidemic cerebrospinal; meningitis; mumps; ophthalmia neonatorum; pneumonia; acute infectious, poliomyelitis; scarlet fever; small pox; syphilis; trachoma; tuberculosis; typhoid fever; whooping cough; actinomycosis; anthrax; Asiatic cholera; continued fever lasting seven days; dengue; favus; dysentery; glanders; hookworm disease; leprosy; malaria; paragonimiasis; paratyphoid fever; plague; rabies; Rocky Mountain spotted, or "tick" fever; septic sore throat; tetanus; trichinosis; typhus fever; yellow fever.

Use any form of advertising, in which extravagantly worded statements intended, or having a tendency to deceive and defraud the public are made; or in which specific mention is made of tuberculosis, consumption, cancer, Bright's disease, kidney disease, diabetes, or of venereal diseases or diseases of the genito-urinary organs.

Use the unqualified title "Doctor," "Dr." "M. D.," "Physician" or "Surgeon." Where titles are used, the limited branch or branches which the title represents, must follow the name.

Practice under any other name than their own, either as individual, company or concern.

Practice any other limited branch or branches of medicine or surgery than the branch or branches specified in the certificate issued by the state medical board; i. e., a chiropractor cannot practice "magnetic healing" unless his license so provides.

Employ a capper, solicitor or drummer for the purpose of securing patients, or subsidize hotel or boarding house with like purpose.

Obtain a fee on the assurance that an incurable disease can be cured.

Divide fees or charges, or agree or arrange to share fees or charges made by any physician or surgeon with any other physician or surgeon, or with any other person.

Have professional connection with or lend their names to an illegal practitioner of medicine or violate any provisions in the sections of the General Code, which govern the conduct of regularly licensed physicians.

The business manager of The Journal is looking for the fellow who started this war. The Journal is one of the real war sufferers. Since the first of this year the price of paper and of ink has gone up almost every week. The total increase has been over 500 per cent. Various reasons are assigned by the publishing houses, none of which are good, but the fact remains that costs have arbitrarily soared.

As a result, we are paying the printer this month, for this issue of *The Journal*, over \$100 more than the same job would have cost us last January. And there seems to be no limit. Paper mills will sell us only a supply for six months. If the war isn't over by spring a large number of monthly publications will have to discontinue.

We are practicing every economy. We are using a lighter weight paper, and have abandoned the usual cover. Also, we are compelled to more closely condense our reading matter, so as to use less paper.

All of which is necessary, because the war has not only increased our operating costs but has caused us to lose several profitable advertising contracts. Supply houses are unable to get supplies, and consequently they cannot advertise during the stringency.

The business office, therefore, is for peace at 'most any price.

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We are all back from our vacations. It is time to buckle down to work. Most of the county societies resume meetings this month, and the committees of the State Association are organizing for a busy winter.

If things do not start properly in your society, take a hand in the matter and jog up the officers. There isn't a single county in Ohio where it is impossible to hold meetings through the fall months, at least, and most societies can continue regularly through the winter.

Keep *The Journal* in touch with activities in your counties. Publication of meeting reports keeps your members interested and stimulates the organizations in other counties.

+ + +

Tuberculosis Cutis Ani.—In a paper on this subject before the Detroit Meeting of the American Proctologic Society, Dr. D. C. McKenney, of Buffalo, reported an interesting case of tuberculosis of the anal skin. From the clinical study of the case Dr. McKenney infers that the injection started from the anal canal rather than in the skin around the anal orifice. An active respiratory infection, associated with aphonia, seems strong evidence that the injection was carried in the feces to the anus. Two photographs of the local conditions were presented.

The Council of the State Society meets in Columbus on Monday, October 23. Much important business is on the program.

Clean advertising! A few years ago it was a dream. Today it's a reality, in Ohio, in so far as your journal is concerned.

Note the announcements in this issue.

Buy from these clean advertisers.



The Reason For the Wine of Cardui Verdict. Many of us who followed the evidence in the libel suit of the Wine of Cardui manufacturers against the American Medical Association were unable to understand how the jury could award even technical damages of one cent. The evidence seemed to clearly prove the statements regarding the merit of the preparation, and it was generally believed that the verdict would be a complete victory for the A. M. A. It is interesting, therefore, to note the editorial explanation in the September number of the *Kentucky Medical Journal*, which is edited by Dr. Arthur T. McCormack who had an active part in conducting the Association's defense in the case:

"The controlling authorities of the American Medical Association consider this a moral victory although it was a technical defeat.

"It is difficult to explain to those of our membership who were not present throughout the trial how it was possible for the jury to be in doubt as to the merits of the question involved in this suit. It was definitely shown that Wine of Cardui is composed of such of the extractives of thirty grains of thistle, or weed, known as *carduus benedictus*, or blessed thistle, and three grains of the black haw, or *viburnum prunifolium*, as would be withdrawn by a tablespoonful of a twenty per cent solution of alcohol. Expressed in plain English and brushing aside the technicalities with which lawyers befuddle juries, this means that the only medicinal elements in this widely vaunted nostrum are the extractives from a worthless weed plus the slight valerianic odor obtained from the black haw, plus the forty-eight drops of al-

cohol in four times as much water. There can be no controversy amongst those who know as to the effects of such a preparation. Excluding alcohol, it is absolutely worthless for any purpose. Including alcohol, its only effect is that of a small high ball containing a teaspoonful and a half of whiskey and a dash of bitters. It is difficult to explain why this could not be made sufficiently clear for the jury to understand it.

"We trust that an appeal may be taken so that the matter may be presented in the higher courts before trained judges in such a way as to bring these facts out clearly. Nothing more will be necessary to win the case * * * * *

"Had it been possible to hold the issue clearly to the above statements, and in so far as the medical profession and the public is concerned, these are all that amount to anything, it seems that we could not have helped winning. But the original article in the Journal of the American Medical Association went farther than this. They alleged a personal knowledge and guilt on the part of the manufacturers of Wine of Cardui, in regard to which no proof was submitted at the trial. Whether their allegations were true or false could not interest the court unless an attempt was made to prove them. This was the fundamental error which finally lost the case. There could not have been any question, or not much question, about the worthlessness of the medicine in the minds of the jury; but, from a careful investigation of all the evidence submitted, we feel that no evidence was submitted to sustain many of the most damaging statements in the original articles. The profession must understand that the cause of this defeat is here.

"It seems a natural inference to a doctor that a worthless medicine, advertised to cure a thing that no medicine will cure, is fraudulent. In common parlance this may be true, but in law only that is fraudulent which is done with the intent to deceive. If the man selling the medicine is so ignorant as to believe the things he says about it regardless of the truth or possibility, he is not committing a fraud, unless his claims are so extreme that every person in his natural mind would know they were untrue. This construction of the law would have been made clear to those in authority in Chicago by a competent lawyer, if we had had one when the original articles were written. It is not fraudulent for a man to claim that a little high-ball with a dash of bitters could cure all degrees of prolapse or other displacements of the uterus and the same medicine would cure gonorrhoea in women and a number of other things which any competent doctor knows would be impossible; because, forsooth, the man is able to present depositions, however ridiculous, from a few hundred women and letters from a few thousand others, corroborated by the depositions of a hundred or more ignorant or venal doctors, who state that they believe the claims. The difficulty

is that in court facts are only of value if they can be proven by an over-whelming preponderance of the evidence."

For our part, we feel that the suit accomplished a great purpose, despite the rather unsatisfactory nature of the verdict. It directed public attention to the worthlessness of the many preparations which are marketed through dishonest advertising, to the credulous sick. The patent medicine business cannot stand publicity under any circumstances.

Another thing, it proved that the bulk of the medical profession (in Ohio at least) could not be bought by a great corporation. We know of numerous instances in which physicians were approached with offers to appear as "expert witnesses," and testify as to the value of the remedy. After a year's work in Ohio the Chattanooga Medicine Company secured only five or six medical witnesses, and most of these have little or no standing as citizens or physicians. One, at the time we investigated, had recently been released from a state hospital for the insane. Another, at that time, was held in police court under charges of attacking a young girl patient. Another, now dead, was connected with a notorious medical crook. A fourth is generally referred to in his home city as a "gutter drunkard."

If the Ohio "Medical Experts" retained by the Wine of Cardui outfit are typical of those from other states who testified, the array was far from imposing.

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Of Interest to the Medical Profession.—We note in the report of Dr. H. C. Brown, Chairman of the Legislative Committee of the National Dental Association, made at the last annual meeting at Louisville, in connection with the discussion of the Reserve Corps section of the Naval Dental Corp provisions as incorporated in the Navy Appropriations Bill in the Senate, the following:—

"In this connection it will be noted that promotion is provided for members of the Reserve Corps when they are called into active service. This was more than has ever been provided for members of the Navy Medical Reserve Corps and when advised of this, in the Surgeon General's office, it was suggested and very promptly arranged to carry a provision for the Medical Reserve Corps granting them similar promotion. Your Chairman appreciated the opportunity of showing this consideration to the medical profession, since several medical societies passed resolutions in behalf of our legislative program, and for that and other reasons we were glad to carry this provision for them."

This was a graceful act on the part of our dental friends, and one for which Dr. Brown should receive appreciative recognition from our profession.

Mal-practice suits and the general practitioner.—There is still a disposition in some quarters to feel that the system of defense against civil malpractice suits which has been inaugurated by the Association is largely in the interests of the specialist practicing in the cities. We have been examining recently the reports of similar committees in other State Associations and have been impressed by the fact that the contrary is true: the defense plans work almost entirely to the advantage of the general practitioner—and particularly the country practitioner. The report of the Kentucky State Medical Association (August, 1916) says on this point:

Practically all of the malpractice suits this year have been against general practitioners. This has been one of the revelations brought about by the activities of the Medico-Legal Committee as it was formerly supposed that it was the specialists who were generally the victims of this form of blackmail. We now know that it is the successful practitioner against whom most such suits are filed."

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Try Indemnity Insurance Plan in California.—Co-operative defense against civil malpractice suits, which is maintained by the Medical Association of the State of California on a plan similar to that now in effect in Ohio, has proven so satisfactory that a material extension of the benefits has been arranged for. Mal-practice defense was established in California in 1909. Like the plan just instituted in Ohio, the defense includes only the cost of fighting the cases through the courts. Because of its low cost to members it was impossible to provide an indemnity plan which would cover judgments rendered in these suits. In California, as in Ohio, many of the members felt that this more complete protection is needed and in addition to Association insurance have carried indemnity policies in private insurance companies at a cost ranging from \$15.00 to \$30.00 a year.

The new plan to be tried in California establishes a mal-practice indemnity fund, membership in which is optional. The present plan of protection covers all members, but by the payment of \$30.00 in addition to the regular membership fee any member of the California Association may participate in the indemnity fund and be fully protected against any judgment that might be rendered in these cases for a period of at least two years.

The beauty of the California plan lies in its low cost. Members who need this additional protection and who now pay \$15.00 to \$30.00 per year to private companies will have this cost reduced more than 50%. This is possible by the fact that the directors of the new fund figure that the initial payment of \$30.00 covers the cost of the insurance for each member for a period of at least four years—thereby giving full

insurance at an additional net cost of \$7.50 per year. The plan has been declared sound by the insurance experts, providing at least 300 members subscribe to the fund.

This new development in association activities is being watched with interest by the committee which recently inaugurated our system of malpractice insurance. If after a year or so the plan works out satisfactorily in California, it is certain that Ohio will extend the present plan.

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Early in September the secretary of each County Society received a communication from Major Robert U. Patterson, Med. Corps, U. S. A., Secretary of the National Committee on Red Cross Medical Service, with an enclosure from the Committee on Red Cross Medical work of the A. M. A., urging the appointment of a local "Committee on Red Cross Medical Work."

The object of appointing such a committee is meritorious and thoroughly in keeping with the high ideals and humanitarian intentions of the organized medical profession. The purpose of the committee is to provide each community with a means through which the Red Cross can direct medical aid in times of disaster.

The local committee will consist of five physicians, two of whom will be the president and secretary of the county society *ex-officio*. The other three will be selected by the president of the society, preferably from the other responsible offices of the society. The personnel of the committee, with their addresses, should be reported immediately to Major Patterson.

Such a committee may never be called upon to act. It is hoped that no county in Ohio may ever have such an emergency as may require the assistance of the Red Cross. But Dayton had it, Columbus had it. Your county may need it. Act.

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We are sorry to learn that Dr. F. M. Hunt, of Piqua is undergoing treatment in the psychopathic ward at Dayton State Hospital, he having entered through voluntary commitment early in September. Dr. Hunt was a candidate for the Democratic congressional nomination in the Piqua district. Last month we commented rather caustically upon his endorsement of the proprietary remedy, *Tan-lac*, which was published by the Cooper Medicine Company in August. In view of this new development, we feel that Dr. Hunt should be relieved from censure in this matter. We feel, further, that the incident furnishes another rather harsh commentary upon the advertising campaign of the Cooper Medicine Company.

Remember that the society is now conducting a system of co-operative defense against civil malpractice suits. Call this to the attention of eligible men who are non-members.

The Advisory Committee of Civilian Physicians and Surgeons on Medical Preparedness which was organized last spring by representatives from the five leading medical and surgical organizations, has appointed the following State Committee of Ohio: Chairman, Dr. William E. Lower, Cleveland; Dr. H. B. Gibbon, Tiffin; Dr. L. G. Bowers, Dayton; Dr. Frank E. Bunts, Cleveland; Dr. Joseph Hall, Cincinnati; Dr. Charles S. Hamilton, Columbus, and Dr. Dudley Palmer, Cincinnati.

Drs. George W. Crile of Cleveland and Charles A. L. Reed of Cincinnati are members of the National Committee which is headed by Dr. W. J. Mayo.

In April the National Committee suggested to President Wilson that a survey of the medical resources of the country would be vitally necessary if war developed. It was pointed out that the European war has clearly demonstrated the need of efficient organization of medical resources. The National Committee proposed to survey our resources and take a complete invoice of the men available for field or home duty, of our hospital facilities and facilities for transporting wounded men, of food and drug supplies and similar resources. President Wilson accepted the offer and the War and Navy departments are now developing a plan whereby this survey can be carried out.

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The Difficulty of Trading With The Far East.—The Journal recently received a letter from the periodical department of the Maruzen Company, Ltd., 11 to 16, Nihonbashi Tori-Sanchome, Tokyo, Japan, which reads in part as follows:

"Tokyo, Aug. 16, 1916.

"Dear Sirs, It means all things that the world's advance, which is narrowing the distance between your country and ours, is leading our people to be familiar with your idea.

"Utilizing this occasion we confidently are trying to secure further various subscriptions occupying best position than that in the past, and for this purpose we feel it necessarily to have some latest, issues, not back numbers ever received, of all your papers charge free for display.

"If agreeable, please send same addressing your parcels to the undermentioned, marking as "specimen," and also quote to this head office only at Tokyo the best rate of your trade discount with the cost of postage to Japan."

The printer did not "pi" any of the above lines. And it is quite obvious that the editor made no effort to improve their grammatical construction for the benefit of the reader. They probably are indicative of some of the difficulties which are to be met in the process of "narrowing the distance" between the United States and Japan and building up trade with the Japanese.

The editor of *The Journal* is always on the lookout for suggestions by which it may be improved.

A Study of "Uterine" Drugs.—Dr. J. D. Pilcher, W. R. Delzell and G. E. Burman, working in the Pharmacologic Laboratory of the University of Nebraska Medical School, have studied the action on the excised guinea pig uterus of a number of drugs which are constituents of proprietary and "patent" "female" remedies, drugs for the value of which there is little evidence and which would have fallen into disuse but for their exploitation. The following drugs lessened the amplitude of the contractions of the uterine strips, or in stronger solutions caused a complete cessation: Unicorn root, pulsatilla, Jamaica dogwood and figwort. Somewhat less active were valerian and lady's-slipper. The drugs having very weak actions were wild yam, life root and skull-cap. Blue cohosh was most active and put uterine strips in a state of tonic contraction or tetanus. The following drugs were quite inactive: black haw, cramp bark, squaw vine, chestnut bark, false unicorn, passion flower, blessed thistle, St. Mary's thistle and motherwort. The authors are confident that the actions observed would also be produced in the intact human uterus provided the drugs reached the uterus in a similar concentration but that it is improbable that the concentration of drug used could ever be attained in the body. Work which is under way indicates that these drugs do not act specifically on the uterus but on the smooth muscle in general and that this general action would overbalance any favorable action on the uterus. The authors conclude that the drugs examined are practically worthless and that their use is harmful as well as futile since such use tends to perpetuate therapeutic fallacies. (Jour. A. M. A., Aug. 12, 1916, p. 490.)

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Quality of Chlorinated Lime.—J. P. Street, chemist in the Connecticut Agricultural Experimental Station, reports that of twenty-five samples of chlorinated lime (bleaching powder) which, according to the United States Pharmacopeia, should contain "not less than 30 per cent. of available chlorin," only three were found of full strength. Eight contained but traces of available chlorin. This is a dangerous situation when it is recalled that the public as well as the medical profession puts great dependence on the disinfecting powers of this inexpensive material.

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Tartar Emetic and Sodium Bicarbonate Incompatible.—The A. M. A. Chemical Laboratory reports that when an aqueous solution of tartar emetic is added to a solution of sodium bicarbonate a clear solution results at first, but that on standing a precipitate of antimony hydroxide is formed (Jour. A. M. A., Aug. 5, 1916, p. 462.)

Dr. W. C. Leeper, formerly of McConnellsville is managing a sanitarium at Colfax, Iowa.

Original Articles

The Medical Side of Glaucoma*

Arnold Knapp, M. D., New York, N. Y.

IT must be admitted that there is an underlying general cause for glaucoma, yet the connection between glaucoma and general disease is so vague that attention by ophthalmologists has practically been centered only upon the local changes in the eye. This neglect has, in recent years, changed, and the general condition of glaucoma patients has been the subject of considerable investigation. The question is somewhat simplified if we realize at the very beginning that under the term of primary glaucoma a number of conditions are collected, extremely dissimilar in many features, particularly in etiology, though increased intraocular tension is a symptom common to all. We can furthermore exclude from this consideration cases of glaucoma due to disease of the retinal vessels, the so-called hemorrhagic glaucoma (thrombosis of the central retinal vein.)

Next, it is desirable briefly to explain that normal intraocular pressure is produced by the blood pressure, which, in turn, is the source of the fluid within the eye. This fluid results not so much from a secretory process, but from a transudation of a peculiar kind in which, under normal conditions, certain constituents of the blood serum are retained, as a difference in the amount of albumen contained in blood serum and in the aqueous humor will show. The production of the ocular fluids is to a great extent dependent upon blood pressure, as is the ocular pressure. Wessely has examined experimentally the dependence of the intraocular pressure on the blood pressure. He found that the pulsation of the ocular pressure presented a distinct curve a moment later than that of the carotid. If the blood pressure is increased, the ocular pressure is also increased, though to a lesser degree on account of certain regulations, such as the reduction of blood pressure in smaller vessels, increased lumen of the vessels, elasticity of the eye ball capsule and degree of distension of the eye ball. Contrary-wise, the reduction of blood pressure causes a depression of the ocular curve. From this dependence of ocular pressure on general arterial pressure it seems natural to infer that glaucoma could be readily explained by pathologically raised blood pressure and that there must be a close connection between glaucoma and disease of the cardio-vascular and renal systems in which high blood pressure is so important a symptom.

ARTERIAL TENSION IN GLAUCOMA PATIENTS

I examined 50 cases of primary glaucoma of which I had kept careful records, and found that the blood pressure averages about 150; it was 140 in patients under 60 years old, 159 in those over 60.

Kümmell (Graefe's Arch., vol 79, No. 2) examined 70 cases of glaucoma and found the blood pressure in those below 60 was 163.2; over 60, 169.3; together, 165.7. The normal pressure as found in 90 cases without glaucoma and of about the same age showed an average of 145.2; in persons over 60 the average was 152.85; and in those under 60, it was 138.6. This shows that in 5-6 of the cases there was an increase of blood pressure.

This author also found a difference in arterial pressure according to the variety of glaucoma. Fourteen cases of acute glaucoma showed an average pressure of 177. This is not unexpected, as a disturbance in the vascular system is present. The pressure varied between 160 and 245. The conditions were similar in the subacute cases; in 18 the average was 175.2. It has been pointed out particularly by the French authors, that blood pressure is increased in the inflammatory forms. The arterial pressure in chronic glaucoma was found increased only to a slight degree (160.6) and lower than in the inflammatory forms, though these cases are usually in old people. In 30 cases the average pressure was 153.3; in 7 of these the pressure was below the average 145 mm, and four presented other symptoms of diseases of the cardio-vascular system or of the kidneys.

Krämer, (Graefe's Arch., vol 73, p. 349), on the other hand, found no direct connection between blood pressure and glaucoma and in his investigations there was no difference in blood pressure between the acute and chronic forms of glaucoma. Sattler, (Berl. klin. Wochenschr., 1913, No. 49 and 50), also could find no regular increase in the blood pressure of his glaucoma patients. He adds that persons suffering from high blood pressure are not specially prone to glaucoma and usually show other eye lesions, particularly those associated with local disease of the vessel walls. He has seen no glaucomatous attacks attributable to increased blood pressure from muscular exercise. On the other hand, the exhaustion and heart failure which follow over-exertion, mental depression and weakening disease such as influenza, are frequently associated with glaucomatous attacks. Löhlein, (Zentralblatt f. ges. Ophth., 1914), does not believe that disturbances of the

*Read before the Eye, Ear, Nose and Throat Section, Ohio State Medical Association, in annual session at Cleveland, May 17, 1916.

cardio-vascular system can be regarded as an essential factor in glaucoma. In many pronounced glaucomas we do not find high blood pressure or venous congestion of head and eye, and the absence of glaucoma in conditions with high blood pressure (nephritis) and blood congestion of the head show that there must be local predisposing causes.

OCCULAR TENSION IN GENERAL ARTERIO-SCLEROSIS.

The examination of the ocular tension in general arterio-sclerosis has given valuable information on the question of this relation. Thus Moore (R. L. O. H. R. XX, 1915), examined 38 patients, the subjects of general arterio-sclerosis in whom the eyes showed no abnormality other than sclerosis of the retinal arteries; and found that such variations in the ocular tension as occur are not caused by nor associated with a like variation in general blood pressure. He compared the intraocular tension of patients with a general blood pressure of 220 or more and those with a blood pressure of 160 and below, and found an insignificant difference.

Krämer (l. c.) also examined 14 patients with chronic vascular and renal lesions who presented a very high blood pressure but in whom the ocular tension was normal.

Priestly Smith (Ophthalmic Review 1911) with characteristic acumen has drawn attention to the important fact that chronic excess of pressure in the radial or carotid arteries is no evidence of excess of pressure in the capillaries that secrete the intraocular fluid; on the contrary, it is usually associated with increased resistance in the arterioles and insufficient capillary circulation.

Starling and Henderson found that a considerable rise in the general blood pressure did not with any constancy produce a permanent rise in the intraocular tension, and Moore concludes that in some cases of general arteriosclerosis with a high general blood pressure, the pressure of the ocular vessel is below the normal. Intraocular tension is presumably dependent on the condition of the ciliary arteries for which the ophthalmoscopically visible retinal vessels are no guide, as a considerable independence is manifested in the degree in which the various systems of vessels in the eye are involved.

Ophthalmoscopic Changes.—It has seemed to me worth while to examine the retinal vessels for sclerotic changes in the above mentioned series of 50 patients, to determine the value of ophthalmoscopic findings in glaucoma. In the 40 cases of chronic glaucoma arteriosclerotic changes in the retinal vessels were present in eight, and these were all mild in character. In the 10 cases of acute and subacute forms (the congestive type) arteriosclerotic changes were present in eight; in the other two a satisfactory ophthalmoscopic examination could not be made. I was particularly struck by the frequent and very marked changes found in the acute glaucomas

after the attacks were past; some of the arteries were nearly obliterated and sheathed with broad white lines, and the discs were pale.

VASCULAR CHANGES IN THE EYE

The question of local vascular changes in the eye is an important one. General vascular disease surely indicates changes in the more delicate vessels in the eye. The results of pathological examination of ocular vessel changes are varying. Bartels (Zeitschrift f. Augenhk. vol. XIV) acknowledges the frequency of these changes after a critical examination, though he does not think that these changes are sufficient to be specific and are not greater than the sclerotic changes which are to be expected. Arteriosclerosis diminishes in a distal direction; thus the changes must be more pronounced in the orbit than they are in the eye. In hemorrhagic glaucoma Kümmel demonstrated marked changes in the ciliary arteries back of the eye.

Nephritis.—Kümmel found 45% of his cases changes dependent upon nephritis, albumenuria with relatively few casts. Joseph, by means of the methylin blue method showed a relative kidney insufficiency. Sulzer and Ayrignac (Annales d'Oculistique, vol. 150, p. 245) have recently studied metabolic disturbances in glaucoma. They found a reduction of liver function and relative impermeability of the kidneys producing an insufficient using up of albumen. This results in a form of arthritis which is related to increased pressure from increased secretion in an eye predisposed to glaucoma.

Nasal Empyema.—The close nervous relation of the nasal accessory cavities and the eye has brought glaucoma in etiological relationship to nasal empyema in the opinion of certain observers, (de Lapersonne, Fish, etc.) There is in fact a close association between the second division of the trigeminal nerve and the wall of the sphenoid sinus. Sluder has drawn attention to the role of the sphenopalatine ganglion in neuralgia and has relieved the pain of glaucoma by anesthetising this ganglion (A. E. Ewing, A. J. O., Dec. 1908.) Ludde reports on the reduction of intraocular tension after cocainising this region of the nose. I have tried to observe some change in ocular tension after anesthetising the region of this ganglion in glaucoma cases, but without any success. In the cases where nasal empyema was associated with glaucoma no change whatever was observed in their ocular tension after the nose had been operated upon.

Nervous Disturbances.—There is no question but that vasomotor irritability, migraine, affections of the V nerve, etc., are symptoms that frequently affect glaucoma patients; yet the exact nature or cause of these possible factors in the production of glaucoma is not definitely known. The vasomotor fibres are a part of the sympathetic nervous system which in turn is closely related to the ductless glands. Experiments have

proven (Priestly Smith, *Oph. Rev.*, p. 5, 1911) that the intraocular pressure may be raised considerably by irritation of the sympathetic and still more by irritation of the V nerve, the result in each case being probably due to the action of vaso-dilator fibres. Parsons & Snowball (R. L. O. H., Reports XV, 1903) have shown experimentally that stimulation of the sympathetic produces a reduction in tension owing to a constriction of the ciliary vessels. Unfortunately much of the experimental work on these nerve reactions is contradictory. Dubois (K. M. A., 1912, p. 601) observed a case of acute glaucoma in the course of a typical herpes zoster of the first branch of the V nerve. He believes that both were caused by trophic and vasomotor nerve lesions. Bradburne (*Ophth. Rec.* p. 169, 1909) saw a case of herpes zoster ushered in by an attack of glaucoma. Schmidt Rimpler (*Rescueil d'Ophth.* XXXII, p. 164) found after extirpation of the gasserian ganglion that the ocular tension reduced to 10 mm with narrowed palpebral fissure. In the blood serum of glaucomatous patients Kleczkowski (KL. M. Aug., Oct. 1911, p. 417) discovered adrenalin. This observation however was not confirmed by other investigators. A striking symptom in glaucomatous eyes is the atrophy of the iris which is often circumscribed and superficial. Bistis (*Arch. Ophth.* 1915) has published a case of heterochromia with signs of paralysis of the cervical sympathetic, and was able to show in rabbits that extirpation of the cervical sympathetic was often followed by this change. Can not this symptom therefore be brought in relationship to a sympathetic disturbance? Adrenalin is said to dilate the pupil in an eye with sympathetic paralysis. After the subconjunctival injection of novocain and adrenalin in glaucoma operations the resulting dilatation of the pupil has surely been generally noted. These fragmentary reports, I think, suggest an involvement of the sympathetic nervous system in glaucoma; it is, of course impossible to say whether this lesion is the primary one or not.

The following case possibly illustrates this involvement. M. H., age 27, on Nov. 3, 1915, came to the Eye Hospital stating that 5 weeks ago he noted that the sight in the right eye was very poor. This was followed by some obscure pain and the sight in both eyes became progressively worse. On examination V. R.: H. M L 20/50. To R:49; L:30. Blood pressure 105. Urine neg. Wasserman neg. Fields very much contracted. Optic nerves show a deep cup and atrophy. He was admitted to the hospital and subjected to a most careful general examination. This proved negative, except for hyperthyroidism, (the thyroid gland was enlarged, uniform and soft), vasomotor irritability, tachycardia. He was put on various glandular extracts without any distinct change. The ocular condition has

remained stationary. This case reminded me particularly of an article by Legrange (*Arch. d'Ophth.*, vol. 33) on the "Prognosis of Chronic Glaucoma" in which he says that the neuropathic glaucomatous individual presents deep trophic disturbances, the atrophy and degeneration of the optic nerve are most marked, and in his opinion one must distrust the optic discs whose pallor is out of proportion to the depth of the excavation.

In conclusion, if I should be asked to classify the forms of primary glaucoma which I have attempted to describe, I should divide them into two groups: circulatory and nervous. The circulatory group would be characterized by congestive attacks, by retinal vascular changes, by local changes in the eye which favor increased tension, such as small eye ball, age of patient, etc., and the nervous variety which shows dysglandular disturbances, no arterio-sclerosis, and affecting any type of eye, myopic as well as hypermetropic. The treatment in the first group is operative and of the greatest importance is the attention to the general health; in the second group, operation is indicated in some; our efforts at general treatment must await our further knowledge of dysglandular affections.

Phenol Antidotes.—Various substances, fixed oils, Glycerin, diluted sulphuric acid, the soluble sulphates of the alkalis and alkali earths, have been recommended as antidotes or prophylactics of phenol poisoning. M. I. Wilbert discusses the value, or lack of value, of the various reagents proposed as antidotes to phenol poisoning. He points out that glycerin will not prevent the production of gangrene or the absorption of phenol. Wilbert points out that the other substances mentioned have been found inefficient as detoxicants for phenol, and in many instances distinctly harmful. He further notes that, while the value of alcohol as an antidote for phenol poisoning has been scientifically disproved, yet even as late as 1915, the fallacy that ethyl alcohol is an antidote to phenol has been embodied in state laws designed to restrict the sale of phenol. Recent investigation, carried out in the Hygienic Laboratory, shows that in the presence of water, neither alcohol nor glycerin has any detoxicating effect on phenol. (*Jour. A. M. A.*, July 15, 1916, p. 233).

If you have any regard or interest in your *Journal* we earnestly request that you patronize our advertisers and give them your preference. Unless our advertising income is increased and advertisers are impressed with the value of our *Journal* as a sales medium there will be no other course than to diminish the size of the publication. The increased cost in paper, ink, labor, etc., will not permit us to send out an eighty to ninety page *Journal* unless our revenues from advertising are increased.

The Closure of Large Breast Wounds

J. Louis Ransohoff, M. D., F. A. C. S., Cincinnati

MOST methods of operation devised for the removal of the breast, have been planned with a view to subsequent easy wound closure, rather than to insure complete and safe removal of all infected breast tissue. This is in itself a great drawback.

In a way, the last word in safety was elucidated by Halstead, when he said "the operator who removes a breast should leave the wound suture to an assistant." Though this plan is scarcely feasible, it is nevertheless symbolically correct. While operating for cancer of the breast, the surgeon should not think of the difficulty of wound closure, but should devote all his energy to the complete eradication of the disease, as far as this is humanly possible. This is the great objection, for instance, to the operation devised by Jackson, who fashions his flaps before the breast is removed. Any operation where this is done cannot be completely safe. According to the location of the tumor or the shape of the breast, the removal of a maximum amount of tissue may be required in any, or indeed every direction, and it is usually necessary to cut the coat according to the cloth. Cutting the flaps before the invasion of the axilla or the removal of the breast, to say the least, is a method not to be supported.

Gross was the originator of the so-called "soup-plate excision." That part of the wound which could not be closed by suture was left to granulate. Though safe, this is not a desirable procedure, as the healing is slow and tedious, and frequently leaves painful and adherent scars, with contraction of the arm. Rodman in his monograph on cancer of the breast tells an interesting anecdote which occurred in Gross' clinic. Gross remarked to a visitor, "I shall show you my dinner-plate excision." When he had finished, the astonished onlooker said, "Dinner-plate? Hell, it looks more like a cart wheel."

The Johns Hopkins School, as typified by Halstead and Finney, still, in a way, adhere to this plan, by closing the defect which cannot be sutured by free skin grafts. In fact, Finney claims a special advantage for this measure, in that the grafted skin presents a distinct barrier to the invasion of cancerous growth.

Wide removal of the skin is particularly essential, as the main lymph channels which drain the breast run in the subdermal connective tissue. Yet, in spite of this wide-spread knowledge of early and extensive skin involvement, the old elliptical incision is frequently used. A primary incision of this sort vitiates all benefit from an

otherwise perfect and wide-spread axillary dissection.

One of the greatest advances in recent years has been the primary invasion of the axilla by a free division of the pectoral muscles—a method commonly called in this country the Rodman operation, to which, however, Rodman laid no claim of priority. It was probably one of those advances in surgery which come to many operators independently, and simultaneously, but was probably first carried out by Kocher.

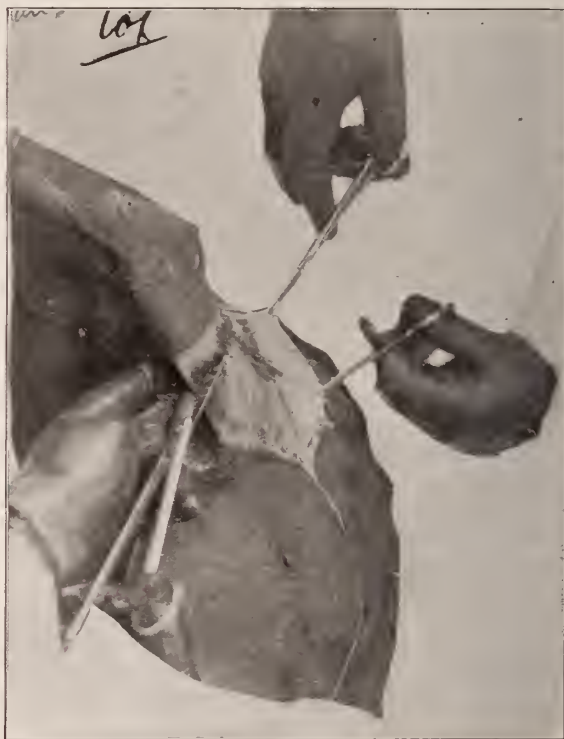


PLATE I.

Outline of incision. Pectoralis major being divided.

The advantages of the primary axillary dissection are numerous and almost obvious. The most important of these is that the breast is not handled until its veins and lymph channels have been closed, toward the end of the operation, and there is less risk of expressing cancer cells into neighboring tissues. Of almost equal importance is the decreased hemorrhage because of the ligation of the vessels in the axilla.

The question with which I am principally concerned today is the closure of these large breast wounds without undue tension on the sutures and without any interference with the mobility of the axillary fold. It is almost an axiom in breast surgery that the closure of a breast wound must be made with the arm in abduction, and that the arm must not under any circumstances be bound

*Read before the Section on Surgery, annual meeting of the Ohio State Medical Association at Cleveland on May 17, 1916.

to the side after the operation is completed. Our patients have, as a rule, not even a temporary disability of abduction. A woman who has had a properly done breast amputation should be able to dress her hair after a few weeks.

In closing any breast wound there is usually



PLATE II.

Exposure of axilla. Vessels and lymphatics dealt with before disturbing the breast.

redundant skin in the upper part of the wound. This excess must be utilized in building up the axillary fold and the complete mobility of the arm. After the completion of the operation it is well to press this skin into the axilla by a piece of loosely rolled gauze. It is easily seen that in fat subjects, there is, as a rule, little difficulty in closure of breast wounds, as deep undermining of the skin and the removal of the entire adipose tissue surrounding the breast allows a sufficient amount of skin for comfortable closure. In the thin subject, however, the ingenuity of the surgeon is frequently taxed.

As the successful closure of breast wounds and the mobility of the arm depend in part on the method of operation, a short description of the method we, Dr. Joseph Ransohoff and I, use will not be amiss. It is practically the same operation as described by Kocher, Willy Meyer and Rodman.

Anesthetic.—As in most of our surgical work, we use gas oxygen. In addition to its many advantages, the mask can be completely covered by sterile towels, and there is no danger of contamination of the field of operation. *Plate 1.* The first step of the operation is a vertical incision across the anterior axillary fold, an inch

to the inner side of the coracoid process. It is begun about a finger's breadth below the clavicle and is carried well below the lower margin of the greater pectoral muscle. The fascia covering the pectoralis major muscle is quickly exposed. The breast incision is next outlined with a superficial cut, beginning just below the center of the axillary incision, care being taken to go well outside the breast in every direction. There is no valid reason for removing the clavicular portion of the muscle in the usual case, that is, unless the tumor invades the very uppermost portion of the breast.

Plate 2.—The lower edge of the pectoralis is well exposed. Two fingers are introduced under the muscle and the sternal portion of the muscle quickly cut through. This exposes the pectoralis minor, which is cut through the same way. Here, however, care must be taken to lift the muscle well up on the finger so as not to injure the vein or the long thoracic vessels, which in thin subjects lie directly under the muscle. This exposes the entire axillary space and its vessels and nerves.

The axillary dissection and the clearing of the vein must be begun above, as it emerges from beneath the clavicle. If the right cleavage line has been found the entire fat tissue containing the glands can be removed en masse. The ax-



PLATE III.

illary long and alar thoracic branches and venous tributaries must be tied in the course of the dissection. Here may be mentioned a small but valuable hint. The finest catgut should be used in these ligatures, as the finer the tie the less likely it is to slip. Unless there is definite involvement

of the supraclavicular and cervical glands, there is no necessity of extending the incision above the clavicle.

There are several important landmarks clearly visible in the complete dissection. A, The intercosto-humeral nerve, which as a rule is divided



PLATE IV.

early in the axillary dissection; B, the axillary vessels completely and cleanly dissected; C, the long respiratory nerve of Bell overrunning the serratus magnus muscle. There is no necessity for disturbing this nerve. D, The subscapular vessels and nerve on a forceps, separated from the nerve and ready to tie. As a rule, the nerve may be spared. If divided, it should be cut separately from the vessels, and should under no circumstances be included in the tie. A point, not as a rule brought out is the necessity of clean dissection of the subscapular fossa, down to the fascia covering the muscle. This space contains a good deal of areolar tissue, which is not infrequently infected. The ligature of the subscapular vessels in a way serves as a reminder and assurance that the dissection is complete. The axillary mass, the divided ends of the muscles and the breast are now grasped and removed down to the chest wall. The breast in fat subjects should be removed in a pyramidal mass, with wide undermining of the skin. This step may be quickly and successfully carried out with slight bleeding. One great advantage of this type of operation is that there is no incision in the long axis of the axilla. These longitudinal incisions should be avoided as they tend to the

contraction and shortening of the axillary fold and interfere with the mobility of the arm.

Wound Closure.—The selection of suture material is an important question in a wound of this size. As a rule we use a few deep sutures of heavy malleable copper wire, which does not macerate as does heavy silk sutures, and does not cut through as does silkworm gut. Furthermore, the tension is easily adjusted. About four or five of these sutures as a rule suffice. Up to the past year we had closed all wounds with Michele clamps. These we have definitely given up in favor of a running mattress suture of No. 1 chromic gut. In a large series of cases we have not yet seen a sign of stitch-hole abscess. It is a wonderful relief to a patient to be spared the annoyance of the removal of twenty or thirty small stitches, to say nothing of the saving of time and relief to the surgeon.

The closure of the wound is begun in the subclavicular portion. All redundant skin tissue should be tucked into the axilla to form a loose axillary fold. The clavicular portion of the wound is closed until tension is experienced. In fact in some subjects with lax tissue the entire wound may be closed in a longitudinal direction, the wound usually taking the shape of an atten-



PLATE V.

uated S. The longitudinal portion of the wound is now closed in a transverse direction, using wire sutures. In fat subjects where the skin has been undermined, the entire wound may be easily closed in this way, the wound taking the shape of an inverted Y, the lax tissue being pulled up

from below. If this is impossible, relaxation incisions, one external and one internal, often suffice to close the wound. It is surprising how easily these relaxation incisions may be closed without undue tension after the original wound has been sutured. A cigarette drain is inserted through an axillary stab wound. The tube must be soft and must not impinge on the vein because of the danger of decubitus.

In thin subjects we have been using with almost uniformly good results an external posterior flap with the pedicle above and behind. Anatomically this is the logical flap as its blood supply coming from the posterior branches of the intercostal vessels is not interfered with. The flap containing skin and subdermal areolar tissue is easily sepa-



PLATE VI.

rated, care being taken not to cut the pedicle too narrow. The flap is sharply turned at right angle, and sutured in the defect. The denuded area from which the flap is taken is as a rule easily closed by pulling up the loose abdominal tissue. Elsberg has lately described a flap very much of this nature. The great advantage of this method of closure is that if there is any tension at all it does not interfere with the mobility of the arm, a desideratum never to be forgotten. In some of our cases we have used a posterior flap with a pedicle below. This, however, has not proved quite as satisfactory, as there seems a tendency to a superficial sloughing of the skin edges.

Plate III shows an example of this flap on the fifth day after operation.

Plate IV shows another example of this plastic on the tenth day after operation.

Plate V shows the perfect healing of the flap twelve days after operation, and the extreme mobility of the arm.

Plate VI shows the complete restoration of arm function four weeks after operation.

Castration by Patient, Case Report

Mr. R. Y., aged 31; farmer and dairyman family history good: Mother died of pneumonia, aged 67, father living, aged 61. Patient is married and has three children, aged six, eight and ten.

On the evening of May 24, 1916, I was called by Dr. H. F. Rapp of Navoo, Ohio, to see this patient, and we found him in a state of collapse from loss of blood. He informed us that he had an abscess of the scrotum, and that with his pocket-knife he had made an incision into the scrotum. The left testicle protruded through the incision, and he caught hold of it and pulled it together with the tunicae vaginalis, epididymis, and spermatic cord, and vessels well out and cut them off near the internal inguinal ring. It was about an hour before he received medical aid. As stated before he was in a state of collapse from loss of blood. The scrotum contained a blood-clot about five inches in diameter which by pressure had controlled the hemorrhage—undoubtedly saving the patient's life, as when the clot was removed active hemorrhage immediately commenced again. The bleeding vessels were tied with chromic cat-gut, the scrotum was packed with sterile gauze, and the external incision was closed with silk worm gut. The wound healed without infection and the patient was discharged cured June 1st. Dr. C. W. Wendelken, gave ether anesthesia.

The remarkable thing about this case is the extensive cut made by the patient without anesthesia, and the healing without infection, the primary incision being made by a septic pocket knife. About four years before, this patient was injured at the Portsmouth Steel Works, the right testicle protruding through a wound, from which the patient made a good recovery.

J. W. Fitch M. D., Portsmouth, Ohio.

Dr. Earl B. Downer, of Columbus, and two Columbus nurses—Misses Margaret Murray and Miss Alice Holmes—sailed from New York Sept. 7, for Petrograd, Russia, where they will enter the Russian army hospital service. During the early part of the European war, Dr. Downer and Miss Murray spent six months in Serbia in the service of the American Red Cross.

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A Plea for the Electro-Cautery in the Treatment of Laryngeal Tuberculosis*

Samuel Iglaue, M. D., B. S., Cincinnati, Ohio

MOST laryngologists can readily recall the time when the presentation of a case of healed tuberculosis of the larynx was recognized as an unusual, an unexpected and an important event. Despite our increasing knowledge of tuberculosis in general, we were comparatively helpless when the larynx became involved.

The various methods of treatment employed, including sprays, inhalations, intralaryngeal injections, the application of lactic acid or of formalin, combined with the open air, the rest and silence cures together, yielded but a small and discouraging number of cures.

Neither surgical procedures such as curettage, according to the method of Herying, nor medical measures such as the employment of tuberculin, materially brightened the outlook. As a general rule the prognosis for the victim of laryngeal tuberculosis was very unfavorable, and when progressive ulcerations ensued, about all that could be done, was to attempt to alleviate the suffering of the patient.

The meagre results obtained from all the methods of treatment enumerated above gave rise to such a gloomy outlook in both lay and professional minds, that the value and importance of the electro-cautery treatment as announced in the epoch-marking monographs of Mermod (1) and of Grünwald (2), (3), failed to be generally accepted or appreciated. As I shall endeavor to prove in this paper, these original claims for the curative value of the cautery have since been confirmed by many competent observers. Nevertheless, despite these favorable reports even at the present time the importance of the cautery treatment is certainly not recognized by the medical profession in general, and even among the laryngologists its use is too frequently neglected.

I cannot but agree with Ruedi (4), when he says, "That many physicians on general principles still neglect the operative treatment of laryngeal tuberculosis, can only be due to ignorance of the actual facts. There is no complete parallel between the course of pulmonary tuberculosis and a complicating laryngeal tuberculosis." He adds, "I have seen many cases in which despite marked improvement in the lungs and despite prolonged conservative treatment of the larynx, the laryngeal condition stubbornly persisted until operative measures, (usually cautery) were employed a few times, when a prompt and permanent cure resulted."

Clinical Evidence.—Let us briefly review the basis for such a positive statement. In a period

of six years, (1908-1914), Ruedi of Davos treated 575 cases of laryngeal tuberculosis principally with the cautery, sometimes with the curette, or curette and cautery. Of these 575 patients he was able to check up 387 cases. One hundred and thirty-nine cases, or 35.9% remained healed after a period of from three months up to five years from the time of last treatment. The operative treatment brought a cure in more than one-third of the cases. The best results, 52% of cures were obtained in the electro-caustic of vocal cord tuberculosis. The only possible criticism of these figures is that the control period was too short in some cases, but a perusal of Ruedi's article is most convincing.

Ruedi employed the method of Mermod (op. cit.) and Siebenmann (5), which differs from the ignipuncture of Grünwald, (op. cit.) inasmuch as they endeavor to remove or destroy the greater part of the tuberculous lesions at one operation. In his original communication Mermod tabulated the following interesting results concerning some 280 cases treated with curette and cautery. Of these, 60 had remained well for at least one year, 40 cases for two years; and 17 cases over 3 years, i. e., about 40% of cures with a one year minimum period.

Krieg (6) claims to have cured 60 out of some 200 cases. Twenty-nine of his cases remained well for a period of from one to nine years. Siebenmann's (op. cit.) and Benni's (7) statistics are perhaps the most reliable and convincing. Of 65 cases treated with the cautery it was possible to check up 17 cases one year and over, following the last treatment. Eleven of these controlled cases, or 65% had remained well while 6, or 35% showed recurrences. The number of demonstrable cures (11) out of the entire number treated (controlled and uncontrolled) equals 16.6%. In this country favorable reports are given by Freudenthal (8) and by Pettit (9) of New York.

Levy, of Denver, (10) makes the following statement: "Among the local curative agents as well as palliative measures, none has been so highly praised within the last few years as the galvano-cautery and although it is still unrecognized by many it must be accepted at present as one of the most satisfying
"If the experiments of Wood are accepted, its value will be beyond that of anything else that we have at our command."

Experimental Evidence.—The question naturally arises as to how the cautery acts, that is, what is its effect on the tuberculous larynx? How is the healing process brought about? In the experiments of Albrecht (11), and those of Wood (12), will be found an answer to these questions.

*Read before the Eye, Ear, Nose and Throat Section, Ohio State Medical Association, in annual session at Cleveland, May 17, 1916.

Albrecht inoculated the larynges of rabbits with tubercle bacilli of human origin. The lesions which developed were later treated with the cautery and finally the animals were killed at varying intervals after the cauterization, and the larynges examined histologically.

The illustrations show that apart from the local tissue-death caused by the cautery, an inflammatory reaction takes place in the tissues remote from the actual cauterization. This reaction finally takes the form of a fibrosis tending to enclose and limit the tuberculous process. In other words, the cautery transforms an indolent avascular tuberculous lesion into an active vascular process with a final tendency toward enclosure by hyaline connective tissue, simulating the scar-tissue formation in the spontaneous cure of tuberculosis. The cautery experiments of Wood, performed on the inoculated skins of rabbits yielded strikingly similar results.

Selection of Cases.—Cases for cautery treatment should be carefully selected. The general condition as well as the laryngeal lesions should be considered. Patients in the early stages of pulmonary tuberculosis running a slow course with but little fever are the best subjects. Patients showing rapid lung destruction, marked fever and frequent hemorrhages, and severe cough should be excluded from the cautery treatment until these symptoms tend to subside. Occasionally, however, cauterization of the larynx will check the cough or relieve dysphagia and thereby improve the general condition of the patient. As regards the larynx itself, beginning ulcers should certainly be burned away and infiltrates as a rule should be punctured with the cautery, if they are not too extensive. Diffuse and numerous lesions call for judgment on the part of the physician. Vocal cord lesions offer the best prognosis, while interarytenoid tuberculosis is more difficult to eradicate.

The epiglottis, when involved should generally be amputated, as advocated by Lockard (13), and in addition the stump should be cauterized. Occasionally curettage should be combined with cauterization.

Technic—Most writers on this subject have operated by the indirect method, and have found it satisfactory. My own experience has been almost exclusively with suspension laryngoscopy which I have carried out under (scopolamin-morphine) cocaine anesthesia with very satisfactory results. In my judgment the suspension method, since it enables more accurate work will materially increase the results obtained from the galvanocautery.

Following the application of the cautery, patients should have hospital care for a few days in order to control any edema which may ensue. Dangerous edema need seldom be feared (about once in 30 cases. Benni—op. cit.) and may usually be avoided by limiting the cauterization to one

side of the larynx. An ice bag to the neck and ice pills are indicated to prevent edema and diminish pain after the operation. Orthoform insufflations may also be prescribed.

In my opinion enforced silence on the part of the patient loses much of its importance after the cautery treatment since a local reaction in the larynx constitutes an essential part of this form of therapy.

The physician should no longer sit with folded hands and observe the course of the disease, but in all suitable cases the patients should be given the benefit of electro-cautery treatment. When this is done laryngeal tuberculosis will lose some of its terrors, and a much more favorable prognosis than is usually given will be justified.

22 West Seventh St.

BIBLIOGRAPHY

1. Mermod. Traitement chir. arg. de la tuberculose laryngee, par la galvano-caustique arch-internat. de laryngol v. 18, 1904.
2. Grünwald, L., Die Galvanskaustik in Form des Einstichs zur Therapie der Kehlkopftuberkulose Munchner med. Wochenschr. 1903, Nr. 25.
3. Grünwald, L., Die Therapie der Kehlkopftuberkulose, etc. Munchen 1907.
4. Ruedi, Th. Beobachtungen ans Davos uber operative Behandlung d. Kehlkopftuberkulose, etc. Zeitsch. fud Ohrenheilkunde. etc. Bd. 73, Hft. 3, 1915, p. 174.
5. Siebenmann, F., Unseere Erfolge in der lokalen Behandlung der Kehlkopftuberkulose mit Baranek, Serum. Elektro Kaustik u Roentgenbestrahlung. Deutsche Zeitschr f. Chir. Bd. 116, 1912, p. 705.
6. Krieg, Die chirurgische Behandlung der Kehlkopftuberkulose, etc. Arch. f. Laryngol, 1904.
7. Benni, W. Ueber de Behandlung der Larynx. tuberkulose durch Ekeltro-Kaustik. Zeitschrift. fur Ohrenheilkunde, etc. Bd. LXI, Hft. 2, p. 172.
8. Freudenthal, W. Med. Record May 30, 1914.
9. Pettit, R. New York Medical Journal, 1913, p. 122.
10. Levy, R. Laryngeal Tuberculosis. Journal Amer. Med. Ass'n. May 17, 1913. Vol. LX.
11. Albrecht, W., Zur Chirurgische. Behandlung de Kehlkopftuberkulose. Zeitschr. fur Ohrenheilkunde, etc. Bd. LXI Hft. 2, p. 150.
12. Wood. Transact. Amer. Laryngol. Association, 1911, p. 184.
13. Lockard, L. Trans. Amer. Laryngol. Association, 1911, p. 29.

Chemotherapeutic Treatment of Tuberculosis.—In the August issue of The Journal of Experimental Medicine Koga, Otani and Takano report on a new treatment of tuberculosis and leprosy. Koga reports that the treatment of animals inoculated with a preparation of copper and potassium cyanide produces healing changes in tuberculous lesions. He also reports on the treatment of sixty-three cases and thinks that his preparation, which he calls "cyanocuprol," greatly improves or cures pulmonary tuberculosis in the first or second stages and even is beneficial in the third stage. Otani also gives a favorable clinical report of tuberculous cases. Takano treated cases of leprosy with "cyanocuprol" with what appears to be beneficial effects. The Japanese investigators give no clear statement in regard to the composition of the copper-cyanide preparation which they used (Jour. A. M. A., Aug. 5, 1916, p. 443.)

Dual Personality*

Charles W. Stone, M. D. ,Cleveland, Ohio

Assistant Professor of Nervous Diseases, Western Reserve University, School of Medicine.

THE human mind with its various processes, such as reasoning, volition, feeling, memory, comprises a thoroughly complex group of manifestations and phenomena, which when properly correlated and definitely continuous, constitute the condition we speak of as the personality of the individual, the central point of which is fixed in self-consciousness. Personality may be considered as a series of independent ideas so closely associated as to form in memory simply one conscious series; that is, it is a train of ideas of which memory declares the first to be continuously connected with the last.

Memory is usually looked upon as something belonging only to consciousness, that it is the conscious thought of some past mental experience. It must, however, be considered as a process by which experiences are tabulated, preserved and reproduced, whether such reproduction occurs in consciousness or below the surface of consciousness.

The continuity of this process of memory is a prime essential for the maintenance of our state of personality. It is true that incidents, names, and other data are often lost for our normal consciousness but this amnesia produces no abrupt alterations in our personality. However, as the result of the action of harmful stimuli, be they traumatic, toxic, or otherwise, suppose amnesia is more extensive, and the lost memory content becomes an independent center of psychic activity with a continuity of its special series of ideas and memories, definitely separated from the main consciousness, then there is developed a secondary consciousness or personality.

Since loss of memory is the most obvious and striking pathological manifestation, it is natural that this should become the index of the severity of the extent and depth of the mental lesion. The breaks and gaps in the continuity of the primary consciousness are gauged by the loss of memory. Trains of ideas not connected by memory are so many independent units, and, if supplied with sufficient mental material, form so many independent personalities. Each personality carries along its own mental continuity, has its own character, and its own memory, which do not fuse into a concrete whole with those of the primary or other personalities. There may be an impassable gap between them. When one appears the other may be absent. The primary personality may not know what the secondary personality does, yet the secondary personality may know what the primary one has done. The secondary

personality may differ in character, ambitions, aims, and even in educational accomplishments from the primary, because it becomes endowed with volition, intelligence, and other mental processes, acting independently of the similar processes of the original personality.

Reports of cases of double personality are by no means abundant in the literature of abnormal psychology. Among those cases reported, the most fundamental associations of the patients are usually preserved in the secondary personality. They talk, understand speech, rarely lose knowledge of reading and writing, know how to eat, to dress, and to use the objects of everyday life.

In most of the reported cases the mental wound has not been healed—the mental gap separating the different personalities has not been bridged over—the personalities have not been fused into a single consciousness.

Through the courtesy of Dr. H. Austin Aikins, Professor of Psychology in the Women's College of Western Reserve University, I have had the opportunity to join him in studying a very good example of this double personality.

The history of this patient briefly is as follows: At 2:00 A. M. one morning in November, 1912, he was found unconscious on the street. He was taken to a hospital where no evidence of alcohol, drugs, or physical violence was noted. He recovered consciousness the next day—a Friday. He then gave his name, said he had gone to his mother's funeral on the preceding Wednesday in a neighboring town, and wondered where he had been in the meantime. Physical examination showed no evidence of organic disease. He was unstable emotionally. There was present areas of hysterical hypesthesia. Later he secured a newspaper and was much puzzled over its contents. For example he knew nothing of the Balkan war, had not heard of Woodrow Wilson being a candidate for the Presidency, and thought the date on the paper must be a joke. It soon became clear that his mother's funeral had occurred sixteen months previously, instead of two days, and that none of the events of this period were known to the patient, while his recollections of events previous to the day of the funeral of his mother were quite clear.

The boy at this time was 19 years old. He was the eldest of a family of seven children. He had had the usual diseases of childhood, and had had typhoid fever at 16 years. When about 8 years old he had had several attacks like nightmare scattered over a year's time. None of these attacks had occurred since. He had attended an academy and had studied music. He

*Read before the Section on Nervous and Mental Diseases, Ohio State Medical Association, in annual session at Cleveland, May 17, 1916.

had little affection for his father, but was deeply attached to his mother. His mother died in July, 1911, after a lingering illness due to cancer. The patient assisted actively in arrangements for the funeral. He boarded the car which took the family to the church where the services were to be held. At the time of leaving the car he became unconscious, and from friends and relatives it was learned that he remained so for several hours. These friends and relatives gave the further information that upon recovering consciousness he again took up his daily life as before.

There was no amnesia except for the period of his unconsciousness. He worked at various things, played the piano in a moving picture theater, wrote and staged successfully a musical production for a Settlement House entertainment. Certain differences in him were noticed, however. Whereas, before his mother's death he had been an adherent to the church, he now scoffed at religion. He was more indifferent to public opinion, was lax in his morals, less careful of his choice of associates. Of all these facts the patient himself, after his entrance to the hospital in November, 1912, had no knowledge whatever. He was visited at the hospital by friends whose acquaintance he had made after his mother's death, and with whom he had dined the evening before he had been picked up off the street unconscious, but he had not the slightest recollection of them.

Here was an individual, then, with a period of complete amnesia extending over 16 months' time. Yet, during this period he was cognizant of his entire previous life.

In the treatment of such a dissociated mental system it is of great importance to bring the subconsciously preserved ideas up into the light of consciousness, and thus finally effect an association with what may be regarded as the normal personality.

To bring this about it was necessary to have, through the patient, some entering wedge into the amnesic period. This was accomplished through various agencies such as association experiments, distraction, consideration of dreams, and hypnosis. For example, the patient had many dreams, and the record kept of these showed several which were definitely based on incidents of the lost period. A few day dreams also arose from this period, while hypnoidal visions also showed what proved to be important scenes from the lost period.

Hypnosis was generally found to be readily produced, and it proved easy, with the knowledge otherwise gained, to enter the period of amnesia. However it was early noted that any attempts during hypnosis to go from the amnesic period to the preceding or subsequent periods produced restlessness and some confusion on the part of the patient, and, if pushed, caused him to awaken

from the hypnotic state. Also difficulty was encountered, if during hypnosis, an attempt was made to pass abruptly from the period previous to his mother's funeral, or the period subsequent to his being found on the street, into the amnesic period.

It is also interesting to note that the story of events as related during hypnosis would be repeated by the patient after awakening in more polite language and with fewer grammatical errors.

Finally after repeated efforts, a pretty full history of the whole amnesic period was obtained, and brought up to the everyday knowledge of the patient. Then one day, over two months after he was picked up on the street, it was found possible to break through from the amnesic to the subsequent period. Then there came to light an amazing story of a severe psychic struggle which had precipitated the unconscious attack of November, 1912. The whole amnesic period was now fused with his normal or primary personality.

The subsequent history of this patient is worthy of note. He secured employment and worked satisfactorily to all concerned, his primary personality remaining in control. There have been two or three temporary periods of possible recurrence of amnesia. In July, 1914, he visited a church with one of his friends, yet the next day when reference to this visit was made, the patient knew nothing of it, and could not visualize the interior of this particular church. Again in October, 1914, he went home one evening and found the door to his room locked. He complained of this, but was assured that he himself had locked the door, and a search of his pockets showed he was carrying the key.

Recently he has not been working and I suspect he may be in difficulty once more.

In the study of the phenomena of dual or multiple personality we get a glimpse into the nature of the highest product of evolution, namely, human personality, and through this study we can form some idea of the complexity of the human self.

615 Rose Building.

Sodium Sulphate as an Antidote to Phenol Poisoning.—Sodium sulphate in strong solution is one of the best known antidotes for phenal poisoning. At one time it was erroneously thought that the antidotal effect was due to the formation of sodium phenolsulphonate. It has been suggested that whatever action sodium sulphate has as an antidote for phenol may be due to some hindrance to absorption, and possibly also to added purgation. (Jour. A. M. A., Aug. 12, 1916, p. 535.)

Attend the next meeting of your county society.

Some Diseases Resulting from Infection of the Mouth and Upper Air-Passages*

A. H. Herr, M. D., Lima, Ohio

ALL peoples of the world are now living in a time of great unrest, which shows forth in certain changes in accordance with the law of influences. This law of influences as applied to people depends on whatever influence one person gains, another person loses. Were it not for this constant, yet ever varying principal, all business would come to a dead standstill inside of twenty-four hours.

Many persons fail to realize, or, if they do realize, fail to appreciate, that two constant invisible forces are continually at work, every hour, and every minute of every hour; one influence is favorable to us, the other influence is against us. No person is exempt for a single moment. Human values and human achievements are governed by this eternal law of influences. The visible things of life throughout all nature and, as well, the invisible things of life, such as thought in all of its fields of action are under its control.

As physicians, we readily determine that birth and death are beneficent, and bow to this inevitable law of influences, realizing fully that one's enormous influence extending to the next generation, and the next, even unto the third and the fourth, becomes intensely interesting, and, at the same time, a most serious consideration.

The law of influences spoken of, applies to all classes of germs or bacteria. Their influence is either favorable or unfavorable. They produce health and they produce disease. The means employed by the animal body to rid itself of germs have been conceived to be of two kinds—those of disintegration or lysis, and those of cellular inclusion or phagocytosis. According to the former, the germs are acted upon by certain constituents of the blood serum called amboceptor and complement, which dissolve them. According to the latter, they are englobed by white blood corpuscles, which digest them. That bacterial invasion is at the bottom of practically all pathological changes is now accepted by the profession as a true theory of disease.

My especial field for discussion in this paper, as I understand it, is the present theory of infection in relation to the upper air-passages, the nose, mouth, and throat more especially than the lungs. However, the nose, mouth, throat and lungs are all contiguous and interdependent. The same may be said of the entire human being.

This is a very interesting subject. It is also an important subject, since so many systemic diseases enter the system through the nose and mouth; so many in fact, that it would be much easier to enumerate the infections which do not

enter the system by way of the nose and mouth than to name those which do. At this junction I wish to remind you that many times even the syphilitic infection enters the system through this gateway.

We have written to several eminent men for recent results of their research work, trying to present to you the latest conclusions. As statistics are not interesting, we will not worry you with long lines of figures in this paper. We would ask you to remember, however, that statistics are not lacking to prove the statements we here present.

The germ theory of disease has been well established. Predisposing factors or influences such as heredity or diathesis, habits, debilitating diseases, excesses, occupation, soil, sanitary conditions and other influences should be taken into account and carefully considered.

When the invasion of pathological bacteria takes place in the nose, mouth, throat, notably in the tonsils, it is, in the very nature of the invasion, a local disease. If, however, it extends by continuity or contiguity and enters the body further by lymph paths or by the blood, it may become general, and involve, more or less, all the organs of the body. We then speak of it as a constitutional disease. However, I would not have it understood that all constitutional diseases result first from local infection.

In chronic or recurring diseases a search should be made to establish positively the non-participation of any of the several sources of infection in the nose and mouth.

Deformity of the mouth would often be prevented if the first teeth were properly dealt with and watched so that the second teeth would come in regularly and evenly. The teeth should be made to meet, and the high arched palate which diminishes nasal breathing, should have proper attention. Adenoids should be removed to permit natural breathing and to do away with pockets and depressions containing foul mucous and decaying cells which constantly invite the evolution of pathogenic bacteria or infection.

During the last few years a great deal of attention has been given to the foci of infection which are the causes of such systemic or localized affections as arthritis, synovitis, rheumatism, endocarditis, mastoiditis, chorea, tuberculosis, anemia, appendicitis, cholecystitis, urticaria, neuroses and various other functional disturbances. These foci have been found in the teeth, the nasal sinuses, the gastro-intestinal tract, and other regions, but in the tonsils more often than all others combined. "We now know that the old 'idiopathic' osteomyelitis of the child may

*Read before the Allen County Medical Society, in session at Lima, March 21, 1916.

follow a short time after a specific tonsilitis." (Mayo) It is in cases with these more grave conditions that the medical man today is most frequently and urgently advising the removal of tonsils. Since any portion of tonsillar tissue large enough to enclose a crypt may harbor an infective process capable of scattering virus through the system, it has become apparent from experience that, especially in these cases, a complete removal of the tonsils is imperative to insure dependable results. (Mathews)

Enough is known, surely, concerning infections and their mode of entrance into the system to the extent that infected and diseased mouths and respiratory tracts must be looked upon as most serious menaces, not only to the individual, but to all his associates.

A progressive and more or less educated public is constantly demanding more and more of the medical profession, and of the dentists, and also of the state. It wants better protection against preventable diseases. Parents demand protection for their children. As time goes on these demands of the public will be still greater. The general public should be taught the fact that diseased conditions in the mouth have a profound influence in producing localized inflammatory disease processes in other parts of the body, and the two most frequent sources of these poisons are diseased teeth and especially diseased tonsils. The growing number of cases of rheumatism, anemia, St. Vitus Dance, etc., that are cured by the removal of diseased teeth or tonsils, furnishes unimpeachable evidence to this effect. The time is coming when the physician who overlooks foci of infection in the gums, tonsils, nose or mouth or the communicating sinuses, will be as much at fault, as is now the one who overlooks an early case of tuberculosis and carries the case along until it is too late.

An examination will often reveal strong evidence of infection in the tonsils even though the patient gives no definite history of suffering from sore throat. And it is tonsils of this type which are causing the most systemic trouble; as they are a veritable hot-bed of germs which multiply rapidly, so feeding the patient poison constantly by way of the lymph channels and blood stream and digestive system, whereas, if the patient suffers much with his throat he will seek to have his tonsils removed for relief.

It has been shown that instead of the tubercle bacilli being inhaled directly into the lungs, they, in fact, enter the tonsils and through this gateway enter the circulation and are carried by the blood stream through all parts of the body, and as they swim or move along, they are continually trying to land, but are fought by the health germs, and if the resistance is good in the tissue where they try to establish themselves, they are driven off, but, if the resistance is poor as it is in joint tissue or lung tissue, the germs gain a foothold

and there thrive and multiply, and if it happens to be in the hip, we have what is called hip-joint disease, or if in the spine, we have a case of tuberculosis of the spine, which causes so many deformities (hunchback) and often death, or, if in the knee, we have a tubercular knee or what is often called white swelling, or if in the lung, we have tuberculosis of the lung which is commonly called consumption.

Observation cases have demonstrated that hypertrophied tonsils with a previous history of recurring tonsilitis, or peritonsillar disease is associated with chorea. There is strong proof that a streptococcus is responsible for the production of chorea. Dick and Rothstein injected pus from the tonsils of a patient who had had chorea for five years, into a dog, and within twelve hours the dog developed symptoms of chorea. They state, also, that similar organisms have been isolated from a number of more acute cases of chorea. Definite strains of the same organisms have a predilection for special tissues and organs, and, therefore, it would seem probable that chorea is produced by a strain of streptococcus which has a special tendency to attack the central nervous system. It is only within the last two or three years that a few leading men have advised and practiced removal of the tonsils as an essential procedure in the treatment and cure of chorea.

Rosenow has done great work in showing that changes in the environments of bacteria may change them so that the specific action varies and even their appearance becomes unlike that of the original cell. Furthermore, when they have entered the blood stream they become selective in choosing their location, thereby developing specific local disease.

Pyorrhoea, tonsillitis, or sinus disease, may be the source of infection which is now termed rheumatism, and root abscesses and pus pockets connecting with them are often the source of either chronic or acute rheumatism, nasal sinuses, and chronic mouth and throat infections even develop anaphylaxis from constant poisoning and their results appear in melancholia, asthma, hay-fevers, herpes, urticarias, and various skin eruptions.

We wish to emphasize the importance of examining the tonsils and upper air-passages and mouth, especially for causes of disease, since infection here often produces many serious and fatal diseases.

Looking sometimes is not an examination. A diseased tonsil may not be recognized visually or simply by looking at it. It is only when they are massaged with a finger that pus or a caseous material exudes and comes into view. Many times we have had the mortification to have our previous diagnosis upset, where patients had placed confidence in our ability and paid us good money and we carried on the treatment without results, when finally we made a more extended and thorough examination of the tonsils and

found them to be seriously infected, but submerged, (when before we told the patient that his tonsils were not affected.) Then upon complete removal of these tonsils the patient would make a rapid recovery.

Chorea and rheumatism are thought to be intimately associated; and although this knowledge depends chiefly upon clinical observations the evidence is most convincing, as seen by these salient points of evidence from cases examined at the Mayo Clinic and from others recorded in medical literature: (1), the frequency of a previous history of tonsillar disease in rheumatism and chorea; (2) the frequent recurrence of the two diseases together or at different times in the same individual; (3) the liability of the two diseases to be complicated by cardiac affections.

To the few older physicians whom we meet, who do not believe in removal of the tonsils under any condition, and who ask, "Is not the tonsil put there for a purpose?" I would say: "If the tonsil protects the child against measles and other infections without itself becoming diseased, it should not be removed. But, if it becomes damaged and thereby not only fails to protect, but becomes a source of infection which at any time may find its way into the blood stream, causing heart disease from which the patient may never completely recover, or rheumatism with its unhappy consequences, tuberculosis and many other infections which enter through this gate-way, there is one proper treatment—complete removal in the capsule.

Occasionally tonsils are so large that excision is warranted without other definite pathology, but as a rule the large protruding tonsil is not so dangerous to the patient as the small submerged tonsil. The tonsils which are submerged and difficult to see, drain poorly because they are covered by adhesious and plica-tonsillar and the germs which they harbor are sure to find their way into the blood stream.

Living bacteria in the blood and lymph, or bacteremia, occurs in all infectious diseases.

Many varieties of bacteria produced in the mouth, throat and air-passages are taken into the stomach while eating and swallowing and while we have been taught for years that the acids of the stomach are destructive to such bacteria, it is now being demonstrated that such is the case to a limited degree only, and that they swarm in the stomach, and intestines, constantly passing through the mucous membranes into the lymph channels and blood stream. According, therefore, to the number of germs and virulence the blood responds in slight or extreme degree, general or local symptoms follow, which constitutes disease.

In this way it is readily understood how bacteria with certain selective affinities produce ulceration of the stomach from behind through the blood stream, or how septic bile from infection through the circulation might fail to activate the

duodenal and pancreatic secretion producing various phases of indigestion.

At Mayo's Clinic, Dr. Mayo said during an appendectomy, holding up the ulcerated appendix so as to expose the ulcerations to view: "These ulcers are made by infection, not by pins, seeds, toothpicks, etc., but by streptococcus or diplococci."

It is noted that acid-bathed surfaces are subject to cancerous changes while alkaline-bathed surfaces are much less liable to be involved. The stomach is the most common location of all cancers. The large bowel and the bladder are acid and very subject to cancer. The infected or diseased mouth always shows a tendency to the acid reaction and it is because of this acid change that we have an additional danger in cell degeneration of malignant type from chronic irritation. The alkaline small intestine especially the duodenum, is most resistant to malignant growths.

And so it is. The law of influence is constantly at work. Were it not for the resistance of health producing bacteria and animal parasites, the disease germs would carry on their work to the destruction of the individual. Inflammation from infection and the efforts of repair is disease, and is classified as acute and chronic.

While infections occur through the cutaneous surfaces from wounds and infection of the eyes, etc., from the genito-urinary system, etc., by far the greatest number occur through the nose and mouth and it has been our aim and mission in this paper to discuss the subject of infection in relation to the mouth, throat, and upper air-passages.

CONCLUSION

1. It is very important that we as physicians examine the upper air-passages especially in nervous children, as the percentage of school children suffering from infections in the nose and throat, runs shamefully high.

2. Physicians should remember the close relation between rheumatism and choreic infection, demonstrating it more clearly by clinical observations and bacteriological investigation.

3. Rapid cessation of choreic symptoms take place after tonsillectomy. This is also true of many other symptoms.

4. Diseased tonsils should be promptly removed, and, adenoids, as well, also diseased teeth and pus pockets, thus lessening bacteremia and preventing and curing rheumatism.

5. Physicians, when confronted by a patient, who is suffering from any diseases which are caused by infection by germs of various sorts, as for example, rheumatism, heart diseases, anemia and many blood dyscrasias, appendicitis, ulcer of the stomach and duodenum and gall bladder troubles, should not be satisfied by looking at the tongue and feeling the pulse and prescribing a physic and a few tablets which are put up by some drug company and labeled for our convenience, "anti-rheumatic," "anti-flatulence tab-

lets" or "digestive tablets," etc., but we should make an earnest and diligent search all over the patient's body, and if possible (and it practically always is if the search is earnestly made) locate the focus or foci of infection which causes the systemic trouble. If it is the teeth or gums as it so often is, send the patient urgently to his dentist, or if in the sinuses, they should be irrigated, or if in the tonsils, where it is more often than anywhere else in the body, the tonsils should be peeled out for our patient will not be permanently cured until the source or cause of the trouble is removed.

If the mouth and upper air-passages of school children were properly looked after and cared for, there would be less deformity, disease and degeneracy and a marked improvement in intellectual progress and good citizenship, since there is no question that toxins affect very noticeably the functions of the brain and higher nerve centers.

For much of the information I have been able to bring together in preparing this paper, I am indebted to Rosenow, Wm. Mayo, Mathews, Dick, Denman, Bull, Charles Mayo, McMichaels, Rothstein, Sawyer.

Indications and Value of Gastric Lavage as a Therapeutic Agency*

E. S. Jones, M. D., Painesville, Ohio

IN presenting you this old time subject, I have aimed to give a brief outline, touching only the fundamental points often encountered by the average physician. To go into detail in every indication, would make this paper too long, and in the end weary you in "too much speaking." I am constrained to say that the busy physician, many times, overlooks many useful and approved agencies, which would readily restore his patient to good health, but in his hurry, he leaves undone, that which should be done.

Stomach washing has been a common practice for several years. To Dr. Seibert is due the credit of bringing the subject prominently before the minds of the American medical profession. It is one of the most valuable therapeutic measures we possess. When there is continuous vomiting of acid mucus, great relief is afforded by repeating the lavage every 12 hours, with a 1% solution of sodium bicarbonate at 110° F. No other remedy is so efficient.

ACUTE POISONING

Arsenic—Arsenic is found in rat-poisons, paris-green preparations, moth ball annihilators, fly paper, and various other vermin exterminators. 2 gr. of white arsenic is usually fatal. The antidote should be given at once, inasmuch as there is a tendency for arsenic to stick to the walls of the stomach. In addition to giving the ferri oxidum hydratum cum magnesia, wash out the stomach after each administration. When you feel sure all the arsenic is out of the stomach, give a final dose of the antidote, and leave this in the stomach for some time.

Coal-Tar Analgesics.—Acetanilid, antipyrin and phenacetin, used as headache tablets or powders are poisons. All are heart depressants, and large doses are followed by chilliness, nausea, vomiting, weak and slow pulse, cyanosis and eventually death. In the treatment wash out the stomach and give stimulants, applying heat to the

body and extremities, oxygen by inhalation and saline infusions. We see the value of gastric lavage as well in other acute poisons.

ACUTE GASTRITIS

I wish now to name a few pathologic conditions in which gastric lavage is not only indicated, but is the sovereign remedy called for. In acute gastritis, instead of using emetics, use gastric lavage. The lavage removes remnants of food, thick and tenacious mucus, causing nausea, retching, and continuous vomiting. No other treatment subdues all these symptoms so quickly and with such relief and satisfaction to the patient as lavage. Dissolve in the boiled water 1 dram of sodium bicarbonate to the pint, using 2 to 3 pints for the washing.

Gastric Dilatation.—In gastric dilatation, lavage is the sovereign remedy. This should be done early each morning before breakfast. The advantages which accrue from this procedure are incomparable, when placed side by side with other therapeutic agencies. These washings must be continued for a long time, to remove the excessive secretions, and to cause prompt evacuation. Lavage furnishes immediate relief. It will prevent any paralytic dilatation.

Gastric Hemorrhage in Ulcer.—In gastric hemorrhage due to ulcer, lavage is the most expedient means of treatment, but must be carefully done, to avoid over-distention. Lavage removes large quantities of accumulated blood, acid secretions, food remnants, and gas. Lavage will not increase the danger of causing perforation by ulcer. If it should happen that lavage is used just before perforation actually occurs, the cleaning out of the stomach will prove very beneficial in preventing the escape of the stomach contents thru the perforation, thus greatly improving the prognosis. Lavage will stop the hemorrhage, and no doubt is the best procedure to control it. The quantity of water to be used in this case should be about 300 c. c. to each lavage. For this irritable and painful condition stomach wash-

*Read before the Medical Section, Ohio State Medical Association, in annual session at Cleveland, May 18, 1916.

ing is most valuable, controlling the vomiting and lessening the pain. The alkaline solution is the one to use, as it will neutralize the excess of hydrochloric acid and put the stomach at rest to a great extent.

The lavage not only empties the stomach, but causes a contraction, which is of value and importance for the improvement of the circulatory disturbances. Even in severe gastric hemorrhages, the stomach should be washed out, but before withdrawing the tube, a large dose of bismuth subnitrate should be poured into the stomach to aid in stopping the hemorrhage. While the bismuth is not sufficiently astringent to cause constriction of the blood vessels, it aids in the coagulation of the blood, and at the same time is soothing to the stomach. The dose should not be less than 2 teaspoonfuls.

Gastric Carcinoma.—In gastric carcinoma lavage is by far the most valuable palliative treatment. All the advantages described under chronic gastritis and other irritative as well as depressive secretory disorders of the stomach are observed in the same manner in this condition. By removing stagnating and fermenting masses, lavage relieves discomfort, pain and vomiting, stimulates sluggish gastric secretion, increases the appetite, and facilitates the egress of chyme from the stomach, all of which helps to raise the state of nutrition. Lavage in this serious condition also removes toxic products of fermentation and putrefying masses from decaying tumors in the stomach, distinctively reducing the symptoms of severe auto-intoxication.

According to the type of the fermentation, the soda bicarbonate solution, 1 dram to the pint of boiled water, or sodium chlorid in the same strength may be used. The infusion of bitters, as quassia, condurango, is quite beneficial, used as a lavage, 2 or 3 pints being used at a time, once or twice daily, as the case may call for.

The frequency of the lavage depends on the degree of stagnation and on the severity of the subjective suffering. Methodical lavage will not only relieve the suffering and improve the nutrition, but will retard the development of the cancerous growth.

Gastric Hyperacidity.—In gastric hyperacidity and hypersecretion, lavage plays an important part, yielding better results than any other method of treatment. The range of usefulness and availability of lavage is unlimited. Lavage will not only bring relief, but decided curative effects. The alkaline washes are indicated in these two conditions.

OTHER CONDITIONS

Gastric lavage is of great benefit also in (1) depressive disorders of gastric secretion; (2) gastric atony; (3) gastric neurosis; (4) gastric acidity; (5) pyloric spasm; (6) secondary chronic gastritis; (7) tyrotoxismus (cheese poisoning); (8) chronic catarrhal jaundice; (9) alcoholic gas-

tritis; (10) appendicitis of severe type; (11) acute intestinal obstruction; (12) acute and chronic gastritis in babies; (13) headache due to toxemia, and (14) from poisons no matter what the cause.

Solution used in the washing: boric acid, 2 to 5%; sodium borate, 1%; sodium chlorid, normal (1 dram to the pint of water); lime water, U. S. P.; infusions of quassia, cinchona, condurango gentian and silver-nitrate 1-4000, Hjdcastio 5 per cent solution, Argyrol 1-4000. Other solutions may be called for owing to the pathologic conditions existing.

NEW AND NONOFFICIAL REMEDIES.

Brain Lipoid.—Impure Kephalin.—This is an ether extraction of the brain of the ox, or other mammal, prepared according to the method of Howell and Hirschfelder. It has the properties of thromboplastic substance described above. It may be applied direct to the tissues or on sponges or pledgets, or it may be used in the form of an emulsion with sodium chlorid solution.

Solution Brain Extract.—Solution Thromboplastic-Hess.—An extract of ox brain in physiologic salt solution prepared by the method of Hess. It has the properties of thromboplastic substances described above. The solution may be applied directly to, or sprayed on the tissues or by means of a sponge or tampon.

Galactenzyme Tablets.—Tablets containing a practically pure culture of *Bacillus bulgaricus*. For administration in intestinal fermentative diseases. Put up in bottles containing 100 tablets each and bearing an expiration date. The Abbott Laboratories, Chicago.

Galactenzyme Bouillon.—A pure culture in vials of *Bacillus bulgaricus* each vial contains about 6 Cc.. Used internally for intestinal fermentative disorders and topically in nasal, aural, throat, urethral and other affections when the use of such culture is indicated. Put up in packages of 12 vials each. The Abbott Laboratories, Chicago.

Ampules Mercuric Salicylate.—Squibb, 0.065.—Each Ampule contains 0.065 Gm. mercuric salicylate, N. N. R., and 1 Cc. of sterile suspension. E. R. Squibb and Sons, New York.

Ampules Quinine Dihydrochloride.—Squibb, 1 Gm.—Each ampule contains 1 Gm. quinine dihydrochloride, N. N. R., in 2 Cc. of sterile solution. E. R. Squibb and Sons, New York.

Ampoules Quinine and Urea Hydrochloride.—Squibb, 1 Gm.—Each ampule contains 1 Gm. quinine and urea hydrochloride, N. N. R., in 2 C c. of sterile solution. E. R. Squibb and Sons, New York.

Ampules Mercury Iodide (Red) 1 per cent. in Oil.—Squibb.—Each ampule contains 1 Cc. of a solution of red mercuric iodide and anesthesin, each 0.01 Gm., in neutral fatty oil. E. R. Squibb and Sons, New York. (Jour. A. M. A., Aug. 19, 1916, p. 586.)

Use of Nurses as Anesthetists in Ohio Hospitals in Violation of State Law Is Charged; Medical Board Acts

Administration of anesthetics rather suddenly has become an important subject of discussion in Ohio. Charges have been made that persons who are not licensed physicians have been violating the state law by administering anesthetics, and a movement has been launched to bring about a test case to determine whether such practice is legal.

The Ohio State Medical Board on August 9, adopted the following resolution:

"Whereas: it has been charged in a petition, signed by many well-known and reputable physicians, that the law regarding the administration of anesthetics by others than licensed physicians has been systematically violated by Lakeside Hospital, Cleveland, Ohio, and that courses in anesthetics are given nurses in Lakeside Hospital for the purpose and with the intent of violating the above mentioned law, therefore,

"Be It Resolved that until these charges are disproven and such courses, if given, discontinued, that all recognition of the Lakeside Hospital as an acceptable Training School for Nurses be withheld and recognition of its graduates as Registered Nurses shall be denied."

Despite the fact that this resolution affects only Lakeside Hospital, its adoption immediately caused wide comment throughout the state. The Cleveland Hospital Council authorized its secretary, Mr. Howell Wright, to arrange for a hearing before the medical board in order to protest against any interpretation of the law that would bar nurses from this field. Inasmuch as the Ohio Hospital Association is deeply interested in this subject, its members likewise asked to have a hearing on the matter. The board immediately granted these requests and set the hearing for Monday, October 2.

At a recent meeting of the Interstate Association of Anesthetists, a resolution was adopted declaring that the association "bring to an end the administration of anesthetics by unlicensed persons in every state in the middle West in which such action can be secured."

Following the adoption of this resolution, a petition, which had been circulated in the larger cities of Ohio, was presented to the Ohio State Medical Board, requesting the board to instruct its secretary "to institute proceedings to test the legality of the administration of anesthetics by nurses (unlicensed individuals) in the state of Ohio."

"We request this action," the petition continued, "for the following reasons:

"1—Because the administration of anesthetics by nurses is a violation of the existing Medical Practice Act, and has been so held by a former state's attorney-general, Mr. Timothy Hogan.

"2—It is an infringement on the rights guaranteed licensed practitioners who are specializing in this vital branch of surgery.

"3—This abuse is becoming more and more prevalent, and, unless stopped at once by the activity of your Honorable Board, will precipitate a very unpleasant situation in the Ohio State Medical Association.

"4—The use of nurses as anesthetists in some of the prominent hospitals and clinics of the State of Ohio is an economic menace to the profession and hospitals in general as it enables certain surgeons and hospitals to compete with their confreres and rival institutions in an unfair monetary manner.

"5—Such action on the part of your Honorable Board will be in conformity with action being taken or contemplated by the State Medical Boards of Kentucky, Georgia and Pennsylvania; by the New York Society of Anesthetists before the New York Legislature and by the Interstate Association of Anesthetists before the State Boards and legislatures of the Middle West.

"6—The use of nurses as anesthetists is prohibited by law in England and the United Kingdom, Germany, Austria, France, and, in fact, practically every country of the world.

"7—State Supreme Courts in the United States have upheld verdicts allowing excessive damages to the estates of decedents dying under the administration of anesthetics by unlicensed administrators.

"8—The Industrial Commission of the State of Ohio restricts the administration of anesthetics by other individuals.

"9—There is nothing in the nurse's registration law that confers the privilege of administering anesthetics upon registered nurses; in fact, the law was passed with the understanding that such action was prohibited."

According to a recent statement by Dr. F. H. McMechan of Cincinnati, the Interstate Association of Anesthetists requested action on the part of the medical board against Lakeside hospital "as the chief source of the nurse-anesthetist abuse." Dr. McMechan is secretary of the association.

When a manufacturer seeks your business, ask him if he is helping your association by advertising in your journal.

This is a co-operative proposition. It is your fight.

Let the advertisers who use your journal know that you appreciate their co-operation.

The Law and Attorney General's Ruling on Anesthesia

The controversy relative to the right to administer anesthetics of persons other than registered physicians and dentists has been in progress in Ohio for some years. The law as it stands (Section 1287 General Code) specifically grants the right to administer anesthetics to "a regularly qualified dentist when engaged exclusively in the practice of dentistry, or when administering anesthetics." This right was extended to dentists by an amendment to the Medical Practice Act in 1912, after an opinion was rendered by Attorney General Hogan to the effect that under the original statute even dentists could not administer anesthetics except in the exclusive practice of dentistry.

However, on April 14, 1911, Attorney General Hogan in another opinion held that under the law it would be illegal for any person other than a physician or dentist to administer an anesthetic, even though under the direct guidance of a physician. On this point he said:

"The question still remains as to whether or not the function of administering an anesthetic might be performed by an unqualified person under the personal direction of a qualified physician, and thus, in a sense, indirectly by the physician himself. It is perfectly clear that a person need not be qualified as a physician in order to be permitted under the law to perform some necessary services in connection with an operation under the direction of a physician or a surgeon. Thus, any person may, under the surgeon's direction, arrange the instruments for him, or hand him such appliances as he needs. I do not, however, regard the administration of an anesthetic as such an act as those described. Unless I have a wrong impression of the nature of the act, it is the act of administering itself, the doing of which requires technical knowledge and professional skill. That would be such an act as could not be, under the law, delegated to another by a qualified physician even though the person to whom it is delegated acts under the personal direction of the physician."

The amendment exempting dentists does not seem to affect the status of "other persons" seeking to administer anesthetics or to assist in the administration of anesthetics.

It was under this construction of the law that the Medical Board proceeded against Lakeside

"Evidence is being accumulated regarding violations of the law by nurses, independent of hospital affiliation," he declared, "and this evidence will be submitted shortly to the state board for testing the legality of the administration of anesthetics by individuals, in the courts."

The question is a broad one and we predict that it will be very difficult to settle. The practice of using nurses for the work has developed in recent years, and action by the association of anesthetists was not unexpected.

As Lakeside Hospital operates one of the largest and most proficient nurse training schools in the country, the withdrawal of recognition by the board precipitated a rather serious situation.

The Ohio law specifically provides that the administration of anesthetics shall be limited to licensed physicians and dentists.

Hospital executives who are opposed to the enforcement of the law under this interpretation point out that a literal construction of the statute would compel very considerable changes in many Ohio hospitals.

For example, they point out that under this construction no interne who is not registered in

this state—even though he be a graduate of a medical school and licensed to practice in another state—will be allowed to give an anesthetic. It is understood that such internes now give anesthetics in a number of hospitals.

They point out further that no surgeon will be allowed to select a nurse or surgical assistant (other than a licensed physician) as his assistant to give an anesthetic under his direction. They add that medical students undergoing hospital training who now give anesthetics in some hospitals will be barred. This they say will conflict with the new trend of medical education, which sanctions a year's internship preliminary to graduation. A prominent surgeon made this inquiry of the writer: "How can a college which requires the internship year send a student to a hospital in this state to get that work, if the student is barred from assistance in the anesthetic department?" The student cannot be graduated until he gets his hospital service, and he cannot be licensed until he has graduated. An interne who cannot assist in anesthesia would be almost useless."

It readily can be seen, therefore, that many subjects must be taken into consideration before a solution of this knotty problem is reached.

Itinerant Doctors Carry Their Fight to Court and Public is Given a Glimpse of Inner Workings of "United Doctors" in Ohio

—COMPANY'S OHIO OFFICES NETTED \$100,000 IN FIVE YEARS.

We are about to learn the truth concerning the so-called "United Doctors." For many years this concern has operated at various places in Ohio. For the past twelve months it has made a specialty of working one-day stands. Hirelings have moved from one county-seat town to another, preceded by lurid advertisements and promises of wonderful cures in the local newspapers.

For years the State Medical Board has endeavored to secure accurate information regarding the men operating this business. As in other fields of organized medical quackery, the blanket of secrecy has skillfully masked its inner workings. However, this mask now has been thrown aside. The men who have been practicing under this company name are fighting among themselves, and have carried their squabble into the courts. In a suit filed in the United States District Court at Cleveland on September 5, one Dr. Burton E. Manchester, of New York and Milwaukee, claims that for five years he has had exclusive use of the trade name "United Doctors" and that he has carried on business under this title in forty states. His suit is directed against Dr. Theodore Jacobson and Dr. G. W. W. Walker, whose headquarters are now in Cleveland, and who are registered physicians in Ohio. Walker's home is in Roseville, Muskingum county.

Manchester charges in effect that Jacobson and Walker were employed by him as itinerant physicians on the "Ohio circuit," and that after they had familiarized themselves with his business methods and learned of the considerable profits of itinerant quackery, they started in business for themselves and appropriated not only the trade name, "United Doctors," but also the various forms of advertising, follow-up letters, etc., which he, Manchester, had used.

Manchester further claims that he has spent \$25,000 in advertising in Ohio under the trade name of United Doctors. This admission may explain the numerous articles lauding this outfit, which have appeared in our Ohio papers during the past few years—the majority of which were not marked "paid advertising."

Manchester claims that his five years' operations in this state yielded a gross income of more than \$100,000. Naturally when two interlopers attempted to encroach upon these rich pickings, he became righteously indignant. In his suit, he asked that the court enjoin Jacobson and Walker from practicing as "United Doctors," and from using his trade forms, and advertising methods.

The moment it was filed the fur commenced to fly. Jacobson and Walker likewise seem to have

found that the business affords easy money, and are resenting Manchester's attempt to oust them. Their attorneys immediately filed an answer in which it is claimed that the good doctor from Milwaukee has no business practicing in this state, and that by so practicing he is violating our state law in several instances. Manchester, in a supplemental petition, endeavors to show that the practices of Jacobson and Walker are so "tinctured with commercialism that they are bringing his trade name into disrepute"—which would be going some.

The result of these charges and recriminations is that the public at last is given an intimate view of the machinery used by medical men of this stamp in wringing thousands of dollars from the trusting sick.

Fortunately for the state, the judge who presides over the court in the Northern District of Ohio, has sound notions concerning the protection of the public. Judge John M. Killits, of Toledo, during his years of service on the bench has shown in numerous instances that the red tape which usually surrounds federal court procedure need not of necessity impede the protection of the public or obscure the real issues at stake. Evidently Judge Killits gave careful attention to the charges and counter charges made by these professional itinerants, for when court convened in Toledo on September 16, to hear the case, the Judge postponed consideration of the injunction. From the bench he directed that the Ohio State Medical Board be asked to intervene in the case, through its counsel, with a view of determining whether Manchester has any right whatever to practice in Ohio through his system of hirelings.

The request for intervention by the State Medical Board caused consternation in the opposing camps. The differences upon which the court action is based seemed to be forgotten as both sides turned to fight their common enemy—the state department which is charged with the protection of the public from the unscrupulous piracy of medical quacks.

The State Medical Board acted swiftly. Dr. George H. Matson, its secretary, and Mr. Sheridan, executive secretary of our State Association, attended the second hearing of the case in Toledo and following it made a careful investigation of the court records showing the various counter charges. The result was that on September 19, Jacobson and Walker were served with subpoenas by the sheriff of Cuyahoga county to appear before the State Medical Board at its meeting on October 3 to show cause why the board should

This is typical of the advertising used by the "United Doctors" in making the "Ohio Circuit." Its wording seldom varied. Manchester charges that when Jacobson "lifted" his system, he adopted this advertisement.

Notice the emphasis placed on "free treatment." Compare this with Manchester's statement that the company's Ohio business totaled \$100,000 in five years!

COMING BACK

UNITED DOCTORS SPECIALIST
WILL AGAIN BE AT

SHELBY, OHIO

TUESDAY, AUGUST 29th

SHERMAN HOTEL

ONE DAY ONLY

Hours 9 A. M. to 8 P. M.

Remarkable Success of These Talented Physicians in
the Treatment of Chronic Diseases

OFFER SERVICES FREE OF CHARGE

The United Doctors Specialist licensed by the State of Ohio for the treatment of all diseases including deformities, nervous and chronic diseases of men, women and children, offer to all who call on this trip, consultation, examination, advice free, making no charge whatever, except the actual cost of treatment. All that is asked in return for these valuable services is that every person treated will state the result obtained to their friends and thus prove to the sick and afflicted in every city and locality, that at last treatments have been discovered that are reasonably sure and certain in their effect.

The United Doctors are experts in the treatment of chronic diseases and so great and wonderful have been their results that in many cases it is hard to find the dividing line between skill and miracle.

Diseases of the stomach, intestines, liver, blood, skin, nerves, heart, spleen, rheumatism, sciatic, tapeworm, leg ulcer, weak lungs afflicted with longstanding, deep season, chronic diseases, that have baffled the skill of the family physicians, should not fail to call. Deafness often has been cured in sixty days.

According to their system no more operations for appendicitis, gall stones, tumors, goiter, piles, etc., as all cases accepted will be treated without operation or hypodermic injection, as they were among the first in America to earn the name of "Bloodless Surgeons," by doing away with the knife, with blood and with all pain in the successful treatment of these dangerous diseases.

No matter what your ailment may be, no matter what others may have told you, no matter what experience you may have had with other physicians, it will be to your advantage to see them at once. Have it forever settled in your mind. If your case is incurable they will give you such advice as may relieve and stay the disease. Do not put off this duty you owe yourself or friends or relatives who are suffering because of your sickness, as a visit at this time may help you.

Worn-out and run-down men and women, no matter what your ailment may be, call, its costs you nothing.

Remember, this free offer is for this visit only.

Married ladies come with their husbands and minors with their parents.

Laboratories, Milwaukee, Wis.

not revoke their licenses. They are charged with violating the medical practice act in three particulars: (1) alleged splitting of fees, under their previous contract with Manchester which provided for a division of the profits; (2) alleged fraudulent advertising, (see accompanying advertisement) and (3) having professional connection with an illegal practitioner—Manchester. All of these offenses are included in the so-called Hoy bill, which became a law in this state two years ago.

The term "United Doctors," with slight variations, has been used by various groups of traveling doctors, it seems.

In 1913 when the truth concerning the United Doctors was told by *The Journal of the American Medical Association*, its plan was to open offices in cities of from ten to thirty thousand population, and in that location to continue business as an "institution" for a period of one week to three months—tarrying as long as the field proved profitable. It will be remembered that several of these "institutes" were opened in different Ohio cities. Gradually, however, they disappeared as the public became more familiar with their workings, and the newspapers became slightly more critical of their advertising copy. According to the American Medical Association, this organization was headed by one Ben W. Kinsey, of Chicago, who hired a large corps of doctors as case-takers and fee-getters. Kinsey had general supervision of all the offices and divided profits with the case-takers who operated them.

In the present court procedure no connection is shown between the Manchester Company and the Kinsey outfit. In fact, according to his sworn statements, Manchester has operated his business on a different basis, although he claims the right to the term "United Doctors." His agents have visited smaller towns, establishing headquarters for one day in the local hotel. They are preceded by advertisements similar to that appearing on this page. This is practically the only form of newspaper advertising used, and it never deviates in text except as to local details.

Advertisements on file in the state headquarters of our Association at Columbus show that this plan has been operated within the past year in practically all of the county-seat towns in Ohio, two or more visits having been made to certain localities.

Manchester's "United Doctors" may or may not be the same as the Kinsey outfit exposed by the A. M. A. in 1913; it is immaterial. Although their business methods are slightly different, the end results seem to be the same.

Manchester in his original allegation throws interesting light upon the profits derived from this sort of practice. He employed Jacobson as a case-taker on July 1, 1916. In the fourteen weeks that Jacobson worked for him the gross income was \$7,698.05. Manchester alleges that

the total cost of "doing business" including drugs and medicine, advertising, traveling and hotel expenses for that period was \$3,221.39. The balance—over \$4,000—was divided equally between Manchester and Jacobson, under the terms of their "fifty-fifty" contract.

Manchester avers that Walker worked for him on three separate occasions, his last term being a period of twenty weeks prior to March 27, 1916. Manchester says: "The said defendant Walker was himself in ill health during a considerable portion of said period, yet notwithstanding his illness said professional business yielded a large and lucrative net profit."

It will be noted that in the accompanying correspondence between Jacobson and one Dr. J. S. Van Norman, in which Jacobson in endeavoring to employ Van Norman as a case-taker for the Ohio circuit which he had established he—Jacobson—assured Van Norman that he should be able to clear at least \$480 a week.

Manchester further declares in his petition that five years last prior to the filing of this action his company has treated more than four thousand patients in this state, that this treatment has yielded a gross income of more than \$100,000, and that Manchester's profits as a supervisor has amounted to no less than \$20,000. Pretty fair, when it is considered that he has similar concerns in 40 states! Contrast this sworn statement with the offer of free services—"making no charge whatever except the actual cost of treatment"—which is contained in all of the advertising put out both by the Jacobson and Manchester outfits!

The "noted specialists" whom Manchester hires for this work are merely employees. As exhibits in this case, Manchester filed copies of his contract with Walker and with Jacobson. Under it, Manchester agrees to prepare the itinerary, place and pay for the advertising, furnish case report blanks so that the name of each patient may be added to the "follow-up list" of the Milwaukee office, and look after the other details of the business. Manchester agrees to maintain a laboratory in Milwaukee and to fill the prescriptions of his case-taker. The case-taker in turn agrees to send daily reports to the home office, giving the complete details regarding each caller, and the exact amount of money collected from each. The business is reduced to a system. Press notices, report blanks, follow up letters, etc., are uniform in each case. Of the net proceeds, the case-taker gets from 40 to 50 per cent, Manchester gets the rest.

When Jacobson started business for himself, in connection with Walker, he established offices in the Permanent building, Cleveland, occupying rooms Number 425-6. On the door of Number 425 appears the inscription, "United Doctors Laboratories," and under it, "The Victor-Leonard Company."

In a supplemental allegation filed in this case, Manchester intimates that the "Victor-Leonard Company" is merely a device of Jacobson to reduce the cost of his newspaper advertising. He submits affidavits to show that the Victor-Leonard Company poses as an advertising agency, handling the United Doctors' account. By this means it receives the regular agency commission on the newspaper advertising placed. If Jacobson is the Victor-Leonard Company, he has by this device saved a neat amount that otherwise would have gone to the newspaper publishers. No details are overlooked.

The case was further complicated by allegations filed on September 16 to the effect that the defendants, Jacobson and Walker, have not observed the court's temporary restraining order—which directs the defendants to temporarily cease practicing as "United Doctors." Manchester filed affidavits to the effect that on September 13 they practiced as such at the Hotel Blair in Wauseon. If this contention is eventually proved, the defendants will be in serious trouble with the federal court.

Judge Killits has postponed further consideration until early in October, when he will pass upon the original petition.

This is of great importance. Itinerant physicians operating under company names have been touring Ohio for years. The inter-state nature of their business has made it impossible for the Medical Board to secure definite evidence relative to the individual physicians managing these offices.

In the present case, Jacobson in his defense has called the court's attention to the fact that Manchester is not licensed in Ohio. Manchester, through his counsel has indicated that his defense on this charge will be based on Section 1287 of the General Code, which exempts from the necessity of Ohio license, any "physician or surgeon residing in another state or territory who is a regular practitioner of medicine or surgery therein, when in consultation with a regular practitioner of this state." It is possible that the federal court will pass upon the point as to whether Manchester, operating from an office in Milwaukee, is "in consultation with" his hirelings in Ohio.

Should the court rule that such practice is not consultation, it will mean an end to the operations of inter-state companies in this state.

The most important result of this squabble is the publicity it gives to the operations of itinerants. A point of comparatively minor importance is the fact that the testimony introduced in federal court probably will make it possible for our state medical board to revoke the licenses of the two Ohio itinerants—Jacobson and Walker.

The State Medical Board is determined to press this case to the limit. There has been too much itinerant quackery in Ohio. The amendment to the law adopted by the last legislature materially

strengthens the power of the board in dealing with medical crooks. With this increased power, those who are familiar with the situation believe that it will now be possible to inaugurate a state-

wide campaign on traveling quacks and permanently separate them from the source of their "easy" money.

Hasten that day!

Jacobson Claims That a Doctor Operating as a "Case Taker" in One of His Offices Can Easily Clear \$480 Per Week!

In order to show that Jacobson's methods of operation under the trade name "United Doctors" were so "tinctured with commercialism" as to work injury to the reputation (!) of that name, Manchester filed with the court a copy of correspondence which he alleges passed between Jacobson and a Doctor J. S. Van Norman. In it, it appears that Jacobson is trying to induce Van Norman to "go on the road" and operate one of his offices—this correspondence having occurred after Jacobson had severed his connection with Manchester's Milwaukee outfit, and while he was trying to build up an organization of his own. During negotiations, it seems, Van Norman was called to military service.

The letter which was written from 746 Euclid Avenue, Cleveland, on Aug. 15, 1916, was addressed to Dr. J. S. Van Norman, Field Hospital, Camp Willis, Columbus. After a few preliminary remarks, relating to previous correspondence, Jacobson writes:

"I have several men registered in OHIO, anxious to go at it. I have however, small respect for their ability as case takers and fee getters. You have impressed me as one endowed with the qualities and characteristics that constitute the ideal itinery practitioner and I feel that you would make good—that is to say, make money for both yourself and us.

"You will remember that while at Canton I told you it would be necessary for you to furnish bond. Having had confidence abused by a deplorable lack of dependibility on the part of some physicians (please do not misunderstand, I do not mean to imply or question honesty or integrity), but they are lamentably weak commercially.

"You might know our profession is composed of men who commercially or financially are notoriously incompetent. You simply cannot make them as a class live up to contracts, because the average doctor will not or cannot be tied down to anything except pills, powders and dispensation of them.

"With me, as you probably know, the modus operandi is essentially commercial. It does and must at all times preponderate our professionalism.

"The professionalism of the case taker and fee getter is of worth only in say so far as it tends to make the desired impression upon the patient. If then the doctor can tincture his professionalism

with the modern spirit of commercialism he will at all times succeed.

"The proposition is perfectly legitimate, ethical and professional. It differs only from the general practice by the fact, that the countless thousands of patients already treated in OHIO and elsewhere whose confidence we hold, are invited by letter to call upon the Doctors, either for personal re-examination or to bring such friends as in their hearts they feel we can render some valuable service.

"This however, would be insufficient, since we make money we must everage 15 callers a day, thus enabling us to take 10 cases, and to get that number. It has become necessary to issue general invitations to the people of the community to visit us through the medium of the local press.

"The advertising agencies handling the required publicity (a thing impossible for us to do) insist upon a cash down payment of \$600.00 covering pending obligations for the first 30 days. Aside from this the labor envolved, office expense, overhead charges, stock of drugs, etc., calls for another advancement of at least \$400.00. Accordingly you will observe it implies an investment of \$1000, before we see any returns of even a postage stamp.

"You invest nothing, but will begin making money the moment you start. *I may assure you, if you have the ability, that I am inclined to credit you, your earnings will be nothing less than \$500.00 a month and frequently more.* Now in order to insure your undivided concentrated attention and time, also to make sure, that you will not in time leave the field without at first giving us 30 days notice, we shall insist upon a bond (that is good) for \$1,000.00. If not convenient to furnish same, or if you do not wish to stand the expenses involved, we will accept a cash bond of \$300.00, this will keep only long enough to make sure of you, and will return it in the following manner. 30 days after starting we will return \$100.00 and 30 days thereafter the balance.

Dr. C. E. Schilling, of Canton, medical director of the Ohio State Life Insurance Company, and Dr. J. C. Placak, director of the Cleveland Life Insurance Company, were made president and secretary, respectively, of the association of medical directors of Ohio life insurance companies, recently organized.

If You Are Disatisfied With Fees Allowed You by the Industrial Commission Our State Headquarters Will Investigate

Additional clerical help has been added to the Columbus office of the Association, and we are now able to institute another service that should be of great value to our members in working out a more satisfactory plan of co-operation with the Industrial Commission of Ohio—the agency which administers the Workmen's Compensation Law.

We are now prepared to investigate all claims in which any member of this Association feels that he has been unfairly treated by the Medical Department of the Industrial Commission, and to act as the agent of the member in adjusting the difference between him and the Commission.

In handling several hundred claims a week, in which it is necessary to pass upon physician's claims for services and to act upon the basis of a written report, it is inevitable that the Commission will make mistakes.

When the system was new, and until only a very few months ago, physician's bills for medical and surgical attention were ruthlessly cut. The result was statewide friction. Many of our members, who rendered honest accounts in good faith, were outraged at the treatment.

The work of the Commission is rapidly becoming better organized, however. Much of this friction is being eliminated. The Commission itself, as well as its Medical Department, has learned that in the handling of these cases the best medical attention is the cheapest.

We are convinced that the Commission is honestly trying to be fair in dealing with the physicians of Ohio.

Our investigation further shows that most of the cases wherein friction develops, and where the fees of the attending physician are materially cut, are the results of a misunderstanding. Usually the fault lies with the physician in making out the report. Often he is too vague in describing the character of the work performed, and the need of special caution.

It is to eliminate this source of friction that this new service has been established. Our plan is designed, to aid not only our members in getting a just return for their work, but also to help the Commission in its effort to eliminate all injustices.

If your bill is materially reduced, and the reduction is not explained by the Commission, or if their explanation of the cut is unsatisfactory to you, refer the matter to the Executive Secretary of the Association.

SEND THIS INFORMATION:

1. The number of the case. This is absolutely necessary.
2. Name of patient and approximate time of the treatment.
3. Statement of the bill rendered, and the special conditions affecting this particular case. For

example, if it is a burn and a number of extra dressings were necessary to avoid probable infection, give us the details.

Remember that the Commission must follow its fee bill in a general way, and that work done for

DR. THOMAS TO DIRECT WORK.

Social insurance is to have a tremendous influence on the practice of medicine in Ohio within the next few years.

We now have a state plan of industrial accident compensation, operated by the Industrial Commission. A proposal to institute complete Health Insurance in this state is receiving serious consideration.

The medical profession must keep in close touch with these movements. The Association must, of necessity, provide this agency.

Realizing this, Council at its last meeting authorized the President to appoint a committee of three to investigate the present system of industrial accident compensation as operated by the Industrial Commission, and to represent the State Association in all matters affecting social insurance.

Dr. Gibbon has announced the appointment of Dr. John M. Thomas, of Columbus, as chairman of this important committee, and has given him the power of selecting his two associate members.

This Committee will report from time to time, through *The Journal*, and will make an extended report to the next House of Delegates.

the state must be paid for on the basis of that fee bill. But remember, also, that this fee bill is based upon the *usual* or *ordinary* treatment of the case; that if unusual treatment is necessary to protect the patient, the Commission allows for it. But they cannot pay such bills if the attending physician neglects to inform them of the special conditions.

Let us act as your agent in ironing out your differences with the Medical Department of the Commission. We will give your complaints careful attention, and will inform you fully as to our work.

We trust that this service will not be misunderstood, or abused. Unless you have a real complaint, don't bother us. And remember that our sole function is to see that justice is done—to see that your fee is as large as the case warrants—and not to increase the fee above the amount which the Commission has determined is a fair fee of state-wide application.

Address all communications to:

EXECUTIVE SECRETARY, O. S. M. A.

No. 25 Ruggery Building, Columbus, Ohio.

The One Hundred Per Cent Club of 1916

Members		Members		Members	
	1915	1916		1915	1916
Adams	23	23	Madison	9	21
Allen	83	83	Mahoning	100	109
Ashtabula	27	37	Marion	29	38
Athens	51	55	Medina	21	21
Auglaize	26	26	Meigs	11	14
Belmont	55	58	Miami	46	49
Clark	64	64	Morrow	15	17
Columbiana	39	45	Muskingum	38	46
Coshocton	21	23	Ottawa	15	15
Defiance	6	16	*Paulding	21	21
Crawford	28	32	Perry	19	24
Delaware	26	28	Pickaway	22	24
Franklin	315	332	Pike	13	13
Fulton	25	25	Preble	12	17
Gallia	31	31	Putnam	30	30
Geauga	9	10	Richland	31	51
Green	32	33	Ross	21	31
Guernsey	29	32	Sandusky	21	30
Henry	19	23	Seneca	37	40
Harrison	14	22	Shelby	18	19
Hancock	36	36	Stark	126	130
Highland	24	25	Scioto	48	48
Hocking	11	13	Trumbull	28	32
Holmes	8	11	Tuscarawas	43	45
Huron	13	18	Washington	40	52
Jefferson	40	47	Wayne	25	27
Lake	16	19	Wood	30	41
Lawrence	17	23			
Lorain	50	61			

*A "super" one hundred per cent county.

TOTAL PAID-UP MEMBERSHIP, 1916—4,260; TOTAL, 1915—4,241. GOING UP

Why Proctology Has Been Made a Specialty.—

In a paper on this subject before the Detroit meeting of the American Proctologic Society, Dr. T. Chittenden Hill of Boston, calls particular attention to the inadequate treatment that rectal fistula receives at the hands of the general surgeon. He claims that the general surgeon "has never taken the pains to learn the underlying principles of a fistula operation, nor has he the requisite skill, experience or inclination to carry out the necessary steps in the post-operative treatment of these cases, to bring them to a successful conclusion.

While in London there are two hospitals devoted to the exclusive treatment of disease of the rectum, Hill feels that better results can be obtained by establishing special departments in our large general hospitals. He urges that proctologists be appointed to all general hospitals. The many advantages of staff association, consultations, etc., in which proctology touches on the work of men in other fields, would prove of mutual benefit.

He believes that in the near future a fifth year

will be added to the present four year medical course. This fifth year will probably be devoted to the medical specialties and proctology should be included among them. The undergraduate certainly should have the chance to acquire reasonable proficiency in the newer methods of examination and treatment of rectal disease.

Novocain.—Novocain was introduced about twelve years ago with the claim that it was from one sixth to one tenth as toxic as cocain. Hatcher and Eggleston have recently shown that the toxicity of cocain varies widely with different individuals and with the rate of its absorption into the circulation, and that novocain shows far greater variations. The authors are of the opinion that novocain has a distinct field of usefulness, but call attention to the fact that death has followed the clinical use of small doses and that toxic symptoms have been reported by numerous observers. (Jour. A. M. A., Aug. 26, 1916, p. 685.)

We Have Broken All Membership Records! Is Your County on the Right Side of the Booster's Ledger?

We are proud to report that on September 15 the total paid-up membership of the Association passed the previous high record. Until that date our last year's total—4241 members—was the supreme record. When this issue of *The Journal* went to press late in September the total had reached 4260, and was still climbing. It is possible that it will reach 4300 before the close of the year.

This is really remarkable in view of the fact that this year the state dues of the Association were doubled. It was predicted a year ago that there would be a considerable falling off in membership. Instead, this will be a record-breaking year.

A brief review of the membership records of the Association emphasizes the remarkable advance. Prior to 1903, the membership ranged around 300. Under the reorganization started in that year it rose steadily, and in 1908 had reached 3912. This was the result of splendid organization propaganda. A decline followed, however, and by 1913 it had dropped to 3559.

Early in 1913 the Association adopted its new policy of managing its activities, including *The Journal*, through a permanent state headquarters. Since that time the growth has been steady. In 1914 the membership went to 3908; in 1915, to 4241; and it is still ascending.

There is, however, still room for improvement. Only 56 of the 87 county societies have qualified this year in the One Hundred Per Cent Club.

It is true that of the 31 which are lagging behind last year's membership, about one-third need only one or two new members to qualify; but several of the remaining 20 counties have suffered considerable declines.

The following is a list showing the societies which, so far, have *not* attained a paid-up membership equal to last year's:

Members		Members			
	1915	1916			
Ashland	20	19	Licking	35	29
Brown	18	10	Logan	37	29
Butler	57	50	Lucas	214	206
Carroll			Mercer	29	26
Champaign	29	24	Monroe	14	6
Clermont	15	7	Montgomery	168	161
Clinton	24	23	Morgan	16	11
Cuyahoga	523	494	Noble	12	10
Darke	56	49	Portage	28	22
Erie	25	24	Summit	160	144
Fairfield	44	38	Union	13	12
Fayette	18	10	Van Wert	27	26
Hamilton	474	447	Vinton	9	7
Hardin	29	25	Warren	34	29
Jackson	21	19	Williams	34	25
Knox	33	28	Wvandot	16	15

On the opposite page is printed the Honor Roll—the societies that have exceeded last year's membership despite the increase in dues. Note the remarkable records made by some of these: Ashtabula, Defiance, Franklin, (the only one of the large counties to qualify) Harrison, Lorain, Madison, Richland (particularly Richland) Ross and Washington. Each has gained at least ten members. Hardly less remarkable are the gains in Columbiana, Harrison, Jefferson, Holmes, Lawrence, Marion, Muskingum, Preble and Sandusky counties.

Paulding being in a class by itself so far as membership is concerned—having every physician in the county a member—needs no special mention here.

Cool weather is here. Societies are resuming work. Cannot we have a little intensive membership work in some of the lagging counties, and lift at least a dozen of those mentioned above into the One Hundred Per Cent Club before November 1?

STATE BOARD OF HEALTH

MEMBERS OF THE BOARD

ANGUS McIVOR, M. D., President, Marysville
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 EDWARD C. TURNER, Attorney General, Columbus

During the month of August, typhoid fever was the most prevalent of diseases reported to the state department of health, the number of cases increasing from 319 in July to 619. Several epidemics developed during August and continued in September. Thirty cases were reported from Mt. Vernon where an investigation revealed that the epidemic, which has been checked, was milk-borne. On Sept. 25, Marion had about 40 cases of typhoid, the origin of which has not been determined. An unusual number of cases were reported from Kenton and Bolivar. In August, the disease was reported from 80 counties, the largest number, 54, occurring at Toledo.

Infantile paralysis reports for August show a further increase, 168 cases being reported as compared with 96 in July. Most of the cases were reported from the northwestern part of the state, Toledo having 51. In August, 1915, 107 cases were reported from the entire state.

It is the belief of health authorities that on Sept. 25 about 100 persons were suffering from this disease in the state, but a higher percentage of deaths were expected in October since statistics compiled by the division of communicable diseases show that during the period 1910-1915, 20.7 per cent of the deaths from infantile paralysis occurred during October.

Almost all of the cases in Ohio this year have been reported from territory lying north of a straight line drawn from Cleveland to Cincinnati.

Measles reports dropped from 1526 in July to 221 in August. Diphtheria reports increased from 282 in July to 362 in August, the larger part of which occurred in the larger cities of the state. Whooping cough was less prevalent in August than in July, reported cases dropping from 805 to 556. Only 19 cases of small pox were reported, eight occurring in Knox county. Reports of other diseases received during August follow: Pneumonia 47, scarlet fever 232, chicken pox, 54, mumps 42, trichinosis 1, rabies 2.

General rules and regulations for the control of infantile paralysis were adopted by the state

board of health at a meeting in Columbus, September 23. During the summer the division of communicable diseases sent out recommendations and suggestions regarding the handling and care of infantile paralysis cases. Most of these recommendations were incorporated in the new regulations.

The board revoked the license of Mrs. Johanna Ortlieb, who conducts a maternity boarding house and lying-in hospital in Cleveland. Evidence showed that obstetrical work was being done in the institution by persons who were not licensed physicians.

Basing its action on a report that the city of Lima was responsible for serious pollution in the Ottawa river, the board ordered the city to install within two years a sewage treatment plant and all necessary sewers.

G. B. Arner, statistician in the division of communicable diseases, state department of health, has resigned to accept a position as statistician of the International Health Board, established by the Rockefeller Foundation, New York City. Mr. Arner's resignation become effective Oct. 15. His headquarters will be in New York.

BOOK REVIEW

Gould and Pyle's *Cyclopedia of Practical Medicine and Surgery*, with particular reference to diagnosis and treatment. Third edition, revised and enlarged by R. J. E. Scott, M.A., B.C.L., M.D., New York. With six hundred and fifty-three illustrations. P. Blakiston's Son & Co., Philadelphia. Price \$12.00 net.

This new revision of this valuable work makes it possible for the editor to include several new sections, and to make such other changes in the original text as are necessary to bring them into accord with recently established facts. The revised edition presents in one handy volume, concisely and authoritatively, the most important facts in all branches of medicine and surgery that are of working value to the active practitioner. At the same time it provides a trustworthy handbook for easy and rapid reference in physical and clinical diagnosis, general therapeutics, operative technic, materia medica, toxicology, and other subjects concerning which information is constantly needed in undergraduate study and in daily practice. Diagnosis and treatment have received particular attention. Many minor subjects of genuine value to the practitioner, but usually held of too little importance for discussion in the best books, are here given proper consideration. Numerous formulas are distributed through the volume. Much of the information has been presented in tabular form or arranged in convenient parallel columns.

How is a Physician To Be Guided in Prescribing Alcoholic Liquors in Dry Territory? Law is Obscure

Recently we received this inquiry from one of our members:

"How is the physician residing in so-called 'dry' territory to know that a prescription he is called upon to write complies with the law? The statute, as I understand it, merely provides that it must be issued in good faith. How are we to prove that it is issued in good faith, particularly in cases where we are imposed upon and where the patient later uses the liquor for beverage purposes? What does the State Liquor License Commission say on this point?"

As a matter of fact, the State Liquor License Commission has never issued a ruling on this point, for the benefit of either the doctor or the druggist. The latter is equally at a loss to interpret the law, as he may be penalized for filling the prescription if the liquor is used as a beverage.

Furthermore, the Commission seems inclined to remain non-committal. Unofficially, the commissioners state that doctors invariably know when the prescription is written in good faith, and that it is not their intention to disturb the honest practice of medicine. Likewise, the courts have not passed definitely on the point.

There is, however, a limit for those who, either through a desire to accommodate or in a deliberate attempt to evade the law, prescribe excessive amounts of liquor, but that limit is determined by juries in individual cases.

According to legal authorities familiar with prosecutions in "dry" territory, the physician accused of having prescribed intoxicating liquors in excessive quantities should be able to show, in order to free himself of the charge, that he made a physical examination of the patient before prescribing; that he diagnosed the case in such a way as to give clearly the nature of the disease from which the patient was suffering; that in his judgment alcoholic liquor was the proper remedy to prescribe in the case; that he had no knowledge the liquor was to be used as a beverage and that the form in which the prescription was issued met legal requirements. Ability to present these things to a jury would, according to authorities, prove conclusively that the physician acted in good faith and consequently is guilty of no infraction of the liquor laws.

Legal requirements as to the form of prescription and other phases of the subject are given in Section 16 of what is known as the Blind Tiger or Speakeasy Law. It reads as follows:

"It shall be unlawful for a doctor or physician to issue a prescription for intoxicating liquors, except in writing, or knowing the same to be used as a beverage. Every prescription for intoxicating liquors shall contain the name, the quantity of liquor prescribed, the name of the person by whom prescribed, the date on which the prescription is written and direction for use of the liquor so prescribed, and it shall be unlawful for any practicing physician who

has been convicted of issuing prescriptions for intoxicating liquors, knowing the same to be for use as a beverage, or issuing prescriptions that in form do not comply with this act, thereafter to issue any prescription for intoxicating liquor for any purpose for a period of two years from the date of such conviction. A certified transcript of the docket of the mayor or any other officer before whom such doctor was tried and convicted shall be sufficient evidence of such conviction. Any person or persons violating any provision of this section shall be fined not less than \$250 nor more than \$500, and for a subsequent offense, not less than \$500 nor more than \$1000."

In the case of the state of Ohio vs. Barker, the court held that "a physician who issues a prescription for intoxicating liquors in dry territory is chargeable with guilty knowledge that the liquor was to be used for beverage purposes, when the circumstances surrounding the transaction were such as to cause him to have good reason to know or to strongly suspect that it was to be so used." In another case, the court said that "an order signed by a physician for a certain quantity of liquor without directions for its use and simply marked 're-fill' is not a prescription within the meaning of the law. The signing of a prescription with a physician's initial is not regarded as a proper signing.

Whiskey, wine, brandy or any alcoholic liquor that is recognized as a beverage and used generally for that purpose cannot be sold by a druggist without a prescription from a physician, except for pharmaceutical or sacramental purposes, and a druggist has no more right to sell alcoholic liquors to a physician without a prescription than to any one else. If alcoholic liquor is sold for pharmaceutical purposes, the added drugs must be shown upon the record and it must be clearly shown that the character of the liquor as a beverage is destroyed.

Western Reserve University has recently taken over the public health nursing course of Cleveland, formerly given by the Visiting Nurses' Association, and placed it under the School of Applied Social Science, one of the new schools of the University. The University will have charge of all the field as well as the academic work. It will also be responsible for the course of lectures in public health nursing given to the senior nurses in several hospitals.

NEW AND NONOFFICIAL REMEDIES

Ampoules Sodium Cacodylate—Squibb, 0.13 Gm.—Each ampule contains 0.13 Gm. sodium cacodylate, N. N. R. E. R. Squibb and Sons, New York.

Arbutin—Abbott.—A non-proprietary brand complying with the standards for Arbutin N. N. R. The Abbott Laboratories, Chicago. (Jour. A. M. A., Aug. 19, 1916, p. 586.)

Public Health Federation Reorganizes for Legislative Work

In preparation for the coming session of the General Assembly, which is expected to develop much new legislation of vital interest to public health and medical practice, the co-operating organizations which two years ago maintained the Ohio Public Health Federation have effected a re-organization of that body along broader lines. At meetings held in September the executive council, which includes one accredited representative from each of the seven contributing organizations, adopted a new set of articles of agreement and new regulations to govern its procedure.

The essential features of the plan which was so successful two years ago are of course retained. It was decided, however, to give the organization more permanent form by electing a set of state officers in addition to the executive council. A committee is now canvassing the field with a view of securing a business man as president of the federation, and other laymen prominent in the state for the vice presidencies. G. V. Sheridan, executive secretary of the State Association, has been elected secretary of the federation. Under the old plan he served as assistant secretary of the executive council.

Dr. W. B. Carpenter, representing the Homeopathic Medical Society of Ohio, was re-elected chairman of the executive council, in which body is lodged the active direction of the association's affairs. Dr. Homer C. Brown, representing the Ohio State Dental Society, was elected vice chairman; Dr. Robert G. Paterson, secretary of the Ohio Society for the Prevention of Tuberculosis, was elected secretary of the council, and Prof. Edward Spease, Ohio State University, representing the Ohio State Pharmaceutical Association, was elected treasurer of both the council and the general federation. The other members of the executive council are Dr. J. H. J. Upham, representing the Ohio State Medical Association; Dr. F. O. Williams, representing the Ohio Electric Association; Dr. David White, dean of Veterinary Medical College, O. S. U., who represents the Ohio Veterinary Medical Association.

Following last year's plan, various state departments interested in public health problems will be asked to appoint accredited representatives to this council. They have signified their intention of doing so.

Prospects for the federation's work in dealing with legislation this winter are exceedingly bright. All of the co-operating organizations have reaffirmed their approval of the movement, and promised the necessary financial support. Funds for the work are raised by an assessment of not to exceed fifteen cents per capita on the membership of each of the cooperating organizations. There is a considerable balance in the treasury so that the assessment this year will be light.

If you will help us make advertising in your journal more profitable to advertisers, it will make it possible for your association to spend annually several thousand dollars additional in protecting your interests.

Read the advertisements in this issue.

Give these advertisers your preference.

The field of the federation was materially extended by the acceptance into membership of the new Ohio Hospital Association with about 160 members, and the Ohio State Association of Graduate Nurses, which has a membership of over 2,000. This extends the total membership of the federation to more than 12,000.

Inspector George H. Hamilton of the state department of workshops and factories, in a recent report, says there is in Ohio an utter disregard for the laws relating to child labor, compulsory education and the 54-hour labor limit for women and children. Seventy-two per cent of the fines imposed for violation of these laws, he says, are either suspended or remitted. He asks better co-operation on the part of the public, particularly employers and legal officials.

The new edition of the American Medical Directory, recently from press, deserves more extended sale than previous editions. It is more accurate in the information given, and contains much additional data that is of interest and use to all those who have occasion to use a medical directory. It is the one and only directory the information contained in which is as nearly absolutely reliable as possible to make it. It is published under the auspices of the American Medical Association, and without intent to profit.

Dues for 1917 Must Be Paid On or Before December 31, 1916, to Maintain Member in Good Standing

The institution of the new plan of co-operative defense against civil malpractice suits, by the Association, makes necessary a radical change in the collection of state dues.

Dues for 1917 of all members of the constituent county societies must be paid to the State Association on or before December 31, 1916.

In the past many of the societies have not collected dues until late in the Spring, with a view of placing their members in good standing just prior to the State meeting in May.

This must be changed. In order to maintain their members in good standing in the State Association, and in the malpractice defense fund, dues for 1917 must be paid this year, prior to December 31, as noted above.

In some county societies it will be necessary to change provisions in the By-laws to conform with this change in the By-laws of the State Association. This change should be made at once.

Treasurers of county societies are urged to pay strict attention to this announcement. Otherwise, serious disputes will arise next year when members who have lapsed in the payment of dues may demand that the State Association take over their defense in pending malpractice suits.

The rule is absolute. The Association will not defend the case of any doctor who is not in good standing, and to be in such standing his dues for 1917 must be in the hands of the Secretary-Treasurer of the State Association before the first of the year.

In order to "play safe," we advise secretary-treasurers of county societies to start now in the collection of dues for 1917.

Sixth District Society Hears the Briggs Lecture

The Union Medical Association of the Sixth Councilor District held its session at Lake Brady (Portage County) Tuesday, Aug. 8. About seventy-five doctors were in attendance. There would have been a record crowd at this popular resort if it had not been for a terrific rain storm about 9 o'clock, which hindered the men who had expected to come by automobile.

The ladies were invited, the dining room in the hotel was filled to capacity and everybody had a jolly good time at the noon luncheon.

The program was unique in that it consisted of only one number. Dr. Charles E. Briggs of Cleveland, the official lecturer for the Ohio State Medical Association, was "the man of the hour." He gave his lecture on "Fractures and Dislocations."

The Sixth Councilor District deems itself fortunate in having had this opportunity to hear and see Dr. Briggs demonstrate this timely subject in such a masterly way. The lecture is long, but the subject is big. Dr. Briggs brings out his points and presents them very clearly by means of his living subject, X-Ray plates and various dressings. He wastes no time in elaborating on pet theories, but sets forth good, common sense ideas, which the doctor can very readily use to advantage in his daily practice. Every district in the state ought to avail itself of this lecture. It is worth while.—J. H. Seiler, Secretary.

State Hospitals Need Assistant Physicians

Civil service examinations for assistant physician in state hospitals, positions that pay from \$900 to \$1200 per year with full maintenance, will be conducted by the state civil service commission at 9 a. m., November 8, at the following places: State House, Columbus; Law Library, Cleveland; Memorial Hall, Cincinnati; Court House, Dayton; Court House, Toledo.

Applicants should have special knowledge of psychology, including cause, effect, and treatment of insanity. Those who can make blood tests, apply Wassermann test, and make microscopical examinations are particularly desired.

It is said that there are several vacancies to be filled.

Dr. F. Langdon, Cincinnati, in the July issue of *The Journal on Nervous and Mental Disease* publishes a brief history of the career of Dr. Brooks Ford Beebe. His death occurred in Cincinnati, May 29th, 1914. Dr. Langdon concludes his tribute with these words: "By his untimely passing in the zenith of his career, the medical profession loses an industrious and able worker; his family a loving personality of marked distinction in his life's work; his intimate associates a warm and outspoken friend; and the community a useful citizen."

MARRIED

Your 1917 dues are payable on or before December 31, 1916.

Dr. Norman L. McLachlan to Miss Lena Gertrude Roling, both of Findlay, July 27.

DISTRICT SOCIETIES

Northwestern Ohio, Toledo, on October 19 and 20

A registration of five hundred! This is the mark that has been set by President Sidney D. Foster of the Northwestern Ohio Medical Association for the 1916 annual meeting, which will be held in Toledo on October 19 and 20. For months President Foster and Secretary E. H. Porter, of Tiffin, and the other officers of the Association have been working to insure a large attendance from each county in the Third and Fourth Districts. Late in August Dr. Foster entertained the officers and directors of the Association and plans were laid to make the meeting the largest in the Association's history. Certainly this is merited by the quality of the program which is announced herewith.

One of the public features will be an address by Dr. Harvey W. Wiley, of Washington, before the members of the Association and invited guests. His subject will be "Curative and Prophylactic Aspects of Pure Food." The balance of the program follows:

1. After-treatment of Infantile Paralysis, Frank D. Ferneau, Toledo. Discussion: Louis Miller, Toledo, Wm. Storey, Castalia, and Burt G. Cholett, Toledo.
2. Surgical Curiosities, H. L. Wenner, Tiffin. Discussion: C. N. Smith, Toledo, and H. J. Pool, Pt. Clinton.
3. Trichina, Report of Two Cases, P. I. Tussing, Lima. Discussion: L. A. Levison, Toledo; W. S. Phillips, Belle Centre.
4. Mouth Infections with Special Reference to Pyorrhoea Alveolaris, Alwyn M. Crane, Marion; Acute Endocarditis, W. H. Maddox, Wauseon. Discussion: L. C. Grosh, Toledo; H. S. Cohn, Toledo, and C. C. Sherwood, Toledo.
5. Surgical Address, Diagnosis of Obscure Abdominal Conditions in Children, J. S. Stone, Boston, Mass.
6. Same Unsatisfactory Conditions of Present Health Problems in Ohio, C. L. Mueller, Wapakoneta. Discussion: J. A. Gosling, Tiffin, and F. G. Boudreau, Columbus.
7. Prolapsus Uteri, J. V. Hartman, Findlay. Discussion: Geo. Sampson, Upper Sandusky, and Julius Jacobson, Toledo.
8. Surgical Failures, J. B. Sampson, Van Wert. Discussion: D. O. Richardson, Marion, and O. S. Steiner, Lima.
9. Address on Pediatrics, Isaac A. Abt., Chicago.
10. Some Recent Advances in Dermatology, J. L. Murray, Toledo. Discussion: E. D. Tucker, Toledo, and A. L. Jones, Bellefontaine.
11. Cancer Treated with Superheated Steam, Wm. J. Gillett, Toledo. Discussion: W. H. Rheinfrank, Perrysburg, and August Rhu, Marion.
12. Surgery of the Bladder and Urethra for the General Practitioner, W. H. Huntley, Lima. Discussion: A. J. McCracken, Bellefontaine; E. D. Murbach, Archbold, and J. B. Ury, Defiance.
13. Some Facts Not Found in Text-Books, Harry S. Noble, St. Marys. Discussion: A. S. Rudy, Lima, and R. A. Palmer, Fostoria.

The Northwestern includes the Third and Fourth Councilor Districts. Naturally there has developed a rivalry between Councilor Van Note of Lima, and Councilor Moots of Toledo as to

which will have the largest attendance. President Foster, after handicapping Dr. Moots one hundred members because the meeting will be in Toledo, has offered a silk hat to the councilor whose district makes the best showing.

Seventh District, Cadiz, late in October

When this issue went to press definite arrangements were not completed for the annual meeting of the Seventh District Medical Society, to be held this year in Cadiz. A note to *The Journal* from Dr. H. I. Heavilin, secretary, informs us that it will be held during the latter part of October, and that the committee is planning a departure from its usual program.

Ninth District, Jackson, on October 19

The annual meeting of the Ninth District Medical Society will be held at Jackson on Thursday, October 19. The sessions will be held in the afternoon and evening, and will be enlivened by a banquet. President McClung and Secretary A. W. Ray had not fully completed the program when this issue of *The Journal* went to press. However they had received assurance of papers from a number of men of prominence. The Ninth District society is noted for its excellent meetings, and every effort is being put forth to maintain the standard this year.

Tenth District, Circleville, on Thursday, October 26

Central Ohio physicians who reside in the Tenth Councilor District will have an excellent opportunity at Circleville on October 26 to hear the lecture on "Fractures and Dislocations" by Dr. Charles Edwin Briggs, of Cleveland, which has been given in various sections of the state under the auspices of the Committee on Medical Education. The officers of the Tenth District Medical Society have decided to devote the major portion of the meeting to this subject.

The meeting will be called to order at 10:30 A. M., by Dr. Howard Jones, of Circleville, the president. After a short business session there will be a paper by Dr. Martin Fischer, of Cincinnati. At noon a luncheon will be served by the Pickaway County Medical Society to the visitors. The entire afternoon will be devoted to the Briggs lecture and demonstration, commencing promptly at 10:30. Most of our readers are familiar with the general outline of this address. The appreciative comment it has received in other sections of Ohio guarantees a most interesting meeting.

Dr. L. L. Bigelow, of Columbus is secretary of the society, and Dr. D. V. Courtright, of Circleville, is chairman of the committee on arrangements. Dr. Wells Teachnor, of Columbus, is councilor of the Tenth District.

Other District Meetings

Late in September definite arrangements had not been completed for the meeting of the First District Medical Society.

The annual meeting of the second Councilor District Society was held at Springfield October the 4th—too late for report in this issue. The following clinicians and lecturers made up the program: Dr. Joseph Brenneman, Chicago, "Use of Boiled Milk in Infant Feeding and Elsewhere." Dr. J. Bentley Squires, New York, "Surgical Technic by Motion Pictures." Dr. A. B. Kanel, Chicago, "Transplantation of Free Flaps of Fascia and Fats in Deformities and Contractures." Dr. Rodger Morris, Cincinnati, "Anemias." Dr. W. B. Patton, Springfield, is president of the society.

The Eighth District Society met in Caldwell on September 28, too late to secure a report for this issue of The Journal.

COUNTY SOCIETIES

FIRST DISTRICT

Ross, Fayette and Highland County Medical Societies met in joint session in Greenfield on Sept. 7. In the absence of President J. C. Larkin of the Highland society, the meeting was called to order by the secretary, Kirke R. Teachnor of Leesburg. W. W. Glenn of Hillsboro, was chosen chairman and E. F. Todhunter of Washington, C. H., and Dr. Teachnor, secretaries.

H. W. Wilson of Greenfield, reported a case of pyloric stenosis in infancy, in which the most prominent symptoms were persistent vomiting, forcible and decidedly explosive in character, constipation and the absence of other signs of illness. The report was discussed by J. B. May, of New Holland, and Dr. Glenn.

Dr. Howard Stitt of Washington, C. H., read a paper on "Nasal, Mouth, Throat and G. U. Infections in Relation to Other Disease." His paper was thorough and scientific, dealing with infection and immunity from a histological and pathological standpoint. He brought out the fact that advance in medical science could only be possible after a foundation of anatomy, physiology, pathology and modern pharmacology had been established. Discussion followed by Drs. Dunn and May.

Magnus A. Tate of Cincinnati, presented a paper "Cancer of Uterus, Logical treatment." His paper was an excellent one, being both practical and scientific. Little could be expected in way of cure from medicine and local treatment be said. Operation always when indicated; if not, the cautery and radium will give some results in cer-

tain cases. He emphasized the importance of early diagnosis and operation. Discussion followed by Drs. Glenn, May and Teachnor. R. J. Jones of Greenfield, reported a number of surgical cases he had operated in the past month, with good results. Discussion followed by Robert Carothers, of Cincinnati.

W. H. Silbaugh of Chillicothe, read a paper on "Five Years Surgical Experience with Anoci-Association." His paper was very interesting and excluded fear as a factor in giving anesthetics. He used morphine and scopolomine (nitrous oxide also given, as they promoted phagocytosis) and quoted Drs. Crile and Bloodgood as his authorities. His paper was discussed by Dr. Carothers and others present.

A case report by Dr. Carothers on "Sacralization of the Fifth Lumbar Vertebra," was new to the society and was recommended for a certain class of "lame backs," following injury to spine or other unusual conditions. The society always appreciates very much, Dr. Carother's talks and reports of cases.

This was one of the best meetings held for some time and was enjoyed by some 40 members from the three societies. The application of J. E. Chapman, of Sinking Springs, Highland Co., was received for membership at this meeting. K. R. Teachnor, Correspondent.

SECOND DISTRICT

Greene County Medical Society met on Sept. 7, at Xenia with 12 members present. Vice President Richinson presided. Resolutions in memoriam of Raymond Wesley Smith, M. D., were read and approved. George Stewart of Cleveland, was a guest of the society. L. G. Bowers of Dayton, presented a most excellent contribution to the subject of "Clinical Significance of Abdominal Pain." This practical paper laid stress upon the importance of a relationship between clinical and microscopic deductions. Dr. Bowers gave pathology, diagnosis and differential diagnosis of the common conditions found in each abdominal quadrant, also quoting from a large series of cases.

E. R. Arn, the topic of whose paper was "The Relation of Haematology to Surgery," followed. This splendid paper was timely, bearing on the blindness of the average general practitioner to the vital need of at least ordinary, routine examinations of urine, sputum and blood in all cases wherein surgery is indicated.

The ensuing discussion was instructive as well as complimentary to the essayists. After the meeting, a luncheon was enjoyed at the Grand Hotel.—Harold C. Messenger, Correspondent.

Dayton Academy of Medicine, at its regular

meeting Sept. 8, heard Sidney Lange of Cincinnati, deliver an interesting address on the "X-Ray and Its Uses."

Champaign County Medical Society held its regular monthly meeting at St. Paris, Sept. 14. The principal address was delivered by W. D. Inglis of Columbus, whose subject was "Obstetrics."

Miami County Medical Society met at the Troy Club, Troy, September 7. After a business session, a paper on "Appendicitis" was read by J. F. Beachler of Piqua. A discussion followed in which all members participated. There was an excellent attendance.—R. D. Spencer, Correspondent.

THIRD DISTRICT

Seneca County Medical Society's monthly meeting was held at Mohawk Lake, Thursday afternoon and evening, Aug. 17. H. L. Wenner read an autobiography of A. B. Hovey, an early, able and successful practitioner of this county. E. H. Porter read an autobiography of Geo. P. Williard, who had practiced a half century in Tiffin. The papers were thoroughly enjoyed by all members present and many incidents that occurred during the association the above men had with Drs. Hovey and Williard were pleasantly recalled. The members' wives and Dr. and Mrs. J. C. Tritch of Findlay and Dr. and Mrs. L. W. Van Netta of Lemert, were guests at the meeting. After the papers, the remainder of the afternoon was spent in swimming and boating. An appetizing luncheon was served.—George L. Lam-bright, Correspondent.

Auglaize County Medical Society met at Minster, Sept. 1. Diagnosis of appendicitis was discussed by E. M. Huston of Dayton. Other papers were: "Correct Interpretation of Pain in the Right Quadrant Region," by C. Augustus Coleman of Dayton, and "Education of the Public Concerning the State Hospital" by E. A. Barber, superintendent of the Dayton State Hospital. Miles F. Porter of Ft. Wayne, Ind., was to have discussed "The Primary Treatment of Wounds in Civil Practice" but the blow out of a tire on his auto prevented his attending the meeting.

FOURTH DISTRICT

Williams County Medical Society which has in recent months shown an inclination to lag behind the pace set by other counties in the Fourth District, is planning to "come back." A splendid get-together meeting and banquet was held at the Hotel Christman in Bryan on Thursday, Septem-

ber 14. Councillor Chas. W. Moots was present and found a willing response to the enthusiastic plea for a better medical organization in Ohio's northwest county. Williams county has a splendid group of medical men, with a potential membership ranging between thirty-five and forty. Twenty of these were present at the banquet and it is hoped that the society membership will materially increase before the end of the year.

At the banquet C. S. Mundy, epidemiologist to Toledo Department of Health, spoke on the subject of infantile paralysis, a topic of unusual interest in Northwestern Ohio. He outlined the recent experience of Toledo in dealing with the disease.

M. V. Replogle was elected secretary to succeed Ralph Reynolds, of Stryker, who has removed to Fayette in Fulton county. J. A. Weitz, of Montpelier, is president of the Williams county organization.

Ottawa County Medical Society met in Oak Harbor, September 14. There was a large attendance and the evening was an enjoyable and profitable one. Dr. Booth of Lindsey, gave a report of some of the work he saw in Boston clinics last summer. He also read symptoms and gave the history of a number of cases, requiring those present to give the diagnosis, etc. Finally the diagnosis was read as it was proven at the hospital. At our next meeting we expect to have a demonstration in laboratory methods. We are using every effort to make our meetings this winter better and more interesting than ever before.—S. T. Dromgold, correspondent.

Putnam County Medical Society met in regular session September, at the Court House in Ottawa, with a small attendance. C. O. Beardsley exhibited by means of the magic lantern one hundred views belonging to the United States Public Health Service, demonstrating skin diseases and other pathological conditions. The pictures were much appreciated by those present. The Society adjourned to meet November 2. The October meeting will not be held on account of the Putnam County fair.—H. A. Neiswander, Correspondent.

Defiance County Medical Society met Sept. 14, at the home of C. W. Zeller in Defiance. There was no regular program but the members engaged in informal discussion until invited to the dining room where supper was served by Mrs. Zeller. After supper, the doctors were entertained with a musical program by Dr. Cunningham and Mrs. Zeller.

FIFTH DISTRICT

Geauga County Medical Society's summer meetings have proved both pleasant and profitable.

The first, held June 1, was devoted to business matters and the making of plans for the coming six months, after which the remainder of the time was given to hearing the reports of delegates and those who had attended the State Meeting in Cleveland, it having been previously agreed that the delegates and visitors would, so far as possible, attend different sections. Each had something new and interesting to offer.

The July meeting, at which A. J. Skeel of Cleveland was our speaker, proved to be one of the best meetings in the history of the Society. The attendance was good and the doctor's paper was full of valuable and practical information. All felt amply repaid for their effort to be present.

Our meeting on August 1 was a little out of the ordinary. As our society was unable to celebrate "Better Baby Week" in March because of bad roads and inclement weather, it was decided that a "Mothers' Conference," bearing the endorsement of our society, be held, and that our society and the conference meet in joint session at Burton. The morning session consisted of an informal "round-table" at which Francis M. Hollingshead, director of the child hygiene division of the state department of health, addressed the mothers. This was followed by a luncheon served to out-of-town guests by Burton physicians. Dr. Hollingshead then addressed the society, urging co-operation on the part of the physicians and parents with the state board of health and showing the benefits to be derived from inspection and examination of all school children. She also explained the work of her department. The physicians then adjourned to Burton Park where they heard Dr. Hollingshead instruct some one hundred and fifty mothers and others interested in child welfare work, in the care of children. This was followed by a question box.

Since the speaker was introduced by G. C. Bowe, president of our society, and the physicians by their presence endorsed such a meeting, a feeling of mutual understanding between physician, parent and board of health was the natural outcome. The society held monthly meetings from June to October inclusive, instead of quarterly meetings as of yore.—Isa Teed, Correspondent.

FIFTH DISTRICT

Lake County Medical Society met at the Parmly Hotel, Painesville, Sept. 4. The following physicians were present: M. H. Carmedy, L. H. Tillotson, J. W. Pomeroy, J. R. Davis, O. W. Ellis, C. V. Carpenter, J. W. Lowe, E. S. Jones, C. H. Hudson, V. N. Marsh, J. C. McCullingh. Drs. K. D. Park and C. V. Nelson, dentists, were guests.

John D. Osmond, X-Ray specialist, Cleveland, gave an address on "The Value of X-Ray in Modern Medicine." He emphasised the import-

ance of a careful examination at all times and urged the use of the X-Ray in case of doubt. He explained its value in abscess of the lung, incipient pulmonary tuberculosis, calculi of the kidney and gall bladder, cancer and ulcer of the stomach, duodenal ulcer, tuberculosis of the bones, and pus pockets of the teeth. Following the address, he showed slides of pathological conditions not easily recognized without the X-Ray. General discussion followed. A vote of thanks was tendered Dr. Osmond for his splendid address. The next meeting will be Monday evening, October 2.—E. S. Jones, Correspondent.

Ashtabula County Medical Society held its annual picnic at the Lake Shore Clubhouse, Aug. 30. The members and guests to the number of twenty-four enjoyed a delicious supper after which the president and others made a few impromptu remarks. A pianist and vocalist added to the enjoyment of the evening. A brief business meeting was held.—R. B. Wynkoop, Correspondent.

SIXTH DISTRICT

Summit County Medical Society on Sept. 5 resumed meetings after a recess of two months. The attendance numbered thirty-six, from Akron, Seville, Rittman, Copley and Cuyahoga Falls.

One application was presented and referred to the board of censors. New members admitted were C. H. Kent, C. E. Jelm, W. C. Sparling of Akron, and F. B. Richards of Uniontown. The program:

1. Seven specimens showing the development of a fetus.
2. "Fibrosis Cavernositis" case history of a rare type, by C. E. Jelm.
3. Obstetrics"—a symposium.
 - (a) "Management of normal labor," by J. M. Denison.
 - (b) "Operative," H. H. Jacobs.
 - (c) "Complications," J. D. Smith.

The discussion was opened by F. E. Read, and participated in by L. E. Brown, W. A. Searl, D. H. Morgan, J. N. Weller, R. H. McKay, A. S. McCormick and J. G. Blower.—A. S. McCormick, Correspondent.

SEVENTH DISTRICT

Jefferson County Medical Society held its regular meeting at Steubenville, Sept. 12. J. A. Bradley read a paper on "Ileus," which was followed by a general discussion of health conditions in Steubenville and medical inspection of schools.

Columbiana County Medical Society's meeting

at the City Hospital, Salem, Sept. 12, was well attended, practically every city and village in the county being represented. Infantile paralysis was the timely subject of a paper by P. C. Hartford, of East Palestine. Discussion was led by C. H. Bailey of East Liverpool. In addition to listening to the paper and participating in the discussion, the physicians were shown through the hospital, the new laboratories of which have just been equipped for test work in connection with pathological diagnosis.

Tuscarawas County Medical Society held its regular meeting in New Philadelphia, Sept. 5. As no set program had been prepared, the session was given over to the discussion of case reports and other subjects of interest.—Tracy Haverfield, Correspondent.

EIGHTH DISTRICT

Athens County Medical Society entertained many physicians and surgeons from other counties of Ohio and West Virginia at its monthly meeting, Sept. 8, for which a special program had been prepared. Two sessions were held, one in the afternoon and the other in the evening.

H. M. Taylor, president of the society, called the afternoon meeting to order and introduced C. S. McDougall, who welcomed the guests to Athens. A. C. Cunningham of Marietta, responded. "Organization," Dr. Cunningham said, "is as necessary in medicine as it is in any other great industry of life. It must be evident to all that the spirit which has made modern medicine what it is today has found an abiding place in the hearts and minds of the members of the Athens County Medical society."

H. W. Whitacre of Columbus, followed Dr. Cunningham with a paper on "The Gall Bladder." F. F. Lawrence of Columbus, read a paper on "Surgery of the Bile Tract." At the end of the session, the visitors were taken for an auto ride over the city.

George W. Crile of Cleveland was the only speaker at the evening session. He discussed gall stones, goitre, cancer of the stomach and peritonitis. His address was illustrated with lantern slides and motion pictures of operations. While he discussed the subject of goitre, the speaker had before him three subjects afflicted with the disease. His talk was heard by a large number of physicians and laymen. Among the physicians who registered at the meeting from other cities, were: Drs. Hunter, Ray and McClung, of Jackson; Wilson of Gallipolis; McKlein, Williams, Donaldson, Johnson, Boyer and Cunningham, of Marietta; Haas, of Rockbridge; Henry, of Hamden; Hugg and Hartinger, of Midleport; Cherrington, of Logan; Dew of Belle

Valley; Moore, of Union Furnace; Link, Robinson, Jeffers, Price, Muhleman, Stone, Barker, Campbell and Gaston, of Parkersburg; Holmes, of Albany; Letheman, of Thornville; Orr, of Pratts Fork; Hill, Pritchard, Welch and Rhodes, of Nelsonville; Weber and Flinn, of Amesville; Miller, of Hemlock; Sprague, of Chauncey; Silbaugh, of Chillicothe; Parker, Biddle, Bean and Holzer, of Gallipolis.—T. A. Copeland, Correspondent.

Muskingum County Academy of Medicine held its regular meeting at Zanesville on Sept. 13. One application for membership was rejected. G. Warburton read a paper on "Infant Feeding," which was instructive and showed careful preparation. It brought forth considerable discussion by Drs. Loebell, Melick, Davis, Hanna, Bainter, E. C. Brush, and Brown. Dr. Warburton closed the discussion and reported several cases of pemo-philia in infants. Those present at the meeting were: Drs. Brown, E. C. Brush, Klemm, Walters, Warburton, Matthews, Bainter, Infield, Long, Melick, Davis, Crossland, Kelly, Sellers, Higgins, Dusthimer, Hanna, Lenhart, and Loebell of Sonora.—Edmund R. Brush, Correspondent.

Licking County Medical Society met in Newark, Aug. 23, at the call of the president and adopted a message of condolence which was sent to the family of Dr. John A. Mitchell, a member of the society who was drowned recently in Canada. The message contained the sentiments of the society as expressed by speakers at the meeting. It read, in part, as follows:

"To you, his family, Doctor Mitchell was an ideal husband and father; to us, his associates in medicine, he was an esteemed counsellor, an inspiration to all; to the community at large, he was a friend and benefactor whose memory shall live.

"The living can honor themselves in no way more than in paying a sincere tribute of respect to the memory of this good man. The public activities and benefactions of Doctor J. A. Mitchell and his worth as a private citizen are things that will be immortal. His influence shall be a potent force for good long after the poignant sorrow for his passing has resolved itself into the gentle grief that shall remain. Many hearts are heavy with regret at the decree by which his burdens were so suddenly laid down."

NINTH DISTRICT

Scioto County Medical Society, at its regular meeting Sept. 11, engaged in a discussion of tuberculosis. C. W. Wendelken presented a paper on "The Schools and Tuberculosis" and H. M. Keil discussed "The Diagnosis of Tuberculosis."

TENTH DISTRICT

Morrow County Medical Society held its regu-

lar meeting September 6 at Mt. Gilead. The attendance was small, several of the doctors being out of town. Action on the county fee bill was postponed until the next meeting.

Andrews Rogers of Columbus, presented a paper on "Obstetrics," which showed much care in preparation. The doctor's talk was impressive and practical. Free discussion followed. The society gave Dr. Rogers a vote of thanks and all expressed a desire to have him with us again.—R. L. Pierce, Correspondent.

Fine! Many Members are Co-operating to Boost an Important Department of the Journal

It is reassuring to find that a large number of our members are ready to extend their aid in helping us build up the advertising department of *The Journal*. Following the publication last month of the editorial calling attention to the need of more advertising, and the need of better support for our advertisers, we received responses from almost every section of Ohio.

For example. Dr. W. S. Rhodes of Nelsonville went through our advertising columns and checked the announcements with the list of firms which he patronizes. He found that a large Baltimore supply house from which he annually buys large quantities of goods is not included in our list. He immediately wrote these manufacturers calling their attention to the value of *The Journal* as an advertising medium and requesting their patronage.

A Northern Ohio member who specializes in Eye, Nose and Throat work had his office girl write (over his signature) to each of the instrument houses which he patronizes. As a result we have had inquiry relative to advertising rates from three of these concerns.

An Eastern Ohio surgeon has instructed his office attendant to admit no "detail men" excepting those representing houses which advertise in *The Journal*.

The result of these and similar acts has been that the attention of many manufacturers who have previously ignored our *Journal* are being forcibly directed to us. The suggestions, coming from patrons rather than from advertising salesmen, are inclined to make them sit up and take notice.

Cleveland—The annual outing of the Academy of Medicine was held at the Cleveland Yacht Club on August the 30th. An unusually large attendance (113) made the occasion very enjoyable. A memorial for Dr. Martha A. Canfield formed the occasion of a meeting of the Homeopathic Medical Society Sept. 5. Dr. Kamil J. Bogacki, one of the leaders in the activities of the Polish national defense committee, has traveled to Europe in an effort to locate his parents who are said to have been carried into Russia by the Russian army.

NEWS NOTES OF OHIO

Lima—Dr. G. A. Bachmayer spent September in Chicago taking post-graduate work.

Cuyahoga Falls—Dr. John Shoemaker, O. S. U. '16, has opened an office in this city.

Chardon—Dr. W. E. Allyn spent September in Boston taking advanced work in children's diseases.

Akron—Dr. E. L. Mather has given up the active practice of medicine on account of ill health.

Mansfield—Dr. J. H. Nichols has returned from Rochester, Minn., where he took a course in surgery.

Portsmouth—Dr. and Mrs. Howard Sellards celebrated their silver wedding anniversary Sept. 16.

Meeker—Dr. and Mrs. C. S. Burnside have moved to Marion where the doctor has opened an office.

Steubenville—Dr. J. C. M. Floyd returned Sept. 5 from Chautauqua, N. Y., greatly improved in health.

Pharisburg—Dr. Luther B. Shumaker has moved to Ostrander where he will continue the practice of medicine.

Middletown—Dr. Elroy T. Storer, formerly of Oxford, has established an office at Third and Baltimore streets.

Sidney—Dr. Arthur W. Silver has been commissioned first lieutenant in the medical corps of the Ohio National Guard.

Perintown—Miss Alfretta Cline, daughter of Dr. Galen L. Cline, was killed in an automobile accident near Cincinnati, Aug. 30.

Ashtabula—Dr. Amy Agness Kaukonen, a graduate of the Woman's Medical College of Pennsylvania, has opened an office here.

Springfield—Dr. and Mrs. W. C. Taylor are receiving congratulations over the arrival of an eleven pound baby boy, born to them Sept. 10.

Spencerville—Dr. LeRoy Pence has accepted the superintendency of the sanatorium operated by the Columbus branch of the Neal Institute Company.

Bellefontaine—Drs. J. H. Wilson of Bellefontaine and H. M. Beebe of Sidney, were painfully injured Sept. 4 in an automobile accident near Ridgeway.

Marion—We are glad to report that Dr. C. T. Wiant is recovering nicely from an operation which he underwent some time ago at Lakeside hospital, Cleveland.

Parkman—Dr. John A. Heeley, who was seriously injured at Baltimore last July when an iron bar fell from a building and struck him on the head, is recovering.

Kent—Dr. A. M. Sherman, formerly of Kent, left for his home in Pasadena, Cal., Sept. 1, after spending the summer with Ohio friends. Dr. Sherman is 90 years old.

Tippecanoe City—Drs. Bernard J. Kendell, Foster D. Kiser and William E. Widener are members of a new health board recently appointed by Mayor Scheip.

College Corner—Dr. Paul Hawley has been commissioned first lieutenant in the hospital corps of the United States army. He reported for duty at Washington, Oct. 1.

Findlay—Dr. J. C. Tritch has been notified that he was elected a fellow in the American College of Surgeons. The fifth convocation of the college is at Pittsburg on Oct. 2.

Massillon—Dr. G. W. Zininger, of Canton, addressed the meeting of the Massillon Association of Physicians, Sept. 5, on "Local Infections and Their Relation to System Infection."

Canton—Dr. Fred G. King has resigned as city physician. A civil service examination for appointment to the position was taken recently by Drs. F. M. Sayre, Chas. A. Portz, J. G. Lawrence and J. A. Hamilton.

Cincinnati—Dr. Benjamin Norris, Jr., interne at the General Hospital has received a commission appointing him first lieutenant in the hospital corps of the United States army. He reported for duty at Washington, Oct. 1.

Lorain—Dr. D. D. Grimm of Pittsburg, has succeeded Dr. William E. Wheatley as head of the surgical department of the The National Tube Company. Dr. Wheatley is still connected with the department in an advisory capacity.

Lancaster—Dr. J. J. Silbaugh is limiting his practice to surgery, consultation and office work. Dr. Illes, New Brunswick, New Jersey is located for practice in this city. Dr. R. W. Mondhank has returned from Chicago where he spent two weeks in the hospitals.

Zanesville—Dr. and Mrs. J. T. Davis have returned from an extended trip through the East. Dr. Edmund R. Brush was a member of a committee sent to Washington by the Zanesville Chamber of Commerce to offer a site for the proposed government armor plate plant.

Columbus—Dr. C. W. Mummert spent part of September in New York taking an advanced course in diseases of the stomach. Dr. and Mrs. Howard E. Boucher announce the birth of a son, Howard Elsworth, Jr., Aug. 31. Dr. F. F. Lawrence left Sept. 11 for Fort Sam Houston, Texas, where he is engaged as a surgeon in the United States Army. He is a member of the Reserve Corps.

ACTIVITIES OF OHIO CITIES
 IN PUBLIC HEALTH WORK
 HOW ABOUT YOUR CITY?

Miss Maud Bernard, visiting nurse for Preble County, has resigned. She will enter a hospital in New York.

Miss Edith Treat of Oberlin, who was recently employed as Ashland's visiting nurse, has assumed her new duties.

Steps have been taken by the Federation of Womans' Clubs of Sidney to secure a visiting nurse. Necessary funds are now being raised.

The board of education of Middletown is considering the advisability of establishing a department of physical examination in the public schools.

Analysis of the Chillicothe water supply, made recently by the state board of health, shows that the water is of good quality and satisfactory for drinking purposes.

Health hints for children starting to school, advice to their parents and suggestions for teachers are given in "Your Health," published by the Cleveland health department.

Only 18 of the 610 babies cared for by the Toledo District Nurses during August were lost by death, according to the nurses report to Health Commissioner Selby. The nurses made 1,338 calls during the month.

The health and sanitary committee of the Piqua chamber of commerce has made application through Senator Harding for a health survey of Piqua to be conducted by the United States Public Health Service.

A request for increases in salaries has been presented to the Cincinnati board of health by the school nurses of that city. Their petition was referred to Health Officer Landis. The nurses pay ranges from \$60 to \$70 a month.

The percentage of pupils who are graduated from the State School for the Deaf at Columbus is higher than the percentage of those graduated from the public schools of the state, according to the annual report of J. W. Jones, superintendent of the institution.



1866
1916

A Word of Appreciation

OUR house will celebrate its fiftieth birthday on the Twenty-sixth of October. This is therefore the year of our Golden Jubilee.

At such a time it is fitting that we should recognize in a public manner one of the fundamental causes of our success. This is found in the confidence bestowed upon us for fifty years by those whom we have sought to serve. Without their support we could have done nothing. Lacking their co-operation we should long since have ceased to exist.

Our appreciation of this truth is profound and heartfelt. We acknowledge our indebtedness with gratitude, and during the second half century of our existence we shall strive in every way to be worthy of the trust reposed in us by the medical and pharmaceutical professions of the world.

PARKE, DAVIS & CO.

October 1, 1916.

Estimates for 1917 health service in Cincinnati show increases of \$5,600 for the housing bureau, \$41,285 for the tuberculosis sanitarium and \$25,840 for the health department. A very important part of the increases asked is for tuberculosis prevention.

Ohio's first permanent safety-first car, donated to the state industrial commission by the Baltimore and Ohio railroad, was dedicated at Columbus, Sept. 19. The car is filled with safety-first devices and instructions as to how to avoid accidents in industrial work. It will be exhibited in all sections of the state.

L. B. Dunham, secretary of the agricultural committee of the Cleveland Chamber of Commerce, stated recently that the committee is considering a plan proposing that milk sold in the city be graded by a standard of bacterial count and that all milk containers be labeled to show the grade. A similar plan is being advocated by the Boston Chamber of Commerce.

Cleveland school children are healthier now than they have been in the history of school medical inspection, according to Dr. A. E. Peterson, school medical inspector. Out of the 100,000 enrollment, only 400 children were found who needed medical attention. Eighteen physicians, six dentists, 30 nurses and one optician are looking after the health of the Cleveland school children this year. There are 86 school dispensaries and clinics.

Three hundred million Red Cross Christmas seals are being printed in Cincinnati for the annual holiday campaign to be conducted under the auspices of the American Red Cross and the National Association for the Study and Prevention of Tuberculosis. In 1915 the sale reached the record total of 80,000,000 seals, bringing in \$800,000. This year each state in the United States will have seals on sale and it is expected last year's record will be broken.

If township trustees hire an automobile to inspect the sanitary condition of schools and school buildings within their jurisdiction semi-annually, or as often as they deem it necessary, the expense of the auto may be paid out of township funds, according to a recent opinion of Attorney General Turner. In each township the trustees, the Attorney General points out, constitute a board of health. They are charged with the same duties as are cast on municipal boards of health. The opinion is important as it will stimulate closer attention to rural school houses—and, goodness knows, most of them need it.

DEATHS IN OHIO

George Richard Bray, M. D., Medical College of Ohio, Cincinnati, 1905; aged 53; died of blood poisoning at the home of his mother, Mrs. H. F. Willman, in Fort Recovery, Aug. 25. Dr. Bray formerly practiced in Dayton, Ky. He located in Fort Recovery about a year ago.

Thomas H. Wayble, M. D., Cleveland College of Physicians and Surgeons, Cleveland, 1883; aged 57; died at his home in Toronto, O., Aug. 21. Dr. Wayble formerly practiced in Cincinnati. Seven years ago, he retired and returned to Toronto to reside. He is survived by his wife, a daughter and two sons.

George Watson Stevenson, M. D., W. R. U., School of Medicine, Cleveland, 1872; member of the Ohio State Medical Association; a fellow of the American Medical Association; died at his home in Cleveland, Sept. 13. He practiced medicine until three years ago, when his health began to fail. His wife survives.

Walter L. Davis, M. D., Miami Medical College, Cincinnati, 1866; aged 72; died at his home in Cincinnati Sept. 8, of arteriosclerosis. For thirty years he was examiner for lunacy of the Hamilton county probate court and had been an active practitioner since 1871. He was born in Cincinnati and resided there throughout his life time. A widow and a daughter survive him.

John H. Thompson, M. D., aged 47; Medical College of Ohio, Cincinnati, 1896; member of the Ohio State Medical Association and a fellow of the American Medical Association; died, Sept. 12, of typhoid fever at his home in Greenspring where he had practiced medicine for ten years. He is survived by his wife and his aged parents, the Rev. and Mrs. J. H. Thompson of Lakewood, Ohio.

Charles Milton Hanna, M. D., Kentucky School of Medicine, Louisville, Ky., 1898; aged 43; died August 16, at his home in Creston from cerebral hemorrhage. It is related that Dr. Hanna never failed to answer a call to visit a patient although many times he was not as strong as the patient he called on. He formerly practiced at Canaan Center. His wife, two sons, three brothers and two sisters survive him.

Edward Meggenhoffen, M. D., Chillicothe; Kentucky School of Medicine, Louisville, 1893; aged 59; a fellow of the American Medical Association.

tion and for many years a practitioner and druggist of Chillicothe; was instantly killed, Aug. 23, when his automobile skidded from the road into the bed of an abandoned canal near Chillicothe. He was a member of the Ohio State Medical Association, and is survived by his wife, a brother and three daughters.

George W. Boerstler, M. D., University of Wooster, Medical Department, Cleveland, 1867; aged 70; Lancaster's oldest practicing physician and nestor of the profession in Fairfield county died at his home Sept. 21, as a result of a stroke of apoplexy suffered at noon on Sept. 14. Dr. Boerstler was a life member of the Ohio State Medical Association, and for many years was active and prominent in the work of advancing organized medicine in Ohio.

Martha A. Canfield, M. D., Cleveland University of Medicine and Surgery, Cleveland, 1875; formerly professor of diseases of women at the Cleveland Homeopathic College, president of the Women's Hospital Association, and a member of the consulting staff of the Maternity Hospital, Cleveland; died at the home of her son-in-law, H. B. Cody, Cleveland Heights, Sept. 3, after an illness of ten days. Dr. Canfield was 71 years old. Her husband, Harrison W. Canfield, two daughters and one son survive.

Perry D. Covington, M. D., Medical College of Ohio, Cincinnati, 1869, dean of the medical profession of Logan County, died at his home in Bellefontaine, Sept. 15, of heart trouble. Dr. Covington was 73 years old. He was stricken while hitching his horse to his buggy preparatory to calling on a patient. He served throughout the Civil War with the Union army and at the close of the war held the rank of captain. After the war, Dr. Covington completed his education and located at Roundhead, O. Later he moved to Bellefontaine. For many years, he was a member of the Ohio State Medical Association, having served for a time as vice president of the society, and was one of the early members of the Logan county society. On May 15, last, Dr. Covington and his wife, who survives him, celebrated their golden wedding anniversary.

Discussing the 15 cases of infantile paralysis which were reported to the Cincinnati board of health up to Sept. 1, Dr. W. H. Peters, acting health officer, said: "It is of interest to note that in Cincinnati, as elsewhere, the disease seems to have a predilection for one member of a family. In no instance have two persons in one family been afflicted. This would indicate there is something besides the element of close contact that is responsible for the infection.



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New Mt. Sinai Hospital, Cleveland, is Opened

On September 17, the new Mt. Sinai Hospital of Cleveland was dedicated. The institution adds 160 beds to the number available in Cleveland. It is pronounced by experts to be one of the finest in the country. Funds for its construction (more than a million dollars) were raised by the Cleveland Federation for Jewish charities. The hospital is located on 105th St., facing one of the principal parks in the city. This gives the hospital two frontages and with the proximity of the park, insures light, air and pleasant surroundings permanently. The building is elevated considerably above the street level on the park side. An attractive architectural stairway leads to an inviting entrance which brings you into the main lobby.

As far as possible, the formal institutional atmosphere has been eliminated. The exterior is a brick with stone trimmings of a pleasing and attractive design. The interior is decorated in soft tones, avoiding as much as possible, the chilling and depressive surroundings of the traditional hospital. The blank walls of the wards are treated with soft and restful color scheme, the bareness being eliminated by the introduction of panels. Private rooms are in soft tans with cretonne coverings for the chairs and hangings for the windows. The effort of the management will be to carry into the hospital organization, the idea of cheerfulness and "hominess" as far as this is possible.

The hospital will treat diseases of all characters (except contagious) and will include a special ward for maternity cases and for children. Each ward has access to a large open porch for convalescent patients. Provisions are made for a roof garden over the main building. Between the wings are sheltered spaces which are reached by inclined passages.

The directors of the staff are: Dr. Wm. E. Lower, director of surgery; Dr. Alfred S. Maschke, director of medicine, and Dr. Adolph Steiner, director of specialties. The superintendent is Mr. Frank E. Chapman, formerly of the St. Louis City Hospital.

Small Advertisements of Interest

Wanted—A woman physician as assistant to ear, nose and throat physician. M. Metzenbaum, Rose Building, Cleveland, Ohio.

For Sale—\$10,000 practice, office fixtures, medicines, instruments, office and residence building of the late Dr. E. Meggenhofen. City of 18,000. Great opportunity for a physician who wants a bargain. Address, Garrett S. Claypool, attorney for estate, Chillicothe, Ohio.

Lungmotor Bargain—A new Lungmotor, in perfect working order, with manufacturer's guarantee still valid. Will sell at ridiculously low price, \$75.00, because I do not need it in my work. If you have an ambulance in your town you will need it. S. J. Goodman, M. D., 238 E. State Street, Columbus, Ohio.

For Sale—(on time, or rent) General practice, established 27 years. House, double barn, and stock of medicines. Rare opportunity. At Mentor, O., on transcontinental highway. Population in village and township over 2,000. No other physician in village. Am 62 years of age, and retiring to take up a specialty. Address, Dr. J. W. Lowe, Mentor, Ohio.

For Sale—Cincinnati, Ohio. \$6,000 practice and residence containing elegant offices, by physician in general practice, ready to retire at 48 years of age. Practice still increasing. Excellent property in first class condition. Large garage on premises. Inspection will convince you. Write for address, then come and see. P. O. Box 32, Sta. A., Cincinnati, Ohio.

For Sale—Northwestern Ohio \$4,000 general practice, up-to-date town of 1,500, churches, stores, lodges, sewer, water, light and paved streets. Protestant community. Leaving for city to specialize. Will help start. \$700 takes driving outfit, two horses, buggies, sleighs, harness, office furniture, X-Ray, etc. Office location best in town. Investigate. Address C. G., care OHIO STATE MEDICAL JOURNAL.

For Sale—Unopposed practice in Otsego, Muskingum county, village of 400. Located in center of oil field, also good farming and mining community, good school and good churches. Seven room, two story dwelling, good barn and garage, water in house and barn. Good cellar and cement walks around house. Everything in good repair. Am going to city. Will introduce doctor to my people here and vacate by November 1, 1916. Price, \$1200 cash. Address Dr. Willmer Hammond, Otsego, Ohio.

APPRECIATES MEDICAL DEFENSE PLAN

The *Bulletin* of the Butler County Medical Society, says:

"Medical Defense is now an accomplished fact in Ohio and to the man whose cause is just there may not come the night-mare of a malpractice suit in which he is left alone to cope with the plaintiff. Be ethical, be careful, be just and—pay your dues at the beginning of each year. The State Society will see that your case is placed before the jury in a manner that will win. But the beauty of the thing is the fact, very very few cases go to trial once it is known that the physician has eminent legal talent and the State Society back of him."

Cleveland State Meeting Entertainment Cost \$3,693.99

An interesting report showing the expense incurred by the Cleveland Academy of Medicine in entertaining the 1916 meeting of the State Association has been filed by Dr. H. L. Sanford, the chairman. Despite the elaborate entertainment, which will make the meeting memorable in the history of the Association, Dr. Sanford's committee was able to refund seven per cent of the subscriptions.

One hundred and nineteen members of the Academy contributed \$1,433. Receipts from exhibits were \$1,451.57; receipts from banquet tickets and from Country Club luncheon tickets, where visiting members paid a portion of the expense of entertainment, totaled \$911.00. The total receipts were \$3,799.57, and the expenditures were \$3,693.99.

An analysis of the expenditures is interesting. Badges cost \$230.19; printing and multographing, \$100.80; entertainment, including the vaudeville for the smoker, Mr. Bang's lecture, etc., \$691.40; equipment of meeting places, \$547.25; payments to the Hotel Statler for the men's smoker, banquet, and women's musicale, \$2,043.50; incidentals, \$80.85.

Among the contributors, three men paid \$100; two, \$50; ten, \$25; five, \$20; five, \$15; three, \$10; fifty-four, \$5; five, \$3; and four, \$2.

This report might well be appalling to a committee representing a smaller academy which contemplates the entertainment of the Association at any future date; but, anyhow, it was some fine meeting.

If you are interested in Radiography it will pay you to write for a copy of Paragon X-Ray Pointers, a concise yet complete text-book on the subject of practical value to the radiographer whether he be novice or expert. The book does not discuss scientific phases of radiography, but is filled with practical pointers. It might serve as a text-book for the beginner or a reference book for the experienced operator. Geo. W. Brady & Company (754 South Western Ave., Chicago, Ill.) have prepared a second edition of the book which they will be glad to forward without charge to any member of this association.

Cincinnati—Dr. Boris T. Bogen has been made field secretary of the National Conference of Jewish Charities and has resigned the superintendency of Cincinnati Jewish Settlement.—Dr. Charles R. Hofling is now associated with Dr. John Ranly.—Dr. Harry J. Wittenberg has been appointed physician to the city infirmary.—Dr. Edward W. Walker, professor emeritus of surgery of the Ohio-Miami Medical College, has been appointed to membership on the city board of health to succeed Dr. Samuel E. Allen.—Dr. William A. Gardner has submitted to the city health department his resignation as district physician.

50% Better Prevention Defense Indemnity

1. All claims or suits for alleged civil malpractice, error or mistake, for which our contract holder,
2. Or his estate is sued, whether the act or omission was his own
3. Or that of any other person (not necessarily an assistant or agent),
4. All such claims arising in suits involving the collection of professional fees,
5. All claims arising in autopsies, inquests and in the prescribing and handling of drugs and medicines.
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Great Public Health Meeting To Be Held In Cincinnati

Preliminary announcement of the forty-fourth annual meeting of the American Public Health Association, which will be held in Cincinnati, Oct. 24 to 27, is of more than ordinary interest to Ohio public health workers because of the fact that the program of the association's meetings has been adopted as the official program of the annual conference of the municipal health officers of Ohio. Several Ohioans will take an active part in the association's meetings. Dr. J. H. Landis, head of the health department of Cincinnati, is chairman of the executive and general committee on arrangements and his assistant, Dr. William H. Peters, is the committee's secretary and treasurer. Dr. E. O. Smith is the third member. All Ohio physicians are invited to attend the sessions.

The name of Dr. E. R. Hayhurst of the College of Medicine, Ohio State University, appears on the preliminary program of the joint session of the Sociological section and the Section on Industrial Hygiene. He will discuss "The State Government and Industrial Hygiene." Dr. Hayhurst is vice-chairman of the industrial hygiene section. Dr. Clyde E. Ford will discuss a paper on "A Program of Public Health for Cities," by Dr. William C. Rucker of Washington, D. C. Dr. G. D. Lummis of Middletown, will discuss a paper on "A Program of Public Health for Towns, Villages and Rural Communities," by Dr. Gustav F. Ruediger of LaSalle, Ill.

Dr. Robert H. Bishop of Cleveland and Dr. Landis and Captain Ferdinand Schmitter, U. S. A. of Columbus, will discuss a paper by Dr. John H. Stokes of Chicago, on "Hospital Problems of Gonorrhoea and Syphilis, Including Ophthalmia Neonatorum."

Elaborate preparations for the entertainment of those who attend the meetings are being made. On Tuesday night, Oct. 24, the Cincinnati Symphony Orchestra will give a concert at Emery Auditorium following the annual address by President Anderson. On Wednesday night, the ball room of the Hotel Sinton will be the scene of a feast for men, "one that will never be forgotten," according to the program. On Thursday at 2 P. M., an automobile tour of the city will start from Government Square. Thursday night a banquet and entertainment of the lady visitors has been arranged by a committee headed by Mrs. C. S. Rockhill of Cincinnati.

Programs and other information regarding the meeting can be secured from the secretary of the executive committee, Dr. William H. Peters, city health department, Cincinnati.

The Cincinnati meeting offers our members throughout the state a rare opportunity to hear discussed, by recognized experts, the great public health problems of the day. The American Pub-

lic Health Association includes approximately 2,500 men, health officers of the leading cities in the United States and Canada; the executive officers of most of the state and provincial health departments; officials of the United States and Canadian government health services; and, in addition to these, many bacteriologists, chemists, sanitary engineers, sociologists and laymen interested in public health work.

Within the association are six sections, composed of the members who are peculiarly interested in the special phases of public health work. The various interests thus represented are indicated by the titles of sections: Public health administration, laboratory, sanitary engineering, vital statistics, sociology and industrial hygiene.

Disease Prevention Day Successful in Cleveland

Disease prevention week was observed in Cleveland Sept. 24 to 30. It was arranged by Health Commissioner Bishop. Health clubs were organized during the week by Miss Lucy Bushey, head of the bureau of educational extension, instituted recently by the city health department. Dr. Bishop, in commenting on the campaign, said: "We attempted to put health on a dollar and cents basis, to prove to the people that as long as disease is preventable they cannot afford to be sick. We made an effort to gain the co-operation of business firms and organizations by showing that sickness and preventable disease costs industrial America millions of dollars each year through impaired efficiency."

The result was an entire success, apparently. The entire city was interested, and the ward meetings were well attended. Cleveland is in the lead of American cities, in the disease prevention movement.

Marriages in Ohio

Dr. Joseph B. Metzger, Toledo, to Miss Rosanna F. Hummelle, Berlin, Ontario, August 29.

Dr. Cloyd Franks Warton, Akron, Ohio, to Miss Florence Elizabeth Mitchell of Ashland, Ohio, August 23.

Dr. Harry A. Minthorn, Akron, to Miss Esther Rhodes, Columbus, September 19.

Dr. Harry D. Piercy, of Columbus, to Miss Caroline Behlen, of Cleveland, Sept. 19.

Dr. John Shoemaker, of Cuyahoga Falls, to Miss Helen Johnson, of Columbus, Sept. 13.

Dr. Moris Lawrence Naughton to Miss Flora Langen, both of London, August 8.

Dr. R. A. Wilson and Miss Parthena Wagner, both of Dennison, in July.

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OHIO CONTRIBUTORS TO MEDICAL LITERATURE

Crile, Geo. W., Cleveland: "Methods and Results in Gastric Surgery"; Jour. A. M. A., Sept. 16, LXVII, No. 12.

Dhonau, C. O., Cincinnati: "Roentgenographic Studies of Cerebral Vascular Lesions"; Jour. of Lab. and Clin. Med., Aug. 1, No. 11.

Freiberg, Albert H., Cincinnati: "The Evolution of Osteochondritis Deformans Coxae Juvenilis". Jour. A. M. A., August 26, LXVII, No. 9.

Freidlander, A., Cincinnati: "Sarcoma of Kidney Treated by Roentgen Ray"; Am. Jour. of Diseases of Children, Sept. XII, No. 3.

Frost, W. H., Cincinnati: "Poliomyelitis (Infantile Paralysis)" Public Health Journal, Toronto, Aug. VII, No. 8.

Iglauer, S., Cincinnati: "Simple Method of Fixation of Intubation Tubes"; Laryngoscope, August, XXVI, No. 8.

Kaylor, R. J., Youngstown: "Youngstown Sheet and Tube Company's Hospital"; Modern Hospital, August VII, No. 2.

Levison, Louis A., Toledo: "The Results of Treatment in Arterial Hypertension Due to or Associated with Syphilis". Jour. A. M. A., Sept. 2, LXVII, No. 10.

Marine, D., and Rogoff, J. M., Cleveland: "Absorption of Potassium Iodid by Thyroid in Vivo, Following Its Intravenous Injection in Constant Amounts"; Jour. of Pharmacology and Experimental Therapeutics, Aug. VIII, No. 8; (abstr. Jour. A. M. A., Sept. 9, 1916.)

COMMITTEE TAKES UP INTERESTING STUDY

The civics committee of the Cleveland Academy of Medicine, of which Dr. H. L. Sanford is chairman, has outlined an interesting program of work. It will investigate (1) the lack of hospital beds for tuberculosis patients in Cleveland, (2) the lack of facilities for treating narcotic patients and (3) the question of medical fees in Cuyahoga county. The latter work will be supplemental to the investigation by the Committee on Service of the State Association, which is investigating the status of the fee situation throughout the state.

RULING ON POST-MORTEM.

Attorney General Turner has ruled that post mortem examinations of the remains of patients who die in the Ohio Hospital for Epileptics cannot be made without the consent of the next of kin, except in cases of death by violence which require an inquest by the county coroner. The opinion will hamper work of the hospital staff somewhat, as it is frequently desirable to make such post mortem in order to confirm the diagnosis, and in many cases relatives refuse the necessary consent.

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Crooke's Lenses

Protect the eye from heat and glare. Furnished in "Ultex" (one-piece) and "Kryptok" bifocals and Punktal, Toric or Flat form.

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SPECTACLE AND EYE GLASS LENSES

Columbus, Ohio

Indianapolis, Indiana

Springfield, Illinois

 ** OHIO HOSPITAL ASSOCIATION **

Additions are being made to the Hodson Memorial Hospital at Leesburgh.

Martins Ferry Hospital, Martins Ferry, recently acquired a site for a new nurses' home.

Dr. E. A. Martin, assistant receiving physician at the Branch Hospital, Cincinnati, has resigned.

Plans have been drawn for additions to the Charles S. Gray Deaconess Hospital, Ironton, costing \$4000.

Twelve lots on Clinton street, Cincinnati, have been purchased by St. Mary's hospital as a site for a new plant.

Orthopedic and neurological clinics are to be established under Wards A and B of the General Hospital, Cincinnati.

Lancaster Municipal Hospital was ready to re-

ceive patients Sept. 1. Formal opening of the institution will be held later.

Funds for a new hospital at Greenville has been obtained by popular subscription and a site for the institution has been donated.

Miss Florence Given, a graduate in dietetics at the Ohio State University, has assumed the duties of dietitian at Bethesda hospital, Zanesville.

Strenuous efforts will be made to open Middletown's new public hospital before Jan. 1, 1917. It will be one of the finest institutions in the state.

Five nurses were graduated from St. Vincent's Hospital training school Sept. 7, at Toledo. Dr. W. W. Brand spoke at the graduation exercises.

Active work on the new bi-county tuberculosis hospital, north of Dayton, will be started soon. All architectural plans have been completed.

Miss Binkley, a graduate of the Presbyterian Hospital at Chicago, has been chosen matron of

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Extract of Malt

— TROMMER —

LIEBIG was the first physiological chemist to call attention to Malt Extract and advocate its use as a food medicine. That his views were correctly based is evidenced by the wide use of Malt Extract in America and Europe and the popularity of many infant foods in which maltose is the principal constituent.

Leibig's process for making Malt Extract destroyed the diastase and it remained for Prof. Trommer to develop the fact that while maltose as prepared by Liebig was an excellent nourishment for the sick, that diastase as preserved in a properly prepared Malt Extract such as **TROMMER'S** is the element which effects transformation of the carbohydrates into an assimilable form of food.

"Diastase normally exists in constant proportion all the tissues, organs and fluids of the human body where its action has been demonstrated to be intracellular, as for example, converting the glycogen of the liver that its product may be utilized for structural growth and repair of wastes."

Bechamp and Moro discovered that human milk contains diastase and that cow's milk does not contain it. In infant feeding many physicians have achieved brilliant results by the addition of diastatic Malt Extract to pure cow's milk, thereby supplying the vitalizing and energizing element (diastase) of which an artificially fed infant is otherwise deprived. Sixty-six per cent of the solids of human milk are carbohydrates, which the diastase of human milk seems to dispose of to the advantage of the growing child. Cow's milk solids consist of 36 per cent of carbohydrates, to which often more carbohydrates are added to make the quantity equal to human milk. Few realize the importance of adding normal diastase to assist the process of metabolism in the new born.

MALT SOUPS (Malzsuppen) have been largely used by Keller, Czerny, Gregor and Koplik. The latter says: "The Keller method of feeding with dextrinized gruels is one of the most useful methods of feeding marantic infants, and one in which, in a great number of cases of atrophy, has given me brilliant results. I have used this method of feeding in cases in which all other known methods have failed."

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the Van Wert County Hospital. She formerly lived in Akron.

The new municipal hospital at Alliance is ready to be turned over to the city. The new institution will be opened as soon as funds are provided for its operation.

The corner stone of the Mansfield City Hospital will be laid Oct. 1 with appropriate ceremonies. Dr. D. J. Meese, chaplain of the Ohio state reformatory, will be master of ceremonies.

Miss Katherine Mapes, former principal of the training school of the Toledo Hospital, Toledo, has assumed the duties of superintendent of the Lima Hospital, Lima. She succeeds Miss Margaret B. Mateer.

The Toledo contagious disease hospital was opened September 1st to infantile paralysis victims. Sufferers from the disease will be kept in the hospital three weeks following the subsiding of acute symptoms.

The Cleveland hospital council will invite the American hospital association to hold its 1917 convention in Cleveland. The association held its 1916 meeting in Philadelphia and a number of hospital executives from Ohio attended.

The 1916 meeting of the Ohio Hospital Association will be held in Columbus, May 22, 23 and 24. Headquarters will be established at the Deshler hotel and the meetings will probably be held at Memorial Hall. Arrangements are being made for an extensive exhibit of hospital equipment.

Cleveland hospitals will oppose the passage of an ordinance by council, providing for the licensing of elevator operators. Howell Wright, secretary of the Cleveland Hospital Council, says the ordinance would work a needless hardship on institutions where automatic elevators are operated 24 hours a day.

State hospital attendants meeting in Columbus Sept. 1, formed an organization which will make an effort to secure an advance in wages for all civil service hospital employees who receive \$30 a month, board, room and laundry, or less. There are more than 1400 men and women on the pay rolls of the state hospitals. Of this number, more than 700 would be affected by the increase the new organization demands.

The Springfield city commission has been requested by the board of trustees of the Springfield City Hospital to submit to the voters a pro-



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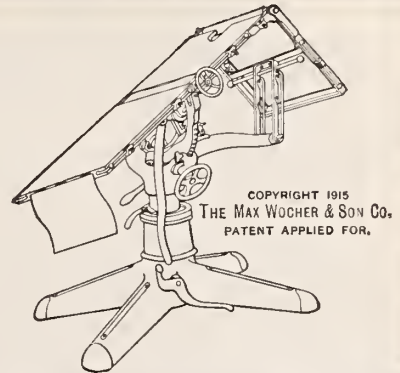
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3X5238. Gooseneck Forcep, constructed to keep handles outside the cheek. Full description on application.....\$4.00

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3X5237. Pillar Compression Forcep, handforged. For complete description, refer to Journal A. M. A., February 12, 1916....\$2.25

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posal to raise by a bond issue \$100,000 to be used in increasing the capacity of the institution. Improvements contemplated would practically double the capacity of the hospital. According to present plans, new wings would cost \$50,000, \$18,000 would be spent for contagious wards, \$10,000 for the enlargement of the nurses' home, and the remainder for equipment and repairs.

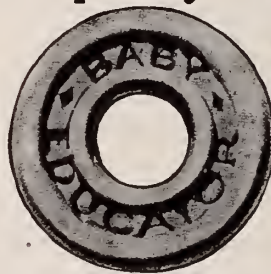
A telegraphic signal system has been installed in Cincinnati General hospital, which, according to hospital officials, eliminates much unnecessary conversation and is particularly advantageous when the telephone fails or is in use. The system consists of a complete telegraph outfit, with an exchange in the main office and more than 200 instruments scattered throughout the buildings. The same wires are used for telegraph as for telephones and the telegraph exchange is operated by the person who is in charge of the telephone exchange. By using a simple number code, persons may be called and dispatched to any part of the institution. No previous experience in receiving or sending telegraphic messages is required to operate the instruments.

Says Eclectics Should Favor School Inspection

At the last meeting of the National Eclectic Medical Association, Dr. H. A. Shafor of Detroit, urged the extension of medical inspection of school children and outlined the good results obtained in his city. In the discussion that developed opposition to the system, some feeling that Eclectics should oppose school inspection. An Ohio member, however, is quoted as follows:

"It seems to me that we are opposed to too much. I remember that we did not accept the germ theory of disease for a long time, and to-day in certain localities our doctors tell us that their patients come in and say, 'You Eclectics do not believe in antitoxins, do you?' I believe as a school we should not be against the medical examination of school children. I believe that the real objection is that we do not happen to be appointed school examiners. In the town where I practice there is another man who is in the ear, nose and throat line who is the examiner in one of the largest schools in the city, and, while he may have gotten an occasional case that he would not have gotten if he had not been examiner, the good that has resulted from his examination, both to the children, the parents and the State, has been very much more than any loss I might have suffered. I believe the State will take more interest in its children than before. I believe we are going to have appropriations along this line as well as appropriations to improve certain breeds of swine and cattle. We spend thousands of dollars to eradicate hoof and mouth disease in cattle, but how much to eradicate defective hearing and vision in children?"

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We have the largest stock of Pharmaceuticals in the Central States. Everything in Serums and Vaccines—Mulford's, Parke-Davis and Shermans lines. Oxygen and Nitrous Oxide, and everything else.

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Cause and Effect of Great Importance in the Treatment of Infections

Dead or devitalized organisms rapidly produce immune bodies. PROPHYLACTIC IMMUNIZATION has demonstrated this fact; therapeutic inoculation is doing so in ACUTE and CHRONIC INFECTIONS. An adequate immunity can be more rapidly established by the use of a vaccine during the course of an infection than from the infection itself.

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Gonorrhoea complement fixation test.....\$5.00
(Send 3-5 C. c. of blood)

This serologic test is the very best means of determining the presence or absence (cure) of chronic gonorrheal infection.

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Mt. Vernon Tuberculosis Sanatorium Report Shows Need of Earlier Diagnosis: Also, of Hospital Provision for Children

In connection with his annual statistical report to the state board of administration, Dr. Stephen A. Douglass, superintendent of the Ohio State Tuberculosis sanatorium at Mt. Vernon, makes the following statement:

"The demands for admission to the sanatorium have steadily increased and during this period (July 1, 1915, to June 30, 1916) there has been a constant waiting list. Three hundred and fifty-three patients have been accepted and 348 patients discharged. The average daily population was 166 for the year which is somewhat in excess of our normal capacity. The average duration of treatment for those who remained over the probation period was 6.3 months. There was present at the institution June 30, 1916, 159 patients. * * *

"The regime employed at the sanatorium has not been modified essentially during the past years and may be comprised under the following headings:

"First—Dietetic-hygiene treatment, which includes an unremitting medical supervision particularly as to rest and exercise in the open air and a properly constructed diet. Under this is

included such medical treatment as is indicated for the correction of intercurrent complications and such local treatment as may be required.

"Second—The employment of tuberculin and artificial pneumothrax in suitable cases and according to special indications.

"Third—The employment of graduated exercise for the purpose of indicating and controlling auto-inoculation, accomplished by walking and systematic labor individualized and under strict medical supervision.

"While a much larger per cent of apparently arrested patients could be shown had our applicants been incipients or early cases on admission, the fact remains that the incipient manifestations of advancing disease make it imperative. *It is apparent that the incipient case, the favorable case, is the neglected case and it is deplorable that our histories show delayed diagnosis averaging nine to ten months from the onset of the symptoms before a diagnosis is made.* * * *

"One thousand five hundred and seventy-five patients have been discharged from the sanatorium. A survey of the 100 patients discharged from the sanatorium has recently been made and

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it is interesting. The discharge period covers five years. The greater per cent of the patients were moderately advanced and advanced cases (Turban stage 2 and stage 3) on admission. Sixty per cent are living and of these approximately 40 per cent had been restored to a working capacity; 20 per cent were incapacitated and 40 per cent were "lost" or had died. This data conforms quite uniformly with the subsequent history records of other and older institutions.

"A study of our records shows that many have been restored to permanent, full working capacity; many to part time capacity and many others to temporary working capacity in full or in part.
* * * *

"The division of tuberculosis of the state department of health through their supervising nurse and visiting nurse, are keeping an accurate record of our discharged patients. This post-sanatorium supervision will prove of great value to the patient and will be an important factor in protecting him against relapse.

"There has been a steady demand for the admission of children since the opening of the institution. The admission of children to wards for adults tends to spoil the children and harass the adults, and yet their refusal usually means a denial of opportunity for recovery. We have never felt that children under the age of 15 should be associated with adults in an institution, since the influence of adults is frequently bad on the children and the presence of the children detrimental to the peace and quiet of the adults. We therefore recommend and urge that means be provided in the future for the proper care of tuberculosis children at the sanatorium."

Dr. Douglass' report shows that 195 men and 158 women were admitted during the year. The total number under care was 513, of which 272 were men and 241 women. Of those dismissed, 36 cases were arrested, 23 apparently arrested, 51 quiescent, 115 improved, 116 unimproved, five not tubercular and two died, making a total of 348. The average daily attendance was 166.

Clerks comprised the largest group of any one occupation received at the sanatorium. Eighteen of these were admitted. Other large groups were: farmers, 14; laborers, 14; students, 12.

Annual Reports of State Hospital Heads 'Bring Out Interesting Points

According to the report of Dr. G. H. Williams, acting superintendent of the Columbus State Hospital for the year ending June 30, 1916, the number of patients admitted was 601. This number is far in excess of the number admitted in any previous year and raised the daily average to 1826. The percentage of recovery based on admissions during the year was 31.1; the death rate, 7.2.

"We have had some very rare and interesting cases admitted during the year," Dr. Williams re-

An Energy Producing Food

It is of vital importance in severe cases of marasmus and other malnutrition disorders in infants, that the food given be easily and completely assimilated, supplying at the same time sufficient Energy and Body Heat.

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by clinical trial in these usually discouraging conditions will prove its value—producing prompt gain—thereby carrying your little patient over the critical period.

Samples, Analysis, Feeding Charts in any language, and our 52-page book, "Baby's Welfare," mailed upon request.



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"Leaders of Quality"
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ports. "We have thought best to classify under endocrinopathies, two women whose goitreous condition was undoubtedly the main factor in their mental disorder. We have also placed under this heading one man—a case of Addison's disease with mental complications.

"Under the toxic group, we have admitted one man whose condition was due to the use of cannabis indica, and two whose condition was the result of influenza.

"We have thought it best to use the terms dementia praecox and schizophrenia interchangeably and have classified one male schizophrenic under the dementia praecox heading.

"We have not used the term paranoia but in its stead, paranoid states. In the number classified under this heading, there are undoubtedly some cases, which, in times past, we would have considered paranoia. We have seen two or three of these cases, during the year, show very marked improvement and have felt justified in discharging one of them as recovered. We believe this is in accordance with Kraepelin's last work when he speaks of the recoverable types of paranoid conditions.

"Under the manic depressive group we have seen fit to add the cyclothymiac and under this heading have included one man and two women.

"We have made a separate heading for syphilitic brain diseases and instead of placing the dementia paralytica group by itself, have considered them under the main heading of syphilitic brain conditions. We believe this is the proper place for these conditions as it has been proven beyond a doubt that all paresis is due to the spirochete pallide and not the meta or para-syphilitic conditions. There are seven men whom we classified as cerebral syphilitic or cerebral syphilitic endarteritis. Seven of these patients showed pronounced improvement under anti-syphilitic treatment, whereas the cases of true paresis did not.

"We have also had two men in whom we regarded syphilis as the psychic trauma with the resultant mental depression, and who have shown pronounced change for the better. Each year shows an increase in the number of cases of paresis and of those admitted this year—57 men and 17 women—the demented type was far in the majority."

NEW FACILITIES NEEDED AT SANDUSKY

A plea for new sanitary and hospital equipment and a tubercular ward is contained in the annual report of General W. R. Brunett, superintendent of the Ohio Soldiers' and Sailors' Home at Sandusky. The report says: in part, that present quarters for the tubercular sick can only be used in a partially satisfactory manner during the cooler season of the year. The summer months make this situation almost beyond endurance.

CLEVELAND STATE HOSPITAL

The report of the Cleveland State Hospital for

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SPUTUM
EFFUSIONS
STOMACH
CONTENTS
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Always specify

Horlick's, the Original
and avoid substitutes

➔ A readily assimilated form of sugar ➔

Mead's Dextri-Maltose

(Maltose 52% — Dextrin 41.7% — Sodium Chlorid 2% — Moisture 4.3%)

Supplements the carbohydrate deficiency of cow's milk. Used in all milk mixtures in the same proportions—by weight—as sugar of milk.

With this preparation a definite diet having a known calorific value and suited to the individual patient may be prescribed.

The infant can assimilate about twice as much Malt Sugar (Mead's Dextri-Maltose) as either milk or cane sugar.

Fully descriptive literature and samples free.

MEAD JOHNSON & CO., Evansville, Indiana

the year ending June 30, 1916, by Dr. Arthur G. Hyde, superintendent, shows that 594 patients were admitted and the percentage of recoveries was 48.8. "The apparent high recovery rate is due to the fact that at the end of our short period we carried a larger number of visitors than usual over into this year. This, together with the fact that a larger per cent than usual were suffering from manic depressive insanity accounts for this high rate of recovery."

Wassermann examinations of those admitted during the year showed that 20 per cent were suffering from syphilis. These are now receiving anti-syphilitic treatment.

How Does This Compare With Some Optician's Advertisements?

In view of the unwarranted claims made by many optometrists and opticians in newspaper advertisements published last month incidental to the re-opening of the public schools, it was decidedly refreshing to note the following display advertisement in the Columbus papers:

OF IMPORTANCE TO PARENTS

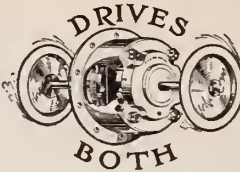
The great number of children recently brought to us for examination of the eyes, causes us to announce that we **MAKE NO EXAMINATIONS OF CHILDRENS EYES, KNOWING** that such examinations should be made by **OCULISTS ONLY.**

Twenty-five years of observation and experience in the making of and caring for children's glasses, has shown the possible harm in permitting glasses to be furnished by the optician or optometrist, unless the examination has been under the influence of a mydriatic, which can be administered only by a registered physician. To those who cannot afford the service of an oculist, arrangements can be made through the Board of Education to have the work done at a nominal price.

THE C. O. HAINES CO., OPTICIANS

Radio-Rem.—The Council on Pharmacy and Chemistry reports that those who are well informed on the subject of radium therapy are of the opinion that the administration of small amounts of radium emanation, such as those generated by certain outfits, is without therapeutic value. Having voted not to admit to New and Non-official Remedies any radium emanation generator which produces less than two microcuries of emanation during 24 hours, the council voted not to accept Radio-Rem outfit No. 3, Radio-Rem outfit No. 2 and Radio-Rem outfit C, each of which is admitted to produce less than 2 microcuries of emanation per day. (Jour. A. M. A., Aug. 19, 1916, p. 631.)

Dr. Fred L. Rhodes (O. S. U. Medical Department, 1916,) is serving as city physician and senior house physician in the city hospital at Jackson, Michigan.



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"THE BEST NON-SKID DEVICE ON THE MARKET."

That's what dozens of physicians—men who have to drive their cars over all roads and in all weathers—have told us.

The positive drive to both rear wheels does eliminate skidding, slipping and sidesway, besides saving fuel and tires. And you can pull easily through had spots ordinarily impassable.

Why not put a Bailey Differential on your Ford, Overland or Chevrolet 490? If you are not entirely satisfied at the end of 30 days, your money will be returned.

See your supply house, or write for circular.

GEARLESS DIFFERENTIAL CO.
920 Woodward Ave. Detroit, Mich.

Thirteen Doctors Seek Legislative Honors

The official roster of candidates for the House and Senate (the General Assembly which meets in Columbus next January) shows that four physicians are candidates for seats in the Senate and nine for seats in the House. These candidates were nominated at popular primaries held in August, and will go before the electors at the general election in November. The list follows:

REPUBLICAN

Allen—Albert H. Herr, Lima.
Franklin—Louis C. Benkert, Columbus.
Geauga—Wm. P. Ellis, Thompson.
Jackson—W. S. Hoy, Wellston.
Noble—Dr. L. F. Cain, Caldwell.

DEMOCRATIC

Ashtabula—I. H. Pardee, Ashtabula.
Crawford—Edward D. Helfrich, Galion.
Defiance—R. B. Cameron, Defiance.
Delaware—A. F. Potter, Leonardsburg.

The following are the physicians who were nominated for seats in the State Senate:

REPUBLICAN

5-6—U. G. Murrel, Wilmington.
12—Van S. Deaton, Troy.
24-26—J. V. Winans, Madison.

DEMOCRATIC

13-31—B. E. Baker, Milford Center.

The election is next month. Every medical society in the state, before election day, should consider the standing of candidates for these important offices.

The tremendous profits which accrue to companies which promote the widely advertised patent medicines is proverbial. The Dayton *Journal* recently reported that the Cooper Medicine Company, which it describes as "one of Dayton's great commercial enterprises," has sold to a subsidiary corporation the right to distribute *Tanlac* in the Dominion of Canada and the states of California, Washington, and Oregon, for the sum of \$100,000.00. The products of this Cooper Company are sold in this country through twenty-three similar agency companies.

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THEY ARE HEALERS, NOT PHYSICIANS

We are delighted to report that the State Medical Board has taken prompt measures to keep the newly-fledged "limited practitioners" within the bounds prescribed by the Platt-Ellis law. At its meeting on October 3, the Board discussed at length the noticeable tendency of these practitioners to assume that they had been licensed as physicians and surgeons. By unanimous vote the Board directed Dr. Matson to employ a corps of investigators, and to inaugurate an immediate statewide campaign in an effort to protect the public against the ambitious practices of these healers.

In *The Journal* last month we outlined the limitations upon the practices of chiropractors and others imposed by the Platt-Ellis statute. Further, we called the attention to several instances in which these healers are over stepping the bounds prescribed by law—one of their leaders having announced that chiropractic is a cure all for infantile paralysis.

The Board is fully alive to the dangers of the situation. Many of these healers have had little or no education, and secured their certificates by virtue of the liberal exemption clauses which were forced into the bill. The Board expressed the determination to take complete charge of this situation at the start, and by prompt prosecution to relieve these practitioners of the idea that they have been admitted to unrestricted practice.

The Platt-Ellis measure provides means by which these licenses may be revoked. The Board is determined to enforce these provisions to the limit and has given Dr. Matson a free rein in developing such prosecutions. As an indication of

its earnestness in the matter, the Board voted to hold monthly instead of quarterly meetings for the next few months, so that violators caught in the net spread by its special investigators may be given a prompt hearing.

This is by no means a campaign of persecution. Chiropractors will be permitted to practice chiropractic—whatever that is. A magnetic healer will of course be permitted to continue his fine art of magnetic healing. But they are to be held within the limits of these practices, as defined by the law and the regulations of the Board—which have the full effect of the law.

The better class of chiropractors and other healers have no objection to this attitude by the Board. They realize that if their practices are to endure, they must stand on their merits; but a large number of those who were licensed under these exemption clauses seem to regard these licenses merely as a back door entrance to the unrestricted practice of medicine. These are the gentlemen (and ladies) the Board is after.

Incidentally, these special investigators will be of great value in rounding up the medical crooks in the state. For the past two years the Board has been so busily engaged inaugurating its systems of nurse registration and cult licensure that it has had little time to devote to this gentry. The result has been of course, that our quacks have assumed an attitude of unusual boldness. Proceedings against them started last month with the revocation of the licenses of two so-called "United Doctors." Several of somewhat similar reputation are candidates for early action.

The Board has plenty of money available to prosecute this work to the limit. Now is the time.

A PRACTICAL PROPAGANDA IN SEX HYGIENE

A new line of educational propaganda has been inaugurated under the auspices of the State Association, through its Committee on Venereal Diseases. The Committee which was appointed recently by President Gibbon, met at Columbus some time ago and decided upon a program. Its efforts will be directed toward educating both the public and the profession to a better realization of the tremendously important sex-hygiene problems. It does not contemplate legislation of any sort. It will act entirely on the theory that legislation without public sentiment is useless, and that where an intelligent public sentiment is aroused, legislation is unnecessary.

The Committee feels that the time has arrived for a state-wide educational propaganda along these lines. With that end in view it is now engaged in securing a list of speakers who are capable of discussing these matters before a lay audience. It is proposed to institute through the Association, a sort of speakers bureau, through which any organization may apply to our central office, in Columbus and be supplied with speakers qualified to discuss these questions. The committee, at its initial meeting, also considered the moving picture propaganda as it applies to the sex-hygiene field, and voted unanimously to co-operate with the better class of these plays.

It may seem to some that it is not necessary to educate the medical profession in these matters. The opposite is true. Many doctors seemingly fail to realize that the public is taking an interest in sex problems these days, and is demanding that the physicians become practically interested in the movement.

As a part of this propaganda, we are publishing this month a brief paper by Dr. M. L. Heindingsfeld, of Cincinnati, chairman of the committee. He outlines a case wherein a physician failed to make a proper diagnosis in connection with a premarital certificate, probably because of a careless examination. The result was that a damage suit was narrowly averted—and, if the fault was the physician's the same would have been richly deserved.

This case merits unusual attention by physicians. It illustrates the grave danger that we may fail to rightly judge and co-operate with this growing demand. Unless the doctors are prepared and willing to meet it, the profession will seriously suffer.

The Journal feels that there is an important place in the State Association for the Committee on Venereal Diseases. We thoroughly approve its plan to work along educational rather than legislative lines. There is far too much ill considered legislation.

The men on this committee have had in their private practice experience which fits them to em-

phasize the merit of the new propaganda and they should have the warm co-operation of all physicians. As soon as the committee's plans for public lectures are completed we will announce the same in the columns of *The Journal*. We trust that the county societies will aid in securing engagements for these lectures.

Dr. M. L. Heindingsfeld, of Cincinnati, is chairman of the committee, and Dr. C. A. Coleman, of Dayton, is secretary. The other members are: Drs. C. M. Harpster, of Toledo; C. E. Chenoweth, of Lima; H. N. Weller, of Akron; H. L. Sanford, of Cleveland; E. H. Jones, of Youngstown; C. J. Shepard, of Columbus; C. L. Jones, Springfield, and W. F. Marting, of Irontown.

THE STATUS OF OPTOMETRY

We have received several requests for a clear statement of the status of optometry under the Platt-Ellis law.

The State Medical Board holds that the Platt-Ellis law is broad enough to cover optometrists. After this statute became effective, the board in response to a demand from a number of optometrists made provisions for licensing them under its exemption waivers. A large number of optometrists (perhaps half of those practicing) filed these applications.

Under the Platt-Ellis Law the licensing of optometrists would be placed under the State Medical Board, and adequate provision is made to demand at least a fair preliminary education of those who enter this practice in the future. It might be explained that the better grade of optometrists favor this measure.

However, those who seek a separate licensing board of optometrists, entirely distinct from the State Medical board, control the State Optometry Association, and several months ago that Association filed proceedings in the Common Pleas Court of Franklin County asking that the State Medical Board be restrained from prosecuting optometrists for violating the medical Practice Act, and that it also be restrained from registering optometrists under the Platt-Ellis law. As is usual in such cases, the court granted a temporary restraining order, pending the final disposition of the case by the judge.

This status has continued (owing to the clogged condition of the court docket) for several months, but will likely come to trial within a short time, possibly this month.

The State Medical Board is preparing to resist the injunction, and will be represented in the proceedings by Attorney General Edward C. Turner. Hon. A. O. Dickey, Special Counsel in his office, has direct charge of the case.

THE CONTENTION OF THE OPTOMETRISTS is that their work is not the practice of medicine, in that they do not diagnose the pathological condition of the eye but merely measure the defect by purely mechanical means.

The broad questions which the court will have to pass upon are:

1. Is it customary for the optometrist to examine and diagnose the condition of the eye before fitting glasses?

2. Is it necessary for the optometrist to recognize pathological conditions of the eye before fitting glasses?

If the court is convinced, by the evidence, that a diagnosis of the pathological condition is necessary, he will dissolve the injunction; and the State Medical Board may proceed with the licensing of optometrists under the Platt-Ellis law, and the prosecution of those who refuse to take out licenses.

If the court, on the other hand, rules that the practice of optometry is merely mechanical, and not a branch of the practice of medicine, the Medical Board will of course be restrained from either licensing or prosecuting optometrists. If this decision should be reached it will mean redoubled efforts by the organized optometrists to secure a separate optometry law in the next Legislature.

Optometry journals announce that the entire resources of the organized optometry interests will be directed this year to securing separate boards in Ohio, Pennsylvania, Missouri and Texas—the four large states which have successfully resisted to date these raids upon systems of honest medical licensure.

THE SCIENCE OF MAGNETIC HEALING

The utterly absurd practices of the so-called healing cults, several of which are recognized under the Platt-Ellis law, was clearly demonstrated to the board on October 3 when one Eli Wonderly, Jr., of Defiance, appeared to argue his case after the board had refused to grant him a license to practice "magnetic healing."

Mr. Wonderly told the board that he had followed in the footsteps of his father, and admitted that he had never had any special training other than parental instruction. When questioned as to how he recognized disease he declared that he never diagnosed.

"I don't give any medicine. I just lay my hands on the patient and keep them there for about half an hour, giving them my vitality," he said, "It seems that the power in my body is transferred to the patient, as near as I can make it out."

Dr. Upham inquired as to his explanation for this strange healing power. Mr. Wonderly replied: "As near as I can figure I am made use of by doctors and chemists now dead who healed the sick while they were on earth; they now operate through me, using my body."

It did not require many minutes for the board to decide the case. Mr. Wonderly did not get a license.

EDITORIAL STATEMENT

State Association dues for 1917 must be paid within the next sixty days.

In years past many county society officers have postponed the collection of dues until just prior to the state meeting. Before our Medical Defense plan was instituted this was a matter of relative unimportance. With Medical Defense in operation, however, *it is absolutely necessary that state dues for next year be paid and received at the state headquarters of the Association before midnight of December 31, 1916.*

Unless this is strictly adhered to it will cause serious and annoying entanglements later in the year. Failure to observe this order of Council may cause members to forfeit their rights to defense under the state society's new plan, in the event they are sued for civil mal-practice.

We strongly urge that the matter of dues be taken up at the next meeting of every county society. If it is necessary to change your by-laws regarding the local collection of dues, do so at once. Nothing should be permitted to interfere with their collection prior to January 1, 1917.

This year every member will get a receipt stamped with the date upon which the assessment *was received at the State Association's headquarters.* This dated receipt will be accepted as final by the Committee on Medical Defense. No officer or committee of the State Association will be permitted to deviate in any way from the ruling.

If the treasurer of your county society is not alive to the importance of this new regulation, bring it to his attention. This situation may develop: Your state dues for 1917 may not be paid until February, 1917. It may be that during the month of January, 1917, you will contract mal-practice suit. If your State Society receipt does not show that your dues were paid prior to January, the first, the State Association cannot by any possible means undertake your defense.

With Medical Defense in operation, the payment of state dues is of the utmost importance.

TAX DODGING AND PUBLIC HEALTH

As citizens, and as physicians who are deeply concerned in the improvement of the public health, we should take an interest in the serious situation that is facing practically every city in Ohio.

The limitation of taxing imposed by the one per cent law has made it impossible for the cities to secure enough revenue to meet current expenses. This, in connection with the heavy bonded indebtedness, the interest on which makes

tremendous inroads annually, has made it necessary for all cities to cut current expenses. Of course the work of the health departments has been among the first to suffer.

Some relief must be given. The Smith one per cent law has such a hold on the rural voter that it cannot be modified in the Legislature. In fact, the platforms of both political parties have slurred the question in a vague and indefinite way.

It has been proposed that the revenues from certain special taxes—particularly from saloon and automobile licenses—be diverted from the general revenue funds to the city treasuries where the money is collected. This may help. But, of course, the tax dodger is chiefly responsible. If every person would make an honest tax return, and divide these burdens equally, the difficulty would be eliminated.

The best minds in the state are working on this problem. When the Legislature assembles in Columbus in January it is probable that some solution will be offered. Let us work for this plan, even though resident in the rural communities where the need is not felt. Remember that the health of thousands of city dwellers is in jeopardy. And, more important, let's be a little more nearly honest in making our tax returns.

MORE WORK, BUT A GOOD CAUSE

Physicians are failing to report cases of occupational diseases to the state board of health, according to Acting Secretary Bauman. Since prompt reporting of such cases is a great aid in the work of the industrial hygiene division of the state health department, the acting secretary asks the co-operation of all physicians. The law under which the department is fighting this class of diseases was passed by the Legislature in 1913, and provides that every physician attending on, or called in to visit a patient whom he believes to be suffering from poisoning by lead, phosphorous, arsenic, brass, wood alcohol, mercury, or their compounds, or from anthrax, or from "compressed air illness," or any other ailment or disease contracted as a result of the nature of the person's employment, shall report the same to the state board of health within 48 hours, by mail, on standard schedule blanks provided by the board.

Such reports, the secretary explains, cannot be used as evidence in any legal action. Postage is returned to physicians sending in reports. No fee is provided and there is no penalty, but the elimination of occupational diseases in Ohio depends in a large measure on reports received from physicians.

We admit that, nowadays, far too many reports are required. The average physician almost has to become a bookkeeper. But in this case the value of the work overshadows the bother of the task. A great new field of medicine is being opened. We should all co-operate to the fullest extent.

DR. CRILE'S ESTIMATE OF DR. MURPHY

One of the finest tributes to the late John B. Murphy is by Dr. Crile in the October issue of *The Cleveland Medical Journal*:

"On August 11, 1916, the world lost one of its greatest surgeons and the American surgical profession its leader. Yet, while the loss to his community, his associates' and the surgical world cannot be measured, his was the enviable lot of the great worker who leaves in the midst of his activities with spirit, power and influence unabated by age or other infirmities.

"The Murphy Clinic' was the Mecca to which surgeons from all parts of the United States and from foreign countries looked for inspiration. His clinical talks, in their lucidity, logical deductions and originality, were unequaled; and from no other clinic have there issued so many original and practical contributions to surgery. Dr. Murphy's *dicta* regarding new procedures were always accepted with confidence in the knowledge that before applying them himself every step had been verified by painstaking experimentation.

"There is no surgical field which has not been influenced by his master mind—no one can think of surgery of the abdomen, the lungs, the nervous system, the bones and joints, without at once connecting the name of Murphy with some vital contribution to each field.

"His greatness was never more exemplified than by the courage of his last months, when in the grasp of an illness, itself the result of his unremitting and great labors, he still continued to extend his services to his patients and to teach in clinic and by publications.

"We may well regret the loss of the achievements which in the light of his past accomplishments might well have been expected during the additional years of life which should normally have been his. Although his surgical practice was limited to thirty-seven years, yet he accomplished enough in that time to make him the greatest surgeon of his time."

REAL PRAISE

This from the October issue of *The Journal of the Michigan State Medical Society*:

"We cannot desist congratulating the Indiana and Ohio doctors on their having such splendid publications and their good fortune and foresight in selecting such capable editors. There are a goodly number of excellent state journals but these two represent and reflect a progressive profession and keen businesslike and commanding editors. We bow again in respect and admiration

The praise is particularly appreciated because of its source. The *Michigan Journal* has long been regarded as one of the very best in the country.

DR. GORSOLENE'S TROUBLES

If you are a reader of the *Cleveland Plain Dealer* or the *Cleveland Leader* you probably have noticed lately the absence of the full page display advertisements of one Dr. James M. Gorslene, in which the merits of the so-called Electro-Medic Institute of Ohio were set forth in large type, accompanied by the usual testimonials.

Further, if you have been in Cleveland recently you may have noticed the elaborate offices on Euclid Avenue which were occupied by this alleged institute now present a rather deserted and desolate appearance.

The answer is that Dr. Gorslene has transferred his "institute" to Cincinnati. Several interesting incidents preceded this change.

When Gorslene started his heavy advertising campaign in Cleveland a year or so ago he, of course, did a large business. It finally assumed such proportions that he moved into a suite of offices that occupied an entire floor and included some forty special treatment rooms. Last Fall, when a representative of *The Journal* visited his establishment, he found it running in full blast with patients aplenty.

We were somewhat surprised, therefore, to learn that Dr. Gorslene had transferred his activities from the apparently lucrative Cleveland field. However, a glance at the docket of the Common Pleas Court of Cuyahoga County throws some light upon his case, and suggests his reasons for leaving.

Early in the year his wife, Mrs. Mae B. Gorslene, through her attorneys filed suit for absolute divorce, requesting alimony and the custody of their children. On September 5th this degree was granted, and Gorslene was ordered to pay alimony in the sum of \$100.00 per month.

About this time a suit for civil mal-practice was filed against Gorslene by one Anton T. Smith, formerly of Elyria, who in his petition charges that Gorslene claimed to have used the X-ray on his injured shoulder, but that the subsequent treatment, and particularly the result, indicated that he had failed to recognize the exact nature of the fracture. This must have been somewhat of a blow to the good doctor, for his advertising is built around his claims as an X-ray specialist.

It seems that Mrs. Gorslene's attorneys were a trifle uncertain about the security of the alimony payments. At least, they filed a petition with the court requesting that a receiver for the Electro-Medic Institute be appointed. This was done, late in the summer, on representation that Gorslene had left the city and that the high rent of the rooms occupied would soon swallow the assets.

When the receiver took charge he attempted to sell the business as a "going concern." Buyers were *nil*, however, and besides, about this time the Vincent-Barstow Company (a Cleveland furn-

iture house) swooped down and removed most of the ornate office fixtures—which had not been paid for.

Now the receiver is busy trying to sell what is left for enough to pay the creditors. While a list of the latter has not been filed, we have a suspicion that *The Cleveland Plain Dealer* and *The Cleveland Leader* are included in the number—unless Gorslene paid cash for his advertising. Of course, we hope that this isn't true, but * *

So, it seems, that there are reasons why the good doctor transferred his operations from Cleveland to Cincinnati.

We wouldn't devote so much space to these more or less personal matters, were it not for the fact that in Cincinnati he is trying the same tactics that marked his Cleveland practice—the same scare-head advertising, the same "cut price" treatment plan, and even the same old "testimonials."

FORM LOCAL PROTECTIVE LEAGUE

In order to protect themselves, as well as the patients who pay their bills, against the so-called "dead beat," Greenfield physicians have formed the Physicians' Protective League of Greenfield. The following resolutions and fee bill, adopted by the League, became effective November 1, 1916:

"Each physician shall keep an accurate account of the names of patients who call upon him for medical attention and at the end of each month shall furnish the Secretary of this League with a list of each patient who refuses to pay his bill without some reasonable excuse. Said list shall be compiled by the secretary and a copy sent to each physician as a reference list, thereby keeping each physician acquainted with the financial standing and credit of such patients.

"Each physician agrees to refuse such patients any medicine or medical aid of whatsoever kind until he first makes satisfactory settlement with the doctor or doctors that he or she already owes."

A new fee bill was adopted, establishing one dollar as the rate for day calls, \$1.50 for calls after 9 P. M. (with the usual addition of mileage for country practice), and a minimum of \$10.00 for obstetrical cases.

WILL TEST PAY PATIENT LAW

The constitutionality of the pay patient law, under which the state annually collects thousands of dollars from relatives and guardians of patients confined in the various state hospitals, will be determined in a suit brought by Attorney General Turner at Mt. Vernon to collect a claim for the care and maintenance of a patient at the Columbus state hospital. C. M. Rice of Mt. Vernon, guardian of the patient, refused to pay the state's claim, contending that the law is unconstitutional.

Original Articles

Congenital Hypertrophic Stenosis of the Pylorus from a Medical Viewpoint*

E. W. Mitchell, M. D., Cincinnati, Ohio

PROBABLY the earliest clear description of a case of this disorder was made in 1788, by an American physician, Dr. Hezekiah Beardsley. It was resurrected by Dr. Osler from the earliest volume of medical transactions issued in this country, entitled "Cases and Observations by the Medical Society of New Haven, Conn., J. Meigs, 1788," and published in the Archives of Pediatrics, May, 1913. This very interesting account, with its sidelights on old ideas, is well worth quoting. It is so succinctly written that it can be but little abbreviated in the quotation.

"A child of Mr. Joel Grannis, a respectable farmer in the town of Southington, in the first week of its infancy, was attacked with a puking, or ejection of the milk and of every other substance it received into its stomach almost instantaneously, and very little changed. The feces were in small quantity and of an ash color, which continued with little variation till its death. For these complaints a physician was consulted, who treated it as a common case arising from acidity in the *prima via*; the testaceous powders and other absorbents and correctors of acid acrimony were used for a long time without any apparent benefit. The child, notwithstanding it continued to eject whatever was received into the stomach, yet seemed otherwise pretty well, and increased in stature nearly in the same proportion as is common to that state of infancy, but more lean, with a pale countenance and a loose and wrinkled skin like that of old people. This, as nearly as I can recollect at this distance of time, was his appearance and situation when I was first called to attend him. I was at first inclined to attribute the disorder to deficiency of the bile and gastric juices, so necessary to digestion and chylification, joined with a morbid relaxation of the stomach, the action of which seemed wholly owing to the weight and pressure of its contents, as aliment taken in small quantities would often remain on it, till, by the addition of fresh quantities, the whole, or nearly all, was ejected; but his thirst or some other cause, most commonly occasioned his swallowing such large draughts as to cause immediate ejection, and oftentimes before the cup was taken from his mouth. It did not appear that he was attended with nausea or sickness of his stomach. A number of most respectable medical characters were consulted and a variety of medicines were used

to little or no effect. His death, though long expected, was sudden."

"(P. M.) On opening the thorax, the oesophagus was found greatly distended beyond its usual dimensions in such young subjects; from one end to the other of this tube, between the circular fibers which compose the middle coat, were small vesicles, some of which contained a tablespoonful of a thin, fluid like water, and seemed capable of holding much more. I next examined the stomach, which was unusually large, the coats were about the thickness of a hog's bladder when freshly distended with air; it contained about a wine pint of a fluid exactly resembling that found in the vesicles before mentioned, and which I supposed to have been received just before his death. The pylorus was invested with a hard, compact substance, or schirrosity, which so completely obstructed the passage into the duodenum as to admit with the greatest difficulty the finest fluid, whether this was the original disorder, or only a consequence, may perhaps be a question. In justice to myself I ought to mention that I had pronounced a schirrosity in that part for months before the child's death."

It will be observed Dr. Beardsley raises the question at this day still in dispute as to whether the "schirrosity" was "the original disorder or only a consequence."

Williamson, in 1841, is usually credited with the first record of such a case.

Heinrich Lauderer, 1879, (Br. M. Jr., July 11, 1908), published a thesis for the degree of M.D. in the University of Freiberg, on congenital stenosis of the pylorus, reporting a case of a man forty-five. He later collected nine similar cases with stenosis which he believed to be of congenital origin.

In 1885, Prof. Rudolph Maier (Virchow's Archives, Bd. CII, S. 413) reported thirty-one cases (P. M.) that he believed to be congenital, the patients being from twelve to seventy-five years of age.

Maier divided these cases into two groups: (1) A simple form, in which narrowing of the pylorus was found, without thickening; (2) A combined form in which narrowing was found with much thickening.

Several operators have noted in adults cases corresponding to the divisions of Maier. The "simple" form has not so far been described in infants. The evidence is not clear that either

*Read before the Joint Session of the Medical and Surgical Section, Ohio State Medical Association, in session at Cleveland, May 18, 1916.

of these divisions in adults is congenital, although it seems probable.

To Hirschsprung, the Danish pediatricist, we are indebted for the first clearly drawn clinical differentiation of the disease in infancy. He reported two cases in a paper read before the German Pediatric Society in 1887. In Great Britain attention was called to it by the writings of John Thompson of Edinburgh in 1896.

The picture having thus been drawn, a gradually increasing number of cases were reported. In recent years the number of cases reported has been so great that a recapitulation would not be profitable. Instead of being a very rare disease as formerly considered, it is now recognized as a comparatively frequent one—not because the disease has increased, but because we have learned to diagnose it.

Discussions of the etiology of pyloric stenosis are, in the present state of our knowledge, mainly academic. Why eighty per cent of the cases occur in boys, and why most of the children are first-born, we do not know. The real cause of the hyperplasia we do not know. The statement that Nature in her effort to build a strong pyloric sphincter has overdone herself, is not an explanation. That the hyperplasia is indeed congenital would seem to be fairly well proven, since it has been found in its characteristic form and fully developed in the fetus stillborn at term. In some cases the symptoms have developed very soon after birth, and as in the vast majority of cases symptoms develop within from two to four weeks after birth, it is scarcely conceivable that the degree of hyperplasia found at operation should have developed within that period. Admitting that at the time of birth there is already a greatly thickened pylorus, it is not hard to believe that this thickening should offer a certain amount of resistance to the free emptying of the stomach, thus inducing more vigorous contractions of that organ. "This abnormal contraction soon causes the mucous membrane to become thickened and edematous and assume a more or less spiral arrangement as it passes through the narrowed pyloric channel of one-half to three-quarters of an inch. The result is a valvular action which gradually produces complete closure of the pylorus." (Downs.¹) This explanation which has been suggested by several writers, would seem to be the most logical of all the theories that have been set forth. It has been definitely proven that hyperacidity does not exist in most cases, and, therefore, cannot be a cause of spasm. That it is not due to indigestion or wrong food, is proven by the facts that most of the children have been breast-fed and that the onset is sudden without previous symptoms of indigestion.

Most of those whose observations have been at all extended now admit that no distinct line can be drawn between the spasmodic and the

hypertrophic cases, and agree that the probability is that a certain degree of hypertrophy exists in all cases that have well marked characteristic signs; that the differences in the cases are differences in degree rather than in kind. Two factors exist in all cases—hypertrophy and spasm—the two differing in degree in individual cases. The presence or absence of tumor does not enable us to divide the cases into hypertrophic and spasmodic, since tumor is sometimes detected in the cases which from the promptness of their recovery under medical treatment would on that account be classed as spasmodic, and in some of the cases afterwards found on operation to have a high degree of hypertrophy, no tumor had been discovered in the clinical examination.

Dr. Holt² states that in his experience hypertrophy has been invariably present at necropsy, and this is the general experience. Dr. Holt, in his excellent paper on the medical treatment says: "It would be well if the term 'pylorospasm' as defining a group of these cases were dropped from our nomenclature. Its use as indicating the sort of pathologic condition present has led to much confusion of thought on the subject, especially as regards indications for operation." He would divide the cases into the mild and the severe. Dr. Griffith states (personal communication) "that the early diagnosis between pylorospasm and pyloric stenosis is an impossibility."

DIAGNOSIS

The diagnosis is usually so obvious when once our attention has been drawn to the characteristic group of symptoms that one marvels that it was so recently that the disease was clearly defined. The onset is almost always sudden. In one of my cases the child was restless for two or three days before onset. In another there was loss of appetite. The vomiting is projectile; may occur immediately or soon after feeding, or may be long delayed, or occur only after several feedings, when the quantity ejected is much larger than that taken at the last feeding. Constipation soon follows, becoming more and more marked; in extreme cases the few stools being mucous with perhaps some blood. The child rapidly loses weight. The abdomen becomes flattened in the lower portion, and prominent in the epigastrium because of the distended stomach. The most characteristic of all signs is the peristaltic wave, looking like two balls rolling one after the other over the epigastrium from left to right underneath the abdominal wall. They are best seen soon after feeding; sometimes developed by lightly massaging or stroking the abdominal wall. Siphonage of the stomach several hours after feeding brings away a greater or less quantity of material. A tumor may or may not be found and diagnosis should not rest upon its finding. It is to be found a little to the right of the median line, felt as a firm mass

about the size of a filbert, by keeping the finger somewhat under the stomach and pressing from right to left, backward and against the spine. The röntgenogram is of very material assistance in confirming the diagnosis, and very interesting in the study of cases both before and after operation, but in a well-marked case is not necessary since the signs and symptoms are so characteristic that the diagnosis should be made without it. Early diagnosis is of extreme importance that correct treatment may be early begun. There can be no question that many cases have been lost, or have required surgical treatment, that might have been cured by medical treatment with early diagnosis and a correct medical treatment promptly instituted. Cases are overlooked, diagnosis and proper treatment delayed because the practitioner does not have the condition in mind. When a breast-fed child from two to five weeks old, without previous symptoms of indigestion, begins to vomit and then has frequent repetition of vomiting, without indications of error in the food, loses weight and has very scanty fecal evacuations, the conditions should be suspected and the practitioner can make no mistake if he should begin to treat such a case as though it might be one of pylorostenosis. Confirmation of the diagnosis by development of the peristaltic wave will not long be delayed.

The attempt to compile statistics in regard to the results of medical treatment is not very satisfactory because of the great differences in the figures given by different writers, as well as from the fact that most writers do not definitely classify their cases according to their greater or less severity. One author, for instance, states that fully fifty per cent of the cases treated medically, die. On the other hand many have reported a considerable number of cases with a very high percentage of recovery under medical treatment. Hutchinson³, for instance, some time ago reported twenty cases in private practice. Of these seventeen were treated at home, all recovering; three were sent to the hospital, two of them dying—eighteen recoveries in twenty cases. Heubner⁴ reports nineteen recoveries in twenty-one cases; Starck⁵, eleven in twelve cases; Bendix⁶, thirty in thirty-two cases.

In personal communications I have the following reports from several of my friends: Dr. Rachford reports twenty cases, nineteen by medical treatment alone, one operated on, all recovered; Dr. Friedlander reports ten cases with ten recoveries under medical treatment. On the other hand, Dr. Abt, of Chicago, in a personal note states that it is his impression that less than one-third of the cases recover under medical treatment. Ibrahim⁷ has reported thirty-six and one-half per cent recoveries under medical treatment. Dr. Holt², in his admirable paper on the Medical versus the Surgical Treat-

ment, reports twenty-nine cases, with twelve recoveries, a percentage of 41.3 per cent under medical treatment.

A suggestion as to at least a partial explanation of such diversities in statistics is found in comparing Hutchinson's report of his hospital cases with his report of those treated in private practice. The twenty cases with eight recoveries above referred to were cases treated in private practice. In sixty-four cases treated in the Children's Hospital of London, the mortality was 78 per cent, and he further states that the experience in the London Hospital is practically the same. His explanation as to this diversity is, first, that the hospital receives the worst class of cases, and secondly, that babies in the hospital bear hospital life badly, that they develop "hospitalism." I think it likely that a similar explanation will, at least to some extent, explain the diversities mentioned above. In private practice the children are very apt to be seen much earlier and to receive much more prompt treatment. I think it is also true that the men who are thoroughly versed in the handling of infants, those who are especially skillful in the feeding of infants, will have better success than the average practitioner who is not so thoroughly familiar with the best methods of caring for babies. The comparison of statistics of this kind, therefore, is hardly fair inasmuch as the character of the cases treated may differ widely, the conditions under which treatment is carried out be very diverse, and the individuals reporting may differ as to their ability in the treatment of children.

As an example of a considerable number of cases of all grades of severity treated in the same institution under the observations of one man, let us take the report of Dr. Holt as given in the paper already referred to. He reports fifty-seven cases of which he had personal supervision, most of them treated in the Babies' Hospital. Twenty-nine were treated medically and twenty-eight surgically. Of the former 41.3 per cent recovered. Of the surgical cases fifty per cent recovered. In this series the recoveries under surgical treatment were somewhat greater than under medical. But this no more means that all cases should be treated surgically, than does the fact that numerous observers have had from seventy-five to one hundred per cent recoveries under medical treatment mean that all cases should be treated medically.

CHOICE OF TREATMENT

In the choice of treatment another consideration besides the fact of death or recovery should have some weight, and that is the condition after recovery as the children grow older. The reports of both methods all agree that recovery is perfect and that extremely rarely are second operations required. Most of the recovered children following either surgical or medical treat-

ment, who have been watched for years afterward, have been found in good health so that in this respect there is no choice between the two methods. Naturally those men who have had a very high percent of recoveries following medical treatment are very strongly in favor of giving that method thorough and prolonged trial before resorting to surgery. Certainly the fact that so large a number do recover and remain well in after years does mean that medical treatment should first have a fair trial.

On the other hand the very large percentage of recoveries after surgical measures recently reported by such surgeons as Shattuck, Richter and Downs, when the cases are operated upon before they are too greatly exhausted, should be a lesson to the internist not to proceed with medical measures until the cases are *in extremis*. The decision as to just when the individual case should pass from the physician to the surgeon is one of the most difficult problems in pediatrics. It is complicated by the fact that not infrequently just when the physician has given up hope of cure, the child suddenly begins to improve and goes on to recovery. On the other hand, sometimes when a child seems to be doing fairly well under medical treatment, he suddenly dies. The chances of recovery from operation are greatly reduced if the child has been starved too long and surgery is made the *dernier* resort.

Some of the writers have laid down as a general rule that if the child has not shown a decided gain after a week or two of medical treatment, it should be operated upon. But this rule must have many exceptions, for in some cases to wait only two or three days after the child comes under observation, will be to lose the chance to save its life. It is only by carefully studying the results of the medical measures from day to day, that the decision can be made; and the physician and surgeon must use their best judgement, based on a careful study of all the available data, as to when the case should become surgical. The most important criterion is whether food in appreciable amounts is passing the pylorus.

If the child fails to gain in weight, if the aspiration of the stomach shows that there is no material reduction in the amount of retention, if the examination of the stools does not show that considerable food is passing into the bowel, if the X-ray does not reveal an increasing patency of the pylours, especially if the child is losing an ounce or two in weight daily, operation should be promptly made. It should be the aim of the physician to put the child into the hands of the surgeon before he is greatly reduced. I would modify this statement by one proviso and that is that an expert surgeon should be available. If not, I would prefer to take the chance of persistent medical treatment

since sometimes recovery will take place even after the child's condition has become desperate. When an expert surgeon is at hand I would not fail to have him operate on a child that may seem almost *in extremis*, inasmuch as some such cases have recovered.

The paper of my surgical colleague will show such great improvement in the recent work of expert surgeons that the physician will have less hesitancy in recommending operation in severe cases than was justifiable only a few years ago. I consider it very much in favor of surgical treatment that the recoveries are so prompt and the restoration to health so speedy. Recoveries under medical treatment require weeks of the most constant and persistent attention and the children are very much longer in becoming healthy and strong. There should be no controversy between physician and surgeon. The question is not whether medical or surgical treatment is the correct treatment for pyloric stenosis in infants, but the question is when does the medical case become surgical? They are all medical at the beginning.

MEDICAL TREATMENT

The first question which arises is as to the selection of food. Very commonly the practitioner who finds that a breast fed baby is vomiting, jumps to the conclusion that the mother's milk is disagreeing, and at once changes to some form of artificial food. This is usually a mistake. If the mother is giving a fairly good quality and quantity of milk, the breast milk should be used with some changes in the method of giving it. There is quite a difference of opinion as to whether the better results are obtained by very frequent feedings of small quantities or by infrequent feedings of larger quantities. In the mild cases I have had better results by prolonging the period of feeding to four hours and preceding each feeding by lavage of the stomach. In the severe cases, the children seem to have done better by giving quantities of a drachm to half an ounce every hour or two with lavage two or three times in the twenty-four hours. If the mother's secretion can be kept up by the use of the breast pump, it is a good plan to skim the mother's milk and give it by gavage at intervals of three or four hours, since for some reason fat free milk seems to be better borne by these children.* Of artificial foods my first choice is whey, as it avoids curds in the stomach. After feeding the child should be kept at rest with shoulders somewhat elevated to favor retention. Too frequent lavage sometimes seems to increase the spasm. From one to three times in the twenty-four hours is sufficiently often.

If artificial food is used there is perhaps some advantage in giving the feedings by gavage, since the act of swallowing itself stimulates

contraction of the pylorus. Sodium bicarbonate should be added to the wash water. To make up for the loss of fluids by the vomiting, normal salt solution should be given *per rectum*. Rectal feeding, I think, is of but little value, except it be the use of glucose *per rectum*, which I think is of considerable value. Five per cent of glucose may be added to the normal salt solution. Whether these enemata shall be given by the drop method or by giving two or three ounces at one time should depend upon which is better tolerated by the individual child. Of course the child should have the benefit of whatever adjuvant means may be indicated. Oil injections are of some value. The Germans are particularly partial to keeping warm compresses over the abdomen a great deal of the time. It is well to keep the child, the greater part of the time, in the open air, properly protected. Hypodermoclysis is sometimes of great assistance in supplying fluid to a greatly emaciated child. Drugs are of limited value. The judicious use of opium and belladonna is of value possibly in allaying spasm, certainly in relieving pain. However, it is remarkable how little pain these children seem to suffer. One of my colleagues who places

much emphasis on the element of spasm, has faith in *veratrum viride* for its relaxing effect.

That the medical treatment following surgical operation is of the utmost importance is obvious. The ultimate result depends as much on careful and judicious feeding as upon the surgery itself. It is most fortunate if the mother's milk has been conserved. The next best food is another woman's milk. When human milk is not available fat free cow's milk, properly diluted or peptonized or whey are the best substitutes. The feeding may be begun within a few hours after operation, in small quantities, gradually increased as the digestive organs gain in digestive capacity.

REFERENCES.

1. Downs, Wm. A., Pyloric Obstruction in Infants. Jr. Am. Med. Assn., June 27, 1914, p. 2023.
2. Holt, L. Emmet, Medical versus Surgical Treatment of Pyloric Stenosis in Infants, Jr. Am. Med. Assn., June 27, 1914, p. 2014.
3. Hutchison, Robert, Schorstein Lecture, Br. M. J., Oct. 8, 1910, p. 1021.
4. Heubner, Monatsch. f. Kinderheilk, Band 5, S. 355, 1907.
5. Stark, Zentralbl. f. Kinderheilk, 14 No. 5, 1909.
6. Bendix, Med. Klin., 48, 1909.
7. Ibrahim, J., Therapeut. Monatsch, 1908, p. 560.

*Tobler in examinations of gastric contents in pyloric stenosis found excess of fat (Monatsch f. Kinderheilk, October, 1907).

Congenital Hyperplastic Pyloric Stenosis from a Surgical Viewpoint*

Dudley W. Palmer, M. D., B. S., F. A. C. S., Cincinnati, Ohio

THERE are many cases of persistent vomiting occurring in infancy that belong in a distinct class and are a clinical entity which is best known as "Congenital Pyloric Stenosis of Infancy." The recognition of these cases is not the only problem before the profession; as great a problem is the realization that they are due to a definite mechanical cause. We must not only appreciate that mistakes undoubtedly have occurred in the past, due to failure to properly diagnose the condition, and are still occurring, but that a grave, if not a fatal error will be made if these cases are not considered as belonging to the mechanically obstructive type. The successes of modern surgery have convinced the most skeptical that early radical operation is the only course to pursue in every type of gastro-intestinal tract obstruction, whether partial or complete. It is my desire to try to convince you that all but the most mild forms of congenital pyloric stenosis are subjects for surgical intervention because they do belong to the mechanically obstructive class.

A clinical picture featuring a sudden onset of persistent vomiting of practically all ingesta; strong peristaltic waves; dilatation of the organ behind and collapse of those organs be-

yond the site of the suspected obstruction; palpation of a tumor mass at the site of the suspected obstruction; starvation stools; body dehydration; rapid and consistent loss of weight with death frequently ending the scene; such a picture can mean but one thing, and that a mechanical obstruction. The above symptomatology is pathognomonic, leading to but one conclusion. The previous essayist has dwelt at length on these symptoms, so that I have but to add the material evidence gained from the operating room or the post-mortem table; a material evidence that is convincing, for the added weight of the pathological findings can only confirm the clinical conclusion that relief of the mechanical obstruction is the sane course to pursue in a large proportion of the cases.

As far back as 1788 there was written the first description, in medical literature, of a condition known today as congenital pyloric stenosis. The keen observer made then the clinical diagnosis of a "scirrhusity," at the pylorus as a cause of the persistent vomiting of the reported case. The post-mortem made some months later confirmed the opinion. In hundreds of reported cases since then there has always been found the same definite cause for the symptoms. No case has been operated upon or examined after death, where these symptoms have been present, in which the anatomical findings have failed to

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Baby D.—40 days old. Note huge dilated stomach; 3 layers—bismuth—fluid-air. Poor risk, as stomach atonic. Doubled weight two months after operation.
Plate No. 2 taken one hour after No. 1. Vomited in interval. Rayed by Dr. W. M. Doughly.



Baby B.—Age 3 weeks. Note good gastric muscles shown by contracture of stomach walls on contents. Operation refused. Mild typical symptoms. After 9 months still has vomiting spells, and weighs 14 pounds. Rayed by Dr. Doughty.

show a plainly marked pyloric pathology. Reading these reports in the literature becomes monotonous because of the sameness of the anatomical description, and the only conclusion tenable is that a small percentage of infants are born in whom there is a sufficient departure from the normal at the pylorus to produce a syndrome demanding radical treatment directed toward a correction of that pathology.

Those men who have followed the largest number of cases to the operating table or post-mortem room, where the true condition is actually to be seen, believe the obstruction is based on a congenital anomaly due to over-development of the sphincter muscle of the pylorus, that is, a developmental hyperplasia. In Keibel and Mall's Human Embryology, page 380, Vol. II, is

the following on this subject from an embryological viewpoint:

"It appears to be established that the stenosis is not due to spastic contraction of a normal pylorus, since the muscle layer is actually thickened. The unknown conditions which normally induce the formation of the sphincter muscle have in these cases led to excessive development. Then, as Cunningham has recorded, the extremity of the pyloric canal protrudes into the commencement of the duodenum, presenting striking resemblance to the portio vaginalis of the cervix uteri. In the full term foetus the protrusion is more marked than in the adult and in cases of pyloric stenosis it is in all probability more pronounced."

Anatomically there is found at the pylorus a



Baby T. D.—Age 3 months. Very marasmic. Died without operation. Note failure of flacid stomach to contract on bismuth meal.

napkin-ring-like tumor that is of cartilaginous hardness and is from three-fourths to one inch in length with a diameter as great as an adult's thumb. This swelling has been compared in size and shape to an olive, peanut or pecan. It is freely movable and without adhesions or other evidence of any inflammatory reaction. The peritoneum is smooth and glistening and in the living, the tissue at this point is decidedly more pale and anaemic looking than that just proximally and distally. The duodenum and the intestines are collapsed. The stomach is more or less distended and the gastric walls are atrophic or hypertrophic depending upon the stage at which the condition is seen; the advanced marasmic cases show atonic dilatation to a very marked degree. The stomach in the late stages is nothing more than a big thin-walled flacid bag that has lost all power of muscular contraction. There is a marked difference in the early operated case, for the gastric muscle tone is still good and the peristaltic waves are easily demonstrable. Probably due to these powerful contraction waves the pre-pyloric tissue as well as the tumor itself may be oedematous.

The following pathological report by Dr. F. B. Samson is a typical example of the hyperplastic stenosis of infancy. This infant entered on the Childrens Service at Christ Hospital, Cincinnati, was promptly diagnosed by Dr. Elizabeth Campbell, and transferred to my service, but died very suddenly two days after admission while we were endeavoring to obtain permission from the mother to operate. Immediately after removal of this stomach, together with several inches of the duodenum, the stomach was filled with water without any escaping through the dependent pylorus. In even the dead specimen the pylorus was water-tight,

indicating that spasm had nothing to do with the obstruction. All infant stomachs, not presenting like changes of the pyloric musculature, will not similarly hold water. Case of pyloric stenosis, T. M. D., male, age 10 weeks: "Stomach appeared normal except that its walls were thickened and oedematous near the pylorus. The pylorus for an inch was very much thickened, the wall being over three-eighths of an inch in thickness at the thickest place and tapering off gradually into the stomach while it (the thickening) ended abruptly at the duodenal end. The tumor mass was about as large as a good sized olive. Under the microscope this thickening was seen to be entirely in the muscular coats, especially the internal, circular or transverse layer. The peritoneal, submucous and mucus coats were normal, the mucus layer being thrown into folds. At the duodenal end of the muscular thickening, two folds of mucosa and submucosa had been thrown out in such a way as to form valves, one preventing, perhaps, the passage of food downward and the other upward. The valve like folds were supported and strengthened by the thickened muscular layer. The mucus membrane was thrown in longitudinal spiral folds. The lumen of the pylorus was practically obliterated."

The above case is undoubtedly one of the more severe of this form of stenosis but in my opinion it can be taken as the class example, as I believe there is no condition such as a persistent congenital pyloric spasm of infancy. The use of the word spasm in speaking of these cases is very misleading because the term confuses and befogs the issue, permitting one to lose sight of the mechanical obstruction that is present. We are apt to become so intent upon administering some anti-spasmodic as to overlook the fact the child is rapidly losing weight and strength. If the condition were due to a true spasm-produced-muscle-hypertrophy why does not a similar hyperplasia or hypertrophy occur at the cardiac orifice of the stomach in the cases known as cardiospasm? The use of the word spasm, in the description of these cases, is wrong from an etiologic, prognostic and therapeutic point of view. All pathologists and histologists are agreed in stating that spasm does not produce hyperplasia. One writer says "spasm is a hypothetical name introduced by the pediatrician to explain a theory." Roentgenologists are agreed in their findings of a closed pylorus as late as eight or ten years after gastro-enterostomy in cases that have been operated upon for congenital pyloric stenosis. This fact alone is convincing proof that the etiological factor is not a spasm.

A large majority of these infants begin with their obstructive symptoms before the end of the second week. In the first few days of life the food intake is small and well diluted. The gastric

contractions are not well established and the pathologically small pyloric orifice permits of the egress of this thin and small volume of fluid. After a few days the food becomes richer and curds forming choke the canal; normal muscular contraction is added tending to narrow further an already stenosed opening. As the muscular efforts become established a more or less great amount of odema is produced round about the pylorus and finally a complete obstruction may result. The curds, the normally contracting stomach, and the oedema are merely the straws that fill the narrowed chink. The real trouble is the great thickening or hyperplasia of the musculature. Now there may be all degrees of this hyperplasia, graded from the extreme case through all stages to normal. In the milder forms the symptoms become alarmingly obstructive only when the opening is further occluded by either the curds, a fold of mucosa, the oedema, or all combined, and this usually being remittant has been misnamed "spasm." Even where the sphincter obstruction is of moderate degree the ability of the stomach muscle to compensate for the increased load is well recognized, for in the adult we have all noted the thickened gastric walls of the case of pyloric ulcer with moderate cicatricial tissue formation. With sufficient food passing for the maintenance of nutrition the compensation is maintained, but just as soon as the balance is broken there develops the broken compensation and gastric atony with dilatation.

The parallel to the universally accepted heart compensatory phenomena is perfect. In this way we get, in my opinion, the puzzling and contradictory reports in regard to these cases. The well marked case with extreme obstructive symptoms unquestionably belongs to surgery and emergency surgery at that. The very mild case that can be carefully watched and judiciously fed, is, at least temporarily, medical; the greater number of the cases of all grades of severity between these two, are very apt to be medically watched and treated until the best time for surgical interference is past, and surgery is left to bear the brunt of what should be charged up as a medical death.

It is not difficult to convince the doctor or the family that an operation is the only thing to do for the very severe case, but it is more difficult in that greater number of cases presenting periods of improvement followed by relapses, and in the cases in which the child is stationary in weight for weeks or months at a time or but slowly loses weight. The down hill course is apt to be so gradual and so full of false hopes and temporary improvements that one is prone to fail to appreciate fully the really desperate condition of the little patient. The temporary gains may be very dangerous, proving to be the proverbial "will of the wisp" leading us on further in the medical treatment, until the day comes when we awake to the fact the child has sunk to the last stages, with depression, apathy,

	Downes	Scudder	Richter	Total
Symptoms one week or less.....	12	3	1	16
Left hospital well.....	11	2	1	14
Died in hospital.....	1	1	0	2
Operative mortality	8⅓%	33⅓%	0%	12.5%
Symptoms one to two weeks.....	15	5	1	21
Left hospital well.....	13	4	1	18
Died in hospital.....	2	1	0	3
Operative mortality	13.3%	20%	0%	14.3%
Symptoms two to three weeks.....	16	4	5	25
Left hospital well.....	11	2	4	17
Died in hospital.....	5	2	1	8
Operative mortality	33.25%	50%	20%	32%
Symptoms more than three weeks.....	33	9	15	57
Left hospital well.....	20	8	12	40
Died in hospital.....	13	1	3	17
Operative mortality	39.39%	11.1%	20%	29.8%
Cases in poor condition at operation.....	39	21	?	60
Cases in poor condition died.....	15	5	?	20
Cases in poor condition mortality rate.....	38.4%	23.8%	?	33½%
Cases in good or fair condition.....	37	0	?	37
Cases in good or fair condition died.....	7	0	?	7
Cases in good or fair condition mortality rate.....	18.9%	0%	?	18.9%
Operative cases weighing less than 6 pounds.....	20	?	3	23
Left hospital well.....	13	?	2	15
Died in hospital.....	7	?	1	8
Mortality rate	35%	?	33⅓%	34.7%

Average operative mortality rate of 119 cases — all conditions, 25.2%

drowsiness, convulsions, and Cheyne-Stokes respirations, obscuring the picture or making surgical intervention extremely hazardous. These symptoms are exceedingly grave danger signals, and at their first appearance should mean operation. I do not mean they should be waited for, but rather that they spell the "last chance."

It is difficult to formulate any definite rules for the choosing of a time to operate, however, I believe that more and more the rule so generally applicable in appendicitis will be used, namely "operate when the diagnosis is made." Recognizing that but few surgeons have had a sufficiently large series of cases to warrant statistical conclusions I have combined the figures of 76 cases of Dr. W. A. Downes of New York, 21 cases of Dr. C. L. Scudder of Boston, and 22 cases of Dr. H. M. Richter of Chicago. The data were obtained from personal communications or from published articles. The accompanying table of these 119 operated cases clearly indicates that delay is bad, for there is an alarming increase in the mortality rate of the infants as each week of symptoms is added. In sixteen cases operated with symptoms of one week or less the mortality rate was but 12.5 percent; this in spite of the fact that probably most of these were examples of the more complete form of stenosis. Twenty-one cases with symptoms one to two weeks gave a death rate of 14.5 percent. Twenty-five cases with symptoms two to three weeks gave a death rate of 32 percent. Sixty cases in poor condition for operation gave a death rate of 33½ percent, while thirty-seven cases in comparatively good condition showed a death rate of but 18.9 percent. Cases weighing less than six pounds at operation gave a death rate of 34.7 percent. A case coming under observation with the typical history, marked loss in weight down to or near six pounds, the finding of a food residue in the stomach some two and a half to three hours after nursing, and with those important surgical requisites at hand, a competent surgeon in a well ordered hospital,—such a case falls in the class of urgent surgery.

A case presenting no tumor or a doubtful tumor, but active peristaltic waves, with the nutrition remaining good, may be kept under observation until the amount and persistence of food retention is determined. The amount of food retention, after the normal emptying time, is an excellent measure of the stenosis. Of course this must be estimated at a time when no vomiting has occurred after a measured feeding. As part of the medical treatment should be daily lavage, the measurement of the retained food can be made a part of this procedure, and thus a careful check kept upon the actual amount passing the pylorus. Such a means is far superior to the X-ray method of demonstrating pyloric permeability. X-ray of these infants may be physically dangerous and certainly may be

misleading to the observer, for a normal infant often retains the opaque meal for an hour or more and cases with great pyloric thickening may show the meal passing through the pylorus. I feel the time spent in X-ray is wasted in these cases, and nothing is discovered with the ray that can not be discovered just as efficiently by aspiration of the retained food. After a reasonable lapse of time, should there be a persistent residue in the stomach, even when maintaining good nutrition, then that infant should have the benefit that only can be given by elimination of the obstruction, while the infant is still in reasonably good condition. The case showing temporary improvements followed by relapses of symptoms should also be operated upon. Meconium like stools associated with the other symptoms are positive indicators of the urgency of the need for operative relief. Symptoms of dehydration, as sunken fontanelles, diminished or suppressed urine secretion are also indicative of the great need for efficient drainage from the stomach.

The advantages of early operations are many. (1) Risk of death from inanition is promptly removed. (2) The danger of post-operative shock is greatly reduced, and any one who has had experience in the surgery of infants knows how splendidly a well nourished infant stands an operation. (3) The danger of sudden death is lessened; these infants, when in poor condition from long vomiting and consequent starvation may die suddenly. The deaths are without rhyme or reason; it seems the infant just tires of making the effort to live. (4) Collapse, which frequently follows late operation, is eliminated; it is frequent in the delayed case and seems in no way to be associated with any of the usual post-operative complications. (5) The early case is better able to resist infection either locally at the site of operation or of pulmonary origin, because the more nearly normal the general nutrition and metabolism the greater the resistance to infection. (6) A large number of cases, where malnutrition is present, have a tendency to show failure of wound healing even in the absence of infection. (7) A case whose course is prolonged, runs the added danger of enteritis due to the passage of but small amounts of sour decomposed static food through the pylorus. (8) Post-operative food injuries are more easily acquired in the case long starved, and the feeding problem is a much more serious and difficult one. (9) Early operation on a child while in good condition shortens the period of invalidism to a few days or weeks, instead of a possible permanent chronic invalidism or a period of a year or so of malnutrition. (10) Early operation does away with that protracted wear and tear on the vitality and nervous systems of the family. Many of us, I am sure, have seen examples where a family has been put through weeks of nerve

racking strain in the attempt to stave off an operation, only to face in the end an operation, as a last resort on a debilitated subject. (11) Every infant suffering with even the more mild forms of pyloric stenosis that permit of just sufficient food to pass through the pylorus to maintain or slightly to increase the birth weight, is handicapped grievously should it be called upon to fight a contagious disease. (12) Where operation is promptly made on the early diagnosed case the risk of operation should be reduced to not more than 10 to 15 percent, and the risk is short lived and concentrated into a period of a few days instead of being spread through months of anxiety with a multiplication of the medical dangers as time elapses. This is in contrast to a mortality of 35 to 40 percent in the late case. There are practically no complications after the wound has healed and it has been almost universally true that the case, in which a patent gastro-intestinal tract is established promptly, goes on to consistent gain and normal good health. Unfortunately medical risks are insufficiently appreciated or considered, while the surgical risks are exaggerated in the minds of many.

Surgical treatment means the mechanical correction of a mechanical obstruction to the free downward passage of food from the stomach. Before this joint meeting I would but bore the purely medical men were I to argue the pros and cons of the various possible surgical procedures. Suffice it to say that the two types of surgical interference giving the best results have been gastro-enterostomy of the posterior no-loop type and the submucous pyloroplastic operation of Rammstadt recently advocated by Downes of New York City. The latter operation has many theoretical advantages and but few of the disadvantages of gastro-enterostomy; however, it has not yet the vindication of a time tried process. Personally I have used in my cases gastro-jejunostomy and have had no results that would warrant making a change, but after recently seeing Dr. Downes perform the pyloroplastic operation in a very few minutes, I intend to try that method as soon as occasion offers.*

I know of no type of case requiring anaesthesia, in which greater skill on the part of the anaesthetist is needed. Sudden collapse, evisceration due to unexpected struggling and the difficulty in maintaining a smooth anaesthetic are but a few of the trials to be encountered. Ether I consider the safest anaesthetic in the very young.

Every precaution should be taken against chilling; have a warm table, blanket and towels. Alcohol or other rapidly evaporating skin antiseptic should be used sparingly, and, if at all, quickly dried from the skin. Dilatation of the

stomach with gas is a quite constant handicap to quick surgery, or even a smooth anaesthetic, so that the passage of a small catheter with the expression of the gas from the stomach will facilitate matters greatly, if done as soon after struggling has ceased as is possible.

Exposure of the abdominal contents is to be avoided particularly and this is one of the good points of the pyloroplastic operation mentioned. If this operation is chosen, the right rectus incision is preferable while the left is better for a gastro-enterostomy. A midline incision is to be avoided, because the danger of non-union of the wound edges is much greater in these poorly nourished children, and the reports of wounds giving away are not infrequent in the literature of this subject. The bleeding or oozing of blood from the skin edge is not only frequent and troublesome, but very dangerous as every cubic centimeter of blood is of inestimable value. To combat this I recommend a fine button hole suture of horsehair on a small round needle for the skin, and the application of a small dressing so that staining of the dressing is quickly noticeable.

Stimulation may be advisable and hypodermoclysis, atropine, caffeine-sodium-benzoate, are probably valuable in the order named. Injection of pre-digested food into the intestine at operation is advocated, but I have not tried it. Elevation of the head of the bed seems to aid gastric drainage and aid in the control of vomiting, but this must not be done until the child is sufficiently awake to avoid swallowing of the vomited matter. The latter complication is best avoided by keeping the head low for the first hour or two.

It is a great comfort to the surgeon to be able to rely on one experienced in feeding frail children, for not a small part of the credit for a recovery is due the one who has charge of the post-operative feeding. The quantity of food of course is limited and also must be of easy digestion, but early feeding can be done and is essential for these starved dehydrated bodies. Two to four drams of fluid can be given beginning in two hours. Diluted mother's milk is pre-eminent and every effort should be made to preserve a functioning mother's breast. After twelve hours the feeding may be increased to one ounce and then two at usual intervals depending on the size of the child. After thirty-six to forty-eight hours it is advisable to give a dose of castor oil to cleanse the intestinal tract of the accumulated debris.

The plea I wish to make the strongest and the message I wish to leave with you, is that there are medical risks as well as surgical risks in these cases; such being true every doubtful case should have in consultation a surgeon and a medical man so that neither the medical nor the surgical risks will be lost sight of, and by careful consideration it may be decided which of

*Since writing the above I have made four of these Rammstadt operations with eminent satisfaction. October, 1916.

these risks becomes the greater. Medical treatment is a waste of time and the child's strength in a large proportion of these cases, and a life may be sacrificed if the surgeon is not called in consultation until the last moment. Delay in operation upon these little babies with hyperplastic stenosis is the cause of the largest part of the surgical mortality at the present time, and an early diagnosis with prompt intervention is the essential factor in lowering the mortality of this condition.

Congenital Hyperplastic Stenosis from a Surgical Viewpoint

FRANK EMORY BUNTS,* M.D., F.A.C.S.
Cleveland, Ohio.

THE etiology of pyloric stenosis in infancy is of more than academic importance, for if it be primarily and invariably congenital then operative interference could be the only rational procedure, but if it may be acquired during early infancy through digestive disturbances resulting in pylorospasm and pyloric hyperplasia, then there would be good ground for the institution of dietetic and therapeutic measures which might, conceivably, result in recovery.

Scudder, whose large experience with these cases and whose numerous written contributions have done so much to mold surgical opinion, thinks that the most likely hypothesis is that it is a congenital anomaly and gives a number of very weighty arguments in support of this opinion. With a much smaller experience (only 11 personal cases) I hesitate to form an opinion, and yet I must say that there has seemed to me to be reasons for believing that we might have both the congenital and acquired forms. The very late occurrence of symptoms in some instances makes the acquired form a probable hypothesis.

A. A. Strauss has reported a series of experiments performed upon young dogs by Dr. Ebt and himself confirming Dr. Scudder's views entirely, but the experiments introduced elements so widely divergent from anything that could, conceivably, occur in the human infant that it seems to me his abstruse reasonings are much more convincing than the experiments.

It is possible that the explanation advanced by Sutherland may reconcile both theories, namely that a certain amount of congenital hyperplasia of the pylorus is present, and yet for a time the pylorus acts normally, but later some irritating or undigested food causes the pylorus to contract strongly and remain closed. This is followed by vomiting and the repetition of such a condition gradually induces a more or less continuous spasm of the pylorus or at least a spasmodic con-

traction which seriously interferes with the normal emptying of the stomach.

In this connection, however, it is pointed out by Holt that almost without exception pyloric stenosis in infancy has occurred in breast-fed infants, this eliminating so far as may be the chief cause of digestive disturbances, namely, artificial feeding.

In an elaborate monograph by P. Fredet et. L. Guillemot, in which extensive investigation is made into the validity of the three theories advanced for the explanation of pyloric stenosis in infants, namely,

1. Hypertrophy due to spasm.
2. Hypertrophy due to congenital malformation,
3. Hypertrophy due to inflammation

they sum up their conclusions as follows:

"The different theories which we have just passed in review, those which ascribe muscular hypertrophy to a spasm or to an inflammatory process seem to us open to grave objections. The theory of congenital malformation is doubtless not exempt from difficulties, but in the present state of the question it is still the one which explains the best and which best answers criticism."

SYMPTOMS:

It is evident that the symptoms of infantile pyloric stenosis are deceptive and Scudder states that the death certificates in cases of this kind in the past, are often signed by the attending physician, inanition, acute gastritis, infantile atrophy, gastro-intestinal catarrh, marasmus, dyspepsia or pyloric spasm.

If we rule out pyloric spasm as one of the symptoms of pyloric stenosis, the diagnosis is not so difficult, for pyloric spasm is not an essential symptom of congenital stenosis. In none of my own operated cases have I seen anything that I could identify as a spasm of the pylorus. The pyloric tumor, as revealed at operation, was hard and firm in each instance and did not change its character either by contraction or dilatation at any time during the operation, and in numerous reported cases subsequent X-ray examinations have showed all or most of the bismuth passing through the new formed stoma and not through the pylorus, thus evidencing the permanency of the occlusion. A number of observations have been made post-mortem on infants previously operated for pyloric stenosis dying many months later of some entirely different affection in which the muscular tumor at the pylorus remained firm and hard and the lumen practically closed.

Naturally, the first symptom to attract attention is vomiting. This may not make its appearance for several weeks after birth or may begin with the first nursing. It seems to matter but little whether the child is breast fed or bottle fed, the cause is equally operative. At first the

*Dr. Bunts opened the discussion on Dr. Palmer's paper.

vomited matter represents but part of the ingested material, but eventually, notwithstanding every art of infant feeding, every mouthful of food is apparently ejected. Sometimes there will be a few hours or a day when the retention of a portion of the feeding will bring false hopes of recovery, to be followed, however, by the same distressing symptoms. In such cases we may imagine that the mucous folds of the pyloric outlet have become a little less congested, the opening a little less constricted, thus allowing a temporary escape of fluids. With the persistent vomiting we have a progressive emaciation of the infant, so that a child weighing eight or ten pounds at birth may weigh not over five or six pounds when it comes to operation some six weeks later.

If we can rule out the possibility of the vomiting being purely reflex from some other disease, it becomes of very great diagnostic importance. The absence of, or a small number of bowel movements soon becomes a marked symptom, and gradually the development of anuria is noted.

A symptom of the greatest importance, but one likely to be overlooked while the baby is fat and plump, is the dilatation of the stomach followed by a marked wave of contraction plainly visible as it travels toward the pylorus. In the greatly emaciated and delayed cases this phenomenon is peculiarly well marked, and may be watched as it arises spontaneously or may be brought into action by sharp palpation over the stomach. This ball-like tumor, with its peristaltic wave is so marked as to be readily made out by the nurse or mother.

In their order of importance ruling out reflex disturbances, I would place the symptoms as:

1. Persistent vomiting projectile in character, particularly in breast fed infants.
2. Emaciation.
3. Visible peristalsis of the stomach,
4. Visible dilatation of the stomach,
5. Diminution and absence of stools,
6. Anuria,
7. Presence of palpable tumor of pylorus.

In explanation of some of these symptoms I might say that the visible dilatation does not necessarily mean a permanent dilatation, but rather a ballooning, for at operation I have seen but one case in which the stomach might really be considered to be dilated.

If we could always palpate the pyloric tumor the diagnosis would be easy. Scudder has succeeded in doing so in a very large proportion of cases, but I must confess that I have found it difficult to make out even when I have tested them, as I habitually do, after the patient is under an anæsthetic. Fortunately the diagnosis can be well predicated upon the other symptoms if carefully studied.

The question of operation must naturally depend upon the accuracy of diagnosis and the prognosis.

Reported instances of recovery under medical treatment must always carry an element of doubt as to the correctness of diagnosis. Temporary ailments of the stomach may in many ways simulate the organic stenosis and medical measures may bring relief, but in the true form of pyloric stenosis, that with a muscular tumor, a sufficient number of autopsies have now been made to show the improbability of its spontaneous disappearance. The prognosis, therefore, is bad, death is the rule and operation offers such a percentage of recoveries that one can scarcely avoid the conclusion that it is better to save a large percentage of them by operation than to let practically all of them die under the expectant plan of treatment. The addition of the X-ray examination of the stomach has made a very early diagnosis possible and it is in these early cases that we must look for a percentage of recoveries far above the earlier accepted standard of 50 percent.

When it comes to the question of operation we are confronted by a variety of operations, each having its own fancied advantages, anterior gastroentrostomy more readily performed, less exposure; posterior gastroenterostomy no loop, better and more nearly physiologic and anatomic relation; pyloroplasty, slight exposure, wide lumen, lessened traumatism and finally the Ramstedt operation, with its longitudinal splitting of the pylorus down to the mucosa. This latter I have not yet had an opportunity to perform but, in view of the large number of successful cases reported by Downes of New York, in which this method was employed, I believe it to be the one most worthy of adoption.

Note: Since this article was prepared I have had the opportunity to perform the Ramstedt operation on one apparently very unfavorable case. The subsequent prognosis of the patient was so very smooth and favorable that I shall certainly make use of it in the future.

The U. S. Pharmacopoeia, IX—The ninth revision of the U. S. Pharmacopoeia became official Sept. 1, 1916. It is a book of standards for drugs, but it is not a book of standard drugs. The pharmacopoeia includes substances which have been shown to be inert like the hyphosphites, complex and absolute mixtures like the compound syrup of sarsaparilla, and drugs which have been tried and found wanting like saw palmetto berries. There is one great advantage in specifying U. S. P. preparations: to do so, is to invoke legal standards of identity and purity. The only way to be sure of obtaining substances of therapeutic efficiency, however, is to exercise discrimination; the pharmacopoeia is no guide to therapeutically valuable drugs (Jour. A. M. A., Sept. 2, 1916, p. 750).

Carcinoma of Cervix Complicating Pregnancy at Full Term*

Magnus A. Tate, M. D., F. A. C. S., Cincinnati, Ohio

PATIENT entered Cincinnati General Hospital in first stage of labor, September 5, 1915, at the suggestion of her family physician.

History—Patient age 27, born in Germany, married February 10, 1909. Has eight sisters, two died in early childhood. One sister became blind at the age of seven, cause unknown. Other five are physically well as far as she knows. Mother 48, father 52, both are well. Grandparents on mother's side are living and healthy. Grandparents on father's side dead; grandfather died of some lung disease, grandmother of cause unknown. Her cousins in this country are all well; of her other relations abroad she cannot say. There was no history of carcinoma in the family. Diseases of childhood—chicken-pox and diphtheria. At the age of 20 was operated for appendicitis and made a good recovery. Was never sick before or after this operation until the present time (barring her two previous pregnancies which she describes as normal). Denies ever having had a venereal infection, and as far as she knows her husband has been perfectly well.

Physical Examination—Reveals a well developed woman, five feet three inches tall; does not present any jaundiced or emaciated appearance, but has steadily lost weight the past six months from 167 to 146. Heart and lungs normal.

Menstrual History—Appeared at the age of 11, occurred regularly every four weeks, lasted three days, always with great pain. Date of last menstruation December 13, 1914. First foetal movements in March, 1915.

History of Present Pregnancy—Has not been well all through the pregnant state. Has had a constant backache and for six months upon the least exertion, such as walking or lifting, has had a bloody flow, and most of the time this has been of a foul smelling character. Breasts well developed, nipples prominent and secretion present. Pelvic measurements classified as normal.

Urinalysis (catheterized specimen) sp. gr. 1012—reaction alkaline, no sugar or albumen. Color dark yellow, some sediment. Microscopical—no hyaline casts, no blood, but a few epithelial casts are present.

The vaginal examinations showed an incomplete dilation of a badly torn cervix, very oedematous, with a hard unyielding base. On manipulation

this extensively infiltrated cauliflower cervix bled readily and a number of masses came away. The presenting part was engaged as an Occipite Posterior to the left. The child's heart could be clearly made out in the left lower quadrant and at no time during the delivery was there noted any change in its rate or quality. A tentative diagnosis of carcinoma of the cervix uteri was made, that was later verified in the laboratory.

Dilation was very slow, completed with difficulty, and a female child weighing seven pounds and five ounces was delivered by means of forceps. The third stage was completed without trouble.

Two weeks later a most careful vaginal examination was made, and the cervix was found to be extensively involved, having very rough, ragged edges that bled readily. The bladder and rectum were so involved that any operative procedure was out of question. The patient left the hospital in four weeks at which time she had an offensive discharge, an incontinence of urine and complained of great weakness with at times severe pain.

The presenting of so sad a history brings up a number of questions. Would it not have been better to have performed a Caesarean Section than to have resorted to the method adopted? Under different circumstances a Caesarean Section would have been the ideal method, but where a case has been in labor so long, without its being possible to know the treatment she had received or the number of vaginal examinations made, it seemed best to deliver per vias naturalis. The next question is why was a woman allowed to remain throughout her pregnancy in such a deplorable condition without surgical intervention? By her history we found out that the natural tendency on her part was to attribute all such symptoms complained of to her pregnant state; and being of a lower order of intelligence, she delayed seeking a physician's advice until she was in active labor.

To become pregnant in the presence of a carcinoma of the cervix even in its beginning is rare and to carry to full term is unusual. To have so decided an involvement in so short a time should impress upon physicians certain definite rules, namely that if you intend to practice obstetrics you must be prepared—first to always carefully examine the pregnant woman and take her measurements; second, to pay attention to symptoms that she enumerates and not cast them aside with a shrug of the shoulders and a remark that pregnant women must expect to have numerous complaints.

*Read before the Section of Obstetrics and Pediatrics, Ohio State Medical Association, in annual session at Cleveland, May 17, 1916.

Sexual Hygiene Malfeasance

M. L. Heidingsfeld, M. D., Ph. B., Cincinnati, Ohio

EDITORIAL NOTE.—Dr. Heidingsfeld is chairman of the State Association's new Committee on Sex Hygiene. The Journal asked Dr. Heidingsfeld to report the case mentioned in the paper, and to comment upon the same, because in our opinion it is presents a grave danger facing the medical profession. If physicians fail to meet the public growing demand for pre-marital examinations, it will seriously discredit the profession; and lax or unefficient service in the field is little short of criminal practice.

THE world at large and the medical profession in particular is very much engrossed at the present day in endeavoring to cope successfully with the prevalence and spread of venereal diseases. The effort is by no means a new one. Its existence can be traced as far back as there is any history of medicine. Again, the world at large and the medical profession in particular, have manifested a sense of appreciation of the resulting degradation and blight which these diseases cast upon the human race. There never has been a keener and deeper sense of appreciation manifested in this direction than at the present day, and there never has been a wider and more far-reaching and more effective effort to curb this evil. Again, the medical profession has been foremost in this endeavor.

Experience has shown that education is the first and best means of counteracting the baleful influence. Education has already effected a considerable amount of good, in so far as the public has been taught the nature of these terrible diseases and their harmful after-effects. It has also been very effective in inculcating in the public a wholesome fear of these diseases, which has incidentally been a great restraining influence in sexual immortality.

It has been a source of personal pleasure and delight to men who are engaged in this sort of work, to realize that it is a growing custom—a custom which bids fair to become almost universally prevalent—for individuals who contemplate marriage to require a hygienic certificate of each other before marital relations are consummated. It is also noteworthy that this requirement is made in states which have no legal enactment in this direction. All of this demonstrates that you cannot have legal enactment without sentiment, and if you have sentiment you can dispense with legal enactment. The writer begs to state that hardly a week, nay hardly a day elapses, but what individuals who contemplate marriage come to him for a certificate of good health. His experience in this direction cannot be unique and he is lead to believe sincerely that the time is fast approaching when this custom will be almost universal.

The good which will result from such a custom is self-evident and requires no comment. It should find general endorsement at the hands of every

member of the profession as well as the public at large. *Any individual who would oppose such a measure or who would commit a single act to make such a procedure undesirable or ineffective, is worthy of the severest condemnation.*

An instance of that character has recently come to the writer's personal notice. On July 21st 1916, Dr. Guy Eckman referred Mrs. E. B., age 33 years, to his attention. The young woman had held a semi-public position in a large Cincinnati hostelry. Her personal knowledge of sexual diseases was far above the average, gleaned as she stated, from carefully selected reading, public lectures and the playhouse. Her fear in that direction was almost paramount to a paranoia. Upon personal examination she had a well-defined infection of syphilis of about two to three months' duration, in the form of fading initial lesion of the labia major dextrum, marked adenopathy of the inguinal glands and well-defined roseola covering the entire body. She stated that the marital act was consummated just three months previously. Before matrimony was countenanced, she required a certificate of good health, which the individual produced from a practitioner of good standing who enjoys the esteem of the entire public. This certificate was shown to Dr. Eckman and placed in his personal possession. When the patient was apprised of her condition by Dr. Eckman and myself, she virtually collapsed. Her mental prostration was in fact, pitiable. Her loss of faith not only in a profession which should always have held her confidence and esteem, but also in its higher, nobler and more aesthetic inculcations and teachings, was sad to contemplate.

If this woman's statements were in any degree acceptable, and from all appearances they were unquestionably so, the certificate of good health from the physician in question, was not worth the paper it was written on. Her first impulse was to place the matter in the hands of her attorney for a suit of personal damages. The only deterrent motive was the resulting disgrace in the eyes of her family and her friends.

Acts of this character should not go unchallenged. The entire medical profession and the world at large is sparing no degree of time, expense and trouble in seeking the betterment of conditions in this direction. Any member of the profession who is delinquent in this direction should receive a merited degree of punishment and a physician who would essay to give a certificate of good health under the circumstances, without a proper and careful examination, is not worthy of the privilege to practice medicine. This statement can be made without reservation, inasmuch as such an examination can be made at this day, without equivocation relative to the fitness of the contracting parties.

Work of Committee on Medical Education Popular; Obstetrics is Next Subject to be Taken up

The work of the Committee on Medical Education under the direction of Dr. Charles Edwin Briggs, of Cleveland, the chairman, is developing into one of the most important activities undertaken by the Association.

At Napoleon on October 4 there was a registration of over 150 at the group meetings which included Williams, Fulton, Lucas, Wood, Defiance, Paulding, and Henry counties. Dr. Briggs started his lecture and demonstration on "Fractures and Dislocations" late in the afternoon, and concluded it after an enjoyable dinner which was served to over 100 visitors. Councilor Moots of the Fourth District and a local committee headed by Dr. Charles M. Harrison, of Napoleon, worked faithfully to make the meeting successful, and a splendid meeting was the result of their efforts.

The Central Ohio counties were covered by a meeting at Circleville, on October 26. The Tenth District Medical Society devoted practically all of its program to Dr. Briggs' lecture.

When this issue of *The Journal* went to press three additional meetings had been definitely scheduled for November, and a fourth was under consideration.

At Zanesville on November 1, Dr. Briggs will address the physicians of Muskingum, Coshocton, Licking, Fairfield, Perry and Guernsey counties. The meeting will be held in the Chamber of Commerce rooms, starting at 11 A. M. A subscription dinner at 75 cents per plate will be served at the Clarendon Hotel at noon. The afternoon will be devoted to Dr. Briggs' demonstration. The committee in charge of this meeting is composed of Drs. C. U. Hanna, E. R. Brush, and O. S. Dustheimer.

Ashtabula, Trumbull and Mahoning counties will be "covered" in a meeting at Warren on November 8. The meeting will be held in the Western Reserve Bank building at 4 P. M. At six o'clock supper will be served at the Presbyterian church—one dollar per plate. Dr. Briggs will spend the evening in lecturing and demonstrating. Dr. W. W. McKay is chairman of the local committee on arrangements, and Dr. S. S. MacKenzie, chairman of the committee which will have charge of registration.

Another large group meeting will be held at Sandusky on Wednesday, November 15, and will include the following counties: Ottawa, Sandusky, Seneca, Huron, Lorain and Erie. The meeting will start at 3 P. M., dinner will be served at six at the Hotel Rieger at a price per plate not to exceed one dollar, and the balance of the evening will be devoted to the demonstration. The complete arrangements for this meeting have not been determined, but Dr. H. C. Schoepfle and Dr. Henry Graefe, president and secretary of the Erie County Medical Society, have appointed committees to insure the success of the meeting.

If this notice reaches you in time, *The Journal* urges you to take advantage of the nearest meeting. It is probable that the final group meeting of this series will be held in Lima early in December. Dr. Briggs will then have completed a circuit of the state. Everywhere the innovation has been very popular.

The Committee on Medical Education is working on the development of its next propaganda—which will take up the subject of obstetrics—and will handle it in a manner similar to the present propaganda on fractures and dislocations. It is hoped to have the obstetrics lecture ready by January 1.

It is probable that the social workers of Ohio will ask the next legislature to modify the laws governing the commitment of insane and feeble-minded to state institutions, by providing for the addition of a psychologist to the quota of persons who are commissioned with the examination of the patients in the probate court. The present law provides that two physicians shall make such an examination, under the direction of the court. In Illinois the statutes provide for an additional examination by a psychologist. Those who are well informed in this field believe that such an addition would be a good routine procedure.

Dr. Nelia B. Kennedy, the efficient secretary of the Hancock County Medical Society, has sent a written statement to each member of the organization, calling their attention to the fact that dues for 1917 must be in the hands of the treasurer of the State Association before January 1st. In compliance with this new order, the Hancock County Medical Society has planned the collection of all dues prior to December the 15th, 1916, so as to be on the safe side. This would be a good procedure for all societies to follow. It will protect members against later mistakes in the development of our Medical Defense system.

Problem of the Nurse-Anesthetist is Thoroughly Discussed in Spirited Hearing Before State Medical Board

Prominent surgeons and hospital executives from almost every section of the state met with the State Medical Board in Columbus on October 2 and discussed the problem of the nurse anesthetist.

As reported in *The Journal* for October, (Page 679), the problem assumed immediate interest in September when the State Medical Board withheld recognition of the nurse training school at Lakeside Hospital, because the hospital has conducted a special school in which nurses are trained in the administration of anesthetics. Under a prior opinion by the attorney general construing the Ohio statutes, the use of nurses as anesthetists is held to be in violation of the state law—a point admitted by all concerned.

At the hearing it was conceded that the Medical Board took the only possible action under the present statute, and that relief for those who feel that the nurse anesthetist has a place in modern hospital organization, could only be secured from the legislature.

The hearing developed many arguments for and against the practice. On the one hand the medical anesthetists made it plain that they would "fight to the last ditch" to preserve the present status of the law, and to preserve this field for the growing number of medical men who are specializing in anesthesia. In this stand they are supported by many surgeons who feel that the administration of anesthesia requires a careful underlying medical education, and not merely immediate training in the art of administering the anesthetic.

On the other hand several surgeons and hospital executives made it equally plain that the nurse anesthetist has become a necessity, particularly in the larger clinics where twenty-four hour service is needed, and where it is impossible to always command the services of better paid medical specialists.

Representatives of Lakeside Hospital maintained that the development of the nurse anesthetist is not harmful to the interests of the medical men seeking to specialize in this field, but that both are necessary to meet present day demands.

The immediate cause of the controversy—the denial of recognition to Lakeside Hospital Nurse Training School—was easily settled. Recognizing the fact that under the present law the training of nurses in anesthesia is a technical violation of the statutes, Lakeside readily agreed to discontinue the special school. Acting on this promise, immediate recognition was granted its nurse training department as it is regarded as one of the best in the country.

Dr. L. E. Siemon, president of the board, called the meeting to order and explained that the

board had acted in accordance with opinions rendered by the attorney general in regard to administering anesthetics. Like all other state officials, the board members, Dr. Siemon declared, look to the attorney general for guidance in handling legal questions and accept his decisions as final. He read an opinion rendered by Attorney General Hogan on April 14, 1911, which held that it is illegal for any person other than a physician or dentist to administer an anesthetic, even though it be under the direct guidance of a physician. Dr. Siemon said the conference had been called in response to a request from those affected by the board's ruling, which, he explained was not a new one.

F. C. Van Cleef, attorney representing the Cleveland Hospital Association, contended before the board that, since the operating physician is personally responsible for all assistants used in connection with an operation, he should be permitted to select the assistants he believes will serve him best. Courts have held, Mr. Van Cleef said, that the operating physician is responsible for all steps in an operation. It was the attorney's opinion that the operating physician who employs a trained nurse to act as an anesthetist, does not violate the spirit of the law regulating medical practice.

Mr. Fred Bunn, superintendent of the Youngstown City Hospital, representing the executive committee of the Ohio Hospital Association, brought up the status of the interne in Ohio hospitals under the ruling. A strict construction would prevent unlicensed internes from administering anesthetics, and would necessarily deprive them of the training in this work—which is an important feature of the internship. Dr. Siemon partially met this point by quoting a recent ruling by the board to the effect that graduates may as internes in hospitals, practice as physicians without the necessary state license.

The big question confronting Ohio hospitals is not the interne question, declared Father M. F. Griffin, of St. Elizabeth Hospital, Youngstown. Physicians, he said, are "getting tired of having internes experiment on their patients." What his institution wanted to know was whether the trained nurses which it had sent to Lakeside Hospital to take special courses in administering anesthetics, would be allowed to continue to act as anesthetists. Physicians in his hospital postponed operations until they were able to secure the services of these nurses, he said.

Dr. C. A. Hamman, of Western Reserve University, stated that if the law as it stands is enforced, medical students would be licensed to practice medicine and surgery without ever having administered anesthetics. He emphasized the im-

portance of training students in this subject and declared that nurses, who have taken special courses in anesthesia, often make better anesthetists than licensed physicians. The interne, he said, is usually more interested in the technique of the operation than in the anesthetic, and is inclined to regard his anesthetic training as more or less of a period of boredom.

Dr. George W. Crile, of Lakeside Hospital, was the next speaker. He began by telling the board that he had always understood that the surgeon was responsible for all steps in the operation, and for that reason he should be allowed to select his assistants. One of the problems which hospitals have been struggling to solve in the past is that of maintaining an efficient operating organization that would be available 24 hours a day—an organization that would be ready for every emergency and would cover the pay patient no less efficiently than the charity case.

This problem, the speaker contended, was being solved satisfactorily by use of trained nurses as anesthetists and by maintaining schools where such persons receive specialized training in administering anesthetics. In this practice, Lakeside Hospital, he said, was a "follower," the lead having been taken by many of the large clinics of the country. There has been no desire on the part of Lakeside Hospital to violate the laws of the state, he said. What had been done, he declared, was in response to a persistent and almost nation-wide demand by other hospitals for trained nurse anesthetists. He hoped a plan would be worked out which would be satisfactory to all interested in the subject, particularly the anesthetist-specialists. He believes that there is a good field for this specialty, and that the nurses will not encroach on it.

The operating organization developed at Lakeside Hospital was characterized by Dr. W. E. Lower as a gradual evolution of one problem of medical practice. The present system, he said, was an advantage to the institution, to the patient, to the surgeon, and to the assistants. The failure of the profession to realize the need of specialized training in anesthesia had made it necessary to develop the nurse-specialists. He pointed out that the same condition is developing in other special branches—that many microscopists are not graduate physicians, and that non-medical men are taking an important place in the X-Ray field. They, like the nurse anesthetists, are willing and able to concentrate their full time on one special branch, and give it their complete attention, and are therefore better operators in their particular line.

Like Dr. Crile, Dr. Lower expressed a desire for the development of medical anesthetists, but pleaded that their work be supplemented in the clinics, and particularly in charity cases, by the development of specially trained nurses, who may be made unusually skillful, and whose

services are available in the large number of charity cases.

Dr. McMechan covered the field exhaustively, bringing out many arguments against the employment of nurses as anesthetists. He feels that the development of nurse training in the field is part of a systematic attempt to socialize medicine, to the detriment of medical practice. His was the major argument in support of the board's attitude.

Dr. Moses Salzer, Cincinnati, read a brief argument prepared by Dr. Albert H. Freiberg, in which an important point was developed. Dr. Freiberg pointed out that the science of anesthesia is dependent upon *medical* men for its future development. All important advances in the past have been made by medical scientists. If they are to be thrown into competition with low-paid nurses, the incentive for special work in this field will be retarded.

Dr. J. F. Baldwin, of Grant Hospital, Columbus, spoke in favor of the employment of paid specialists in administering anesthetics. He said it was possible to instruct good nurses in such work but that such nurses should have a larger part of the medical education required by law before they are allowed to practice. The danger of the nurse-anesthetist comes in the emergency cases, he believes, and a general medical education is needed to meet these emergencies. Dr. Baldwin asserted he is delighted over the fact that young doctors are now devoting their time to the subject of anesthetics, and urged that medical men be encouraged to give their whole time to this important work.

Dr. F. H. McMechan, of Cincinnati, secretary of the Interstate Association of Anesthetists, which requested action on the part of the Ohio State Medical Board against Lakeside Hospital as "the chief source of nurse-anesthetist abuse," followed Dr. Baldwin. He declared the nurse-anesthetist has no ethical standing and constitutes "an economic menace against the welfare of the entire medical profession." He informed representatives of hospital associations that licensed and qualified anesthetists will protect their profession against the encroachments of the unlicensed and unqualified even "to the courts of last resort."

Dr. McMechan told the members of the board that an amendment to the New York health laws restricting the right to administer anesthetics to licensed physicians and dentists, had the support of the New York Anesthetists Association and the executive committee of the New York Medical Society; that the Pennsylvania board of health had withdrawn state funds appropriated to hospitals in which the services of nurse-anesthetists were used; that the Ohio State Industrial Commission recognized the state law by refusing to pay anesthetics fees to any person other than a licensed physician.

Ohio, the speaker continued, is the pivotal state in the national fight for the preservation of the status of the anesthetist as a specialist. He contended that medical defense requirements made it necessary for an operating surgeon to employ a qualified anesthetist. Women physicians, surgeons and dentists, he said, are coming more and more into prominence, but he vigorously opposed permitting women nurses to serve as anesthetists until they had fulfilled all legal requirements.

Dr. John T. Henderson, of Grace Hospital, Cleveland, asserted that the question before the board was a legal one. "If the law is right, enforce it; if it is wrong, wipe it off the statute books," he said. "The board should not be criticized."

Secretary Matson read a letter from Dr. Joseph Ransohoff of Cincinnati, protesting against any change in the board's stand and a telegram from Dr. C. B. Holmes, who said any change would result in serious complications. Dr. W. S. Hoy, of Jackson, approved the board's stand and stated that if the law needed an amendment, those desiring it should appeal to the legislature.

Dr. C. C. McLean, of Dayton, and Dr. E. I. McKesson, of Toledo, also spoke in the interests of the anesthetists.

In addition to those above mentioned the following from out of the city attended the conference; Dr. A. E. O'Flaherty, Good Samaritan Hospital, Zanesville; Dr. A. S. McKittrick, Kenton; Dr. L. M. McFadden and Dr. Roy Brown, Washington, C. H.; Dr. H. M. Schuffel, Canton; Dr. A. R. Warner, Cleveland; Dr. M. H. Cherrington, Logan. A number of Sisters and hospital superintendents and representatives from all Columbus hospitals attended.

Ohio Delegates to Tuberculosis Conference

The following physicians were among the delegates named by Governor Willis to represent Ohio at the annual Mississippi Valley Conference on Tuberculosis, which was held at Louisville, Ky., October 4, 5 and 6: *Cleveland*—J. H. Lowman, R. H. Bishop and Clyde E. Ford; *Cincinnati*—H. Kennon Dunham and Samuel Iglauer; *Columbus*—Robert G. Paterson, Frank Warner and C. O. Probst; *Dayton*—C. C. McLean; *Youngstown*—Sidney McCurdy, H. E. Welch, H. E. Evans and H. E. Patrick; *Akron*—Daniel C. Brennan; J. N. Weller; *Springfield*—J. R. McDowell and Henry Baldwin; *Hamilton*—Louis Frechtling, A. C. Carney and W. E. Griffith; *Lima*—Wm. E. Hover and James Poling; *Portsmouth*—C. W. Wendelken and L. G. Locke; *Chillicothe*—G. E. Robbins and R. E. Bower; *Warren*—D. E. Hoover; *Sandusky*—C. B. Bliss; *Waverly*—L. E. Willis; *Canton*—Esther M. Tyrrell; *Hamden*—William H. Henry; *Xenia*—A. C. Messenger. Robert G. Paterson, of Columbus, Executive Secretary of the Ohio Society for the Prevention of Tuberculosis, was honored by election as vice-president of the Conference.

STATE BOARD OF HEALTH

The state institution for the feeble-minded at Columbus is the first state institution to take up the problem of immunizing its inmates against typhoid fever. At the request of Dr. Edson J. Emerick, superintendent, the state department of health recently sent to the institution 1,000 first dose ampules of anti-typhoid vaccine, manufactured by the department. When these have been used, second and third dose ampules will be sent to the institution.

There are at present more than 2,000 patients in the institution. For some time Dr. Emerick has had to contend with outbreaks of typhoid on the farm at Orient, which is operated in connection with the institution. Patients employed on the farm were the first to receive the anti-typhoid treatment. Other patients will be given the treatment as soon as the hospital staff is in a position to care for them.

Interesting results are expected from the work which is being closely watched by those in charge of administering the vaccine and manufacturing the prophylactic.

Physicians of the state are beginning to make use of the hygienic laboratories of the department of health on a wider scale. Requests for anti-typhoid vaccine and other prophylactics furnished by the department are received daily. This is attributed by officials of the department to the articles concerning the work of the laboratories and the division of communicable diseases, which appeared recently in *The Journal*, and to circular letters sent out by Dr. F. G. Boudreau, director of the division of communicable diseases, to the local health officers, who have reported two or more cases of typhoid fever this year.

After calling attention to the importance of reporting and investigating each case of typhoid fever, the letters state that "the state board of health recommends the use of anti-typhoid vaccine, and is prepared to distribute this prophylactic through health officers to physicians without charge. This vaccine should be given by the attending physician to individuals in families where typhoid fever exists and to any others in the community who may desire to be protected. Physicians should be able to secure this vaccine from you when necessary. Please let me know at once the number of doses of this vaccine that you require, and inform physicians in your locality that you have ordered a supply."

PUBLIC HEALTH NURSES MEET

The first of a series of meetings of public health nurses of neighboring towns, planned by Helena R. Stewart, state supervising public

health nurse, was held at Chillicothe, October 12, and was attended by nurses from Washington C. H., Circleville, Greenfield, Lancaster, Portsmouth and Chillicothe.

The meetings were arranged to give the nurses of a certain section of the state an opportunity to discuss public health problems which arise in their respective communities and to establish a uniform system of record keeping.

MR. ARNER WITH ROCKEFELLER FORCES

G. B. Arner, former statistician of the division of communicable diseases, left Columbus October 15 for New York to take up his new duties as statistician of the international health board, under the Rockefeller Foundation.

MAY MOVE DEPARTMENT OFFICES

New quarters are being sought for the state department of health. President W. O. Thompson of the Ohio State University recently notified the adjutant general that the space occupied by the department in the buildings on the university campus is needed to accommodate university students. No definite arrangements as to moving the department have been made.

DR. M'DOWELL TAKES BUREAU

Dr. John R. McDowell, former director of the Springfield department of health, has been provisionally appointed director of the division of public health education and tuberculosis, to succeed Dr. Robert G. Paterson of Columbus, resigned. The new director assumed his duties November 1. His salary will be \$3,000 a year.

Dr. McDowell was graduated from the Western Reserve University School of Medicine in 1905. For eight years he practiced medicine in Zanesville, and spent considerable time in studying public health work. When Springfield adopted the commission form of government, Dr. McDowell was appointed director of the health department and organized a splendidly efficient bureau. He resigned that position to accept the position under the state board of health. The state is to be congratulated on securing such a well-equipped man to carry forward the work which Dr. Paterson inaugurated.

RECENT MARRIAGES

Henry Jenkins, M. D., to Miss Clara Powell, both of Cleveland, September 9.

Angeline Mildred Lemon, M. D., Cleveland, to Mr. Harold Faunce Dumbleton of Detroit, September 5.

Harry Cernelius Albert Beach, M. D., Columbus, to Miss Margarite Carolyn Schairer, Zanesville, September 7.

Samuel Pritchard Fetter, M. D., Portsmouth, O., to Mrs. Gertie Meek Mayo of Paintsville, Ky., at Ashland, Ky., September 23.

Several Licensed to Practice in Ohio

The following were granted reciprocity certificates at the meeting of the Ohio State Medical Board, October 3, 1916. The town in which the doctor will locate, or has located, is first given:

Cleveland—Charles H. Garvin, licensed D. C. 1916; Howard University, 1915. Practiced as interne Freedman's hospital, Washington, D. C. Member of Freedman's Hospital Medical Society.

Toledo—William R. Stephens, licensed Ill., 1903; University of Berlin, 1903. Practiced in Chicago 1903 to 1906. Now resident physician in Lucas County Hospital.

Cincinnati—Homer W. Carter, licensed Ill., 1915; Rush, 1915; interne Cincinnati General Hospital from December, 1915, to June, 1916.

Middletown—Chester A. Spitler, licensed Indiana, 1907; Indiana Medical College 1907. Practiced one year at Indianapolis City Dispensary, eight years at Saratoga.

Berea—John A. Shoemaker, licensed 1910; University of Pennsylvania, 1902; practiced at Knox Pa., 1902 to 1906; Ft. Collins, Colo., 1903 to 1910; Ellsworth, Iowa, 1910 to 1916. Member Hamilton County (Iowa) Medical Society.

Cleveland—Otis F. Simonds, licensed Maine, 1911; Medical School of Maine, 1909. Practiced Boston City Hospital, 1909 to 1910; Worcester City Hospital, Mass., 1910 to 1911; Army Hospital, Panama, 1911 to 1912; Brazil Government Service 1912 to 1913. In Philadelphia last three years as chief resident physician Samaritan Hospital at Temple University, and later at the Wills Eye Hospital. Member of the Massachusetts Medical Society.

Alliance—Floyd R. Stamp, licensed Maine, 1914; Tufts Medical College 1912. Practiced 1912 to 1914 in Boston; from 1914 to present time in York Harbor, Maine.

Cleveland—Allen Graham, licensed Maryland, 1909; Baltimore Medical College 1909. Practiced St. Agnes Hospital, Baltimore, 1909 to 1910; assistant and resident surgeon, Charity Hospital, Cleveland, 1911 to 1912; surgical pathologist to Lakeside Hospital, and demonstrator of surgical pathology, W. R. U., Medical School, 1912 to 1915; assistant resident surgeon, Lakeside, 1915 to the present time.

Cleveland—Charles A. Bowers, licensed Maryland, 1912; Johns Hopkins 1912. Practiced Lakeside Hospital 1912 to 1914; Baltimore 1914 to 1915, and Lakeside 1915 to 1916.

Leetonia—James D. Crane, licensed Maryland, 1914; College of P. and S., Baltimore, 1914. Practiced as interne at Mercy Hospital, Baltimore, 1914 to 1915; at LaPlata, Md., 1915 to 1916; and Baltimore since January, 1916. Expects to take practice of Howard E. Harman, who has gone to the Philippines.

Cleveland—John H. Hall, Mich., 1900; Uni-

The One Hundred Per Cent Club of 1916

Members		Members		Members	
	1915	1916		1915	1916
Adams	23	23	Madison	9	21
Allen	83	83	Mahoning	100	109
Ashtabula	27	38	Marion	29	38
Athens	51	56	Medina	21	21
Auglaize	26	26	Meigs	11	15
Belmont	55	58	Miami	46	49
Clark	64	64	Morrow	15	17
Columbiana	39	45	Muskingum	38	50
Coshocton	21	24	Ottawa	15	15
Defiance	6	16	*Paulding	21	21
Crawford	28	32	Perry	19	24
Delaware	26	28	Pickaway	22	26
Franklin	315	332	Pike	13	13
Fulton	25	27	Preble	12	18
Gallia	31	31	Putnam	30	31
Geauga	9	10	Richland	31	51
Green	32	33	Ross	21	31
Guernsey	29	32	Sandusky	21	30
Henry	19	23	Seneca	37	40
Harrison	14	22	Shelby	18	19
Hancock	36	36	Stark	126	130
Highland	24	25	Scioto	48	48
Hocking	11	13	Trumbull	28	32
Holmes	8	11	Tuscarawas	43	47
Huron	13	18	Washington	40	53
Jefferson	40	49	Wayne	25	27
Lake	16	19	Wood	30	41
Lawrence	17	23	Wyandot	16	16
Lorain	50	61			

*A "super" one hundred per cent county.

TOTAL PAID-UP MEMBERSHIP, 1916—4,329.

TOTAL, 1915—4,241

versity of Mich. 1890. Practiced one year at Ann Arbor, eleven years at Bay City, and five years in New York. Ex-member of the Michigan Medical Board.

Toledo—John R. Davis, licensed Mich., 1909; University of Mich. 1909. Practiced in Michigan 1909 to 1910; City of Mexico 1910 to 1916.

Lorain—Sherman C. Ward, licensed Mich., 1915. Practiced as assistant to general surgeon not named June to August, 1915; 1916 at Lorain.

Wooster—Alonzo C. Smith, licensed Michigan, 1915; University of Michigan 1915. Practiced one year as house physician at University of Michigan Hospital, Ann Arbor, until July, 1916.

Toledo—Horace K. Beckwith, licensed Michigan, 1916. Graduate Detroit Col. Med. and Surg., 1916; interne Lucas County Hospital.

Toledo—Frank W. Pilliod, licensed Missouri, 1915; St. Louis Univ. 1915. Interne at St. Vincent Hospital, Toledo.

Toledo—Edward J. McCormick, licensed Mis-

souri, 1915; St. Louis Univ. 1915. Now interne at St. Vincent Hospital, Toledo.

Holloway, Belmont County—Laurence P. Desmond, licensed New York, 1898; Bellevue Hospital Medical College, 1898. Practiced in Elizabeth, N. J., 1898 to 1901, a short time in Denver, 1901, Cheyenne, Wyo., 1901 to 1911, Liberty, N. Y., 1914-1915, Elizabeth, N. J., 1915-1916. Member of the Clinical Society of Elizabeth General Hospital. Moving to Ohio to take over the practice of Dr. C. C. Headley, of Holloway.

Toledo—Karl D. Figley, licensed New York, 1915; Jefferson Medical College, 1913. Practiced two years at Kings County Hospital, Brooklyn, and ten months in German Hospital, New York City.

Akron—Margaret H. Byron, licensed Pennsylvania, 1902; Woman's Medical College, 1902. Practiced Woman's Medical College Hospital; Philadelphia, one year; in China eight years, Michigan one year, and New York three years.

Steubenville—William K. Alsop, licensed Penn-

State Society Paid-Up Membership for 1916 Passes the 4,300-Mark; Wyandot "Makes" the 100 Per Cent Club

Membership in the State Association passed the 4300 mark this month. The total when this issue went to press had reached 4329 — exceeding last year's total by nearly 100 members.

While there have been changes in the standing in the membership of several societies, there is only one addition to the One Hundred Per Cent Club. Wyandot qualified by reporting a sixteenth member, thereby equaling last year's roll. Both Cuyahoga and Hamilton counties made gains last month, but the increases were not sufficient to place them in the One Hundred Per Cent roll. Ashland, Clinton, Erie, Jackson, Knox, Noble, Union and Van Wert lack only one or two of qualifying.

During the past month Muskingum county added four to its previous good record. Fulton, Jackson, Tuscarawas and Pickaway each added two. Ashtabula, Athens, Coshocton, Meigs, Preble, Putnam and Washington each added one.

The One Hundred Per Cent Club appears on the opposite page. The following is a list of those counties which have not yet qualified:

	Members 1915	Members 1916		Members 1915	Members 1916
Ashland	20	19	Licking	35	29
Brown	18	10	Logan	37	29
Butler	57	50	Lucas	214	206
Carroll .....	....	....	Mercer	29	26
Champaign	29	24	Monroe	14	6
Clermont	15	9	Montgomery	168	161
Clinton	24	23	Morgan	16	11
Cuyahoga	523	504	Noble	12	10
Darke	56	49	Portage	28	22
Erie	25	24	Summit	160	144
Fairfield	44	39	Union	13	12
Fayette	18	10	Van Wert	27	26
Hamilton	474	459	Vinton	9	7
Hardin	29	26	Warren	34	29
Jackson	21	19	Williams	34	25
Knox	33	30			

sylvania, 1916; Jefferson Medical College, 1915. Has been an interne at Youngstown City Hospital since graduation.

Warren—Paul O. Miller, licensed Pennsylvania, 1916; Jefferson Medical College, 1915. Interne at Youngstown City Hospital since graduation.

Dayton—Harry M. McClelland, Texas, 1913; Vanderbilt, 1912. Practiced at Crescent City, Fla., 1913 to 1914; Dallas, Texas, from January to August, 1914; interne Miami Valley Hospital, September, 1914, to September, 1915; assistant physician at Dayton State Hospital since February, 1915.

Clarington—Ernest E. Funkhauser, licensed West Virginia, 1905; Baltimore Medical College, 1902. Practiced St. Joseph, W. Va., two years; Wheeling one year; Reader five years, and New Martinsville six years.

SIXTH DISTRICT TO MEET AT ASHLAND

The *Journal* received a card from J. H. Seiler of Akron, Secretary of the Sixth Councilor District, announcing that the next quarterly meeting will be held in Ashland on Tuesday, November 14th. The usual good program has been arranged.

PAPERS ON ANESTHESIA

The quarterly supplement of anesthesia and analgesia of *The American Journal of Surgery*, edited by Dr. F. H. McMechan of Cincinnati, has exceedingly interesting articles by Dr. C. W. Moots of Toledo, Dr. W. H. Mytinger of Cincinnati, and Dr. McMechan. In this number, also, appears the paper by Dr. W. D. Gatch of Indianapolis, in which he outlines the system of instruction of medical students and hospital internes in anesthesia, a plan which is being worked out for the better preparation of medical students in the field of anesthesia.

The September number of the *Journal of the Medical Society of New Jersey* contains the proceedings of the sesqui-centennial of the State Society—the oldest state medical association in this country. The Medical Society of New Jersey had its origin in Middlesex County, July 23, 1766. The celebration of this unique event in medical circles was fittingly observed with speeches, historical sketches and other proceedings, all being adequately presented in the journal. The next oldest societies are the Massachusetts State Medical Society and the Connecticut State Medical Society.

Second Councilor District Society Holds Record-Breaking Meeting at Springfield; Over 250 Attend

Physicians who gathered in Springfield on October 4, for the thirteenth annual meeting of the Second Councilor District Society attended highly instructive clinics, listened to an excellent program of papers and, by way of pleasing innovation, witnessed a remarkable demonstration of surgical technic by motion pictures. The registration book, containing the names of more than 250 physicians, reflects the organized strength of the district and the success which crowned the efforts of the committee in charge of the meeting. All attendance records of the Society were broken.

Clinics which occupied the morning session at the Springfield City Hospital, were divided as follows: Pediatrics, Dr. Joseph Brenneman, of Chicago; genito-urinary, Dr. J. Bentley Squier, of New York; eye, ear, nose and throat, Dr. Joseph Beck, of Chicago; general surgical, Dr. A. B. Kanavel, of Chicago. Many unusual and interesting cases were presented. Dr. Kanavel's subjects were appendicitis, ulcer of the stomach, contraction of the hand from infection and varicose veins. Dr. Squier discussed carcinoma of the prostate, epispadias, and extraphy of the bladder.

Dr. Brennemann presented: (1) A case of multiple meuro-fibromata or von Recklinghausen's disease; (2) a case of goitre in a boy of 12 with a suggestion of exophthalmos. The boy has several tics or habit spasms that were differentiated from chorea, and the treatment was removal; (3) a case of tetany, with discussion as to etiology, symptomatology, dietic and medicinal treatment and (4) a feeding case.

At noon, the visitors were driven in automobiles to the Springfield Country Club where lunch was served. For the afternoon session, the physicians gathered at the Springfield Commercial Club in the Fairbanks Building. In the absence of Dr. Roger Morris, of Cincinnati, who was to have read a paper on "Hypopituitarism," Dr. Beck opened the session with a discussion of the eye, ear, nose and throat, bringing out many interesting points and useful suggestions. Dr. Brenneman then took up the subject "The Use of Boiled Milk in Infant Feeding and Elsewhere." His discussion was well filled with explanations of his own research work. He was followed by Dr. Kanavel, who gave a lantern-slide talk on the "Transportation of Free Flaps of Fascia and Fats, in Deformities, Contractions, etc."

Dr. Squier's motion pictures of four surgical operations, taken under the doctor's supervision in New York, were then shown in the New Sun Theater. Dr. Squier is the operating surgeon in each operation. In explaining the difficulty of working before a camera, he urged his audience to look at the pictures "in a charitable frame of mind" for several lapses in technic were to be noted. "Remember," he said, "We are not showing expert surgery, but expert photographs of sur-

gery." His work as it appeared on the screen was frequently applauded. All who saw the demonstration were impressed with the possibilities of this branch of surgical teaching which Dr. Squier is developing.

Officers elected by the councilor district were: President, L. G. Bowers, of Dayton; secretary, A. F. Sarver, of Greenville; treasurer, W. C. Taylor, of Springfield; member of the executive committee, W. B. Patton, of Springfield, retiring president of the district; E. M. Huston, of Dayton and M. M. Brubaker, of Covington. Dayton will be the scene of the next annual gathering.

Members of the Clarke County Medical Society, particularly the committeemen in charge of the arrangements, worked hard to make the meeting a success. A plan which was carried out by the committee to stimulate interest and enthusiasm, is well worthy of mention. A few days before the meeting 21 members of the society toured the district in automobiles, urging all they met to attend. In each office, the boosters left a card which notified the doctor's patients that he would "attend a big medical meeting at Springfield, October 4." It told the caller the doctor was in Springfield, and furnished telephone numbers where he could be reached. The boosters felt amply repaid for their efforts.

The local committees were composed of the following: Arrangements—C. L. Minor, J. R. McDowell, J. A. Link, W. P. Ultes, George D. Grant, Clement L. Jones; Finance—W. C. Taylor, F. P. Anzinger, R. C. Rind, F. A. Hartley, C. S. Ramsey; Reception—H. B. Martin, J. E. Moore, E. R. Brubaker, W. A. Ort, C. W. Russell; Automobile—C. S. Ramsey, H. E. Vogel, J. H. Riley, W. A. M. Hadley, C. W. Russell.

President Gibbon and President-elect Smith of the State Association, were guests at the meeting, which was brought to a close with a banquet for speakers and guests at the Arcade Hotel. Those who registered at the meeting were:

CHAMPAIGN COUNTY

Urbana—E. D. Buhner, E. W. Ludlow, J. W. McLaughlin, F. F. Barger, J. D. O'Gara, D. C. Houser, E. R. Earle, M. C. Houston, V. G. Wolfe. St. Paris—H. B. Hunt, Caleb Jones, C. A. Offenbacher. Rosewood—W. A. Yinger

CLARK COUNTY

Springfield—J. H. Rinehart, W. B. Patton, J. C. Easton, William Ultes, W. A. Ort, H. E. Vogel, G. C. Rodebaugh, George Grant, D. K. Gotwald, Harry Miller, J. P. Dugan, W. A. Hartley, R. A. Petteford, C. W. Evans, R. M. Vaughn, J. R. McDowell, Charles A. Minor, Charles Adams, E. B. Starr, E. C. Harris, C. S. Ramsey, B. D. Titlow, P. E. Cromer, W. Hague, J. O. Davey, L. L. Lyman, Horace Heinland, Arthur Pancake, A. H. Patter, C. H. Kay, J. A. Link, R. L. Bell, C. B. Hamma, T. M. Reade, Henry Baldwin, J. E. Myers, L. E. Russell, C. H. Hutchings, W. C. Taylor, J. H. Poulton, W. A. Smith, C. W. Russell, F. P. Anzinger, C. L. Jones, P. W. Brown, A. R. Kent, J. H. Riley, North Hampton—W. E. Bright, M. S. Collins. South Charleston—W. H. Graham, J. J. Moore. Enon—R. C. Hebble. New Carlisle—G. E. Martin, A. W. Detrick. Selma—E. H. Nehls.

DARKE COUNTY

Greenville—A. F. Sarver, J. E. Hunter, W. H. Matchette, W. T. Fitzgerald, Robeson Donavan, B. F. Metcalfe, E. G. Husted. Arcanum—W. J. Smith, R. W. Byers, Charles Whittenmyer. Versailles—

W. C. Goodman, J. B. Ballinger, C. F. Ryan, L. G. Cromer, Union City, Ind.

FRANKLIN COUNTY

Columbus—A. M. Hauer, A. C. Wolfe, G. W. Brehm, C. S. Means, F. G. Boudreau, H. R. Wright, E. G. Horton.

FAYETTE COUNTY

Washington C. H.—D. H. Rowe, W. E. Ireland, Jeffersonville—J. H. French. Milledgeville—Grant Marchant.

GREEN COUNTY

Yellow Springs—H. F. Baker, R. R. Richinson, W. H. Humphrey, L. L. Taylor, Jessie T. Bogle. Xenia—D. E. Spahr, C. G. McPherson, W. S. Ritenour, A. C. Messenger, R. H. Grube, Reed Madden. New Burlington—H. O. Whitacre. Jamestown—J. M. Jones, L. C. Walker. Cedarville—M. I. Marsh, J. O. Stewart. Bowersville—G. K. Dennis. Osborn—P. C. Marquart, T. V. Crabill.

MIAMI COUNTY

Piqua—E. A. Yates, J. F. Beachler, J. H. Baker, J. H. Prince, L. D. Trawbridge, J. H. Lowe, R. M. O'Ferrall, W. N. Unkfer, J. B. Barker, M. R. Haley, C. E. Hetherington, F. W. Thomas, R. D. Spencer. Pleasant Hill—S. M. Bausman, A. J. Bausman, C. R. Coate. Troy—W. R. Thompson, G. H. McCullough, C. A. Hartley, T. M. Wright, W. B. Coleman. Cass-town—C. J. Augustus. Tippecanoe City—B. J. Kendall, S. D. Hartman. Covington—A. L. Ruhl.

MONTGOMERY COUNTY

Dayton—E. S. Breese, A. B. Browser, R. M. Huston, C. A. Coleman, Horace Bonner, R. S. Binkley, B. W. Beatty, W. E. Ashmann, C. H. Tate, A. J. Moorman, W. H. Delscamp, R. C. Pennywitt, Mat-

thew Porter, C. N. Chrisman, H. F. Maetke, G. D. Gohn, F. S. Thompson, C. T. Shepard, A. B. Bower, Curtiss Ginn, C. H. Breidenbach, B. C. West, E. S. Everhard, Gertrude Felker, Emma F. Owsley, Josephine Funderburgh, W. F. Lauterbach, William Roehm, George B. Evans, H. H. Hatcher, C. A. Bonner, W. G. Hyatt, L. M. Jones, R. A. Bunn, A. J. Willey, J. K. Lawson, C. H. Breidenbach, W. G. Clagget, F. C. Gray, A. W. Carley, E. E. Bahlender, H. H. Carter, George Goodhue, W. A. Ryan, D. M. Bussdicker, G. A. Kalter, G. T. Brown, J. W. Millette, George P. Dalc, W. C. Marshall, A. O. Peters, E. H. Morris, W. E. Riesinger, H. C. Manning, H. V. Dutrow, W. S. Smith, C. C. McLean, P. W. Tappan, J. D. Fouts, C. L. Patterson, F. L. Shiveley, R. H. Firth, W. E. Allaman, W. B. Bryant, T. L. Gregg, S. M. Beck, M. E. Coy, L. R. Courtwright, F. D. Crowl, Centerville—B. W. Keever, C. D. Slagle. Miamisburg—C. S. Judy, C. T. Hunt. West Carrollton—J. L. Carter. Vandalia—W. H. Bailey. New Lebanon—D. C. Mills.

PREBLE COUNTY

Eldorado—W. H. Tucker. Verona—W. I. Christian. Camden—D. W. McQueen.

SHELBY COUNTY

Sidney—A. W. Reddish, A. W. Grosvenor, O. O. LeMaster, V. W. LeMaster, A. B. Gudenkauf, A. W. Hobby, L. C. Pepper. Botkins—F. R. McVey.

OTHER VISITORS

Visiting from other sections of the state were:

—West Liberty—G. B. Hale. Middletown—W. H. Williams, G. D. Lummis, E. O. Bauer. Cincinnati—R. W. Staley, E. O. Smith, J. L. DeCoursey, G. F. Kim. Franklin—N. A. Hamilton, S. C. Stahl. Lebanon—Charles A. Hough. Tiffin—H. B. Gibbon. Melmore—R. G. Steel.

Seventh District Society Opposes Hospital Ruling of State Board

Rain kept many away from the annual meeting of Seventh Councilor District meeting at Cadiz, October 19, but the fifty physicians who attended thoroughly enjoyed every minute of the session.

After listening to an instructive program, the physicians entered into a general discussion of recent laws and rulings affecting the medical profession. Opposition to the ruling of the Ohio State Medical Board, making a daily average of 15 patients one of the minimum requirements for recognition of hospitals operating nurse training schools, was expressed in a resolution presented by Dr. H. A. Coleman of New Philadelphia, and adopted with few dissenting votes. The resolution reads as follows:

"Whereas, Power is vested in the state medical board of Ohio to regulate the qualifications for registering trained nurses, and,

"Whereas, These qualifications have a direct bearing on the improvement and progress of hospital and X-ray facilities in the rural communities of our state, and

"Whereas, We believe that the average daily roster of hospital patients or ratio of beds to pupil nurses has a relatively insignificant bearing on the qualification of a nurse to become proficient and ethical, therefore,

"Be it resolved, That the Seventh District of the Ohio State Medical Association, in session at Cadiz, O., October 19, 1916, is opposed to the incorporation of any such ruling as a required qualification for trained nurses to register, and further,

"Be it resolved, That a properly certified copy of these resolutions be forwarded to our State Medical Board and to the Ohio State Medical Journal."

In the discussion that followed the presentation of the resolution, Dr. James S. McClellan of Bellaire, councilor of the district, and Dr. J. C. M. Floyd of Steubenville, urged the physicians not to express themselves on the subject at this time. Both said they were in sympathy with the resolution but thought that more time should be given to its consideration. A motion to table the reso-

lution was voted down and its adoption followed.

A chicken dinner, served by the ladies of the Christian Church, where the meeting was held, preceded the opening of the session. The visitors were then welcomed to Cadiz by Dr. Mary Lemmon. Dr. Floyd responded to her address. The

FIRST DISTRICT, NOVEMBER 22

Just before we close this issue, Councilor Robert Carothers of the First District, announced that the annual meeting of the First District Medical Society would be held at Cincinnati General Hospital, commencing at 10 A. M. on Wednesday, November 22. The morning program will include papers by Dr. Percy, of Galesburg, Ill., on the value of heat in the treatment of cancer; by Dr. Charles S. Williamson, of Chicago, on a medical subject; and by Dr. Herschel Fisher, of Lebanon, who will discuss the relationship between the city and country practitioner. A noon lunch will be served at the hospital, and the entire afternoon will be devoted to non-operative clinics by the hospital staff. A large attendance is urged. Dr. George D. Lummis, of Middletown, is president, and Dr. John Miller, of Cincinnati, is secretary of the district society.

program was opened by Dr. John A. Bradley of Steubenville, with a paper on "The Early Diagnosis of Tuberculosis." Other speakers, together with their subjects, follow:

Dr. J. O. Howells of Bridgeport, "The Terminal Results of Fractures, Dislocations and Contu-

sions;" Dr. W. D. Inglis of Columbus, "Toxemas of Pregnancy;" Dr. J. A. McCollam of Uhrichsville, "The Doctors' Relation to the Social Neuroses." All the subjects were freely discussed.

At the business session, Uhrichsville was selected as the next meeting place, Dr. John E. Groves of Uhrichsville, was elected president to succeed Dr. J. S. Campbell of Cadiz, and Dr. George T. Haverfield of Uhrichsville, was elected secretary to succeed Dr. H. I. Heavilin of Cadiz.

Dr. S. B. McGavern was chairman of the local committee which arranged the meeting. The other members were Drs. O. H. Finnical, J. H. Mattern, Mary Lemmon, R. P. Rusk, and W. H. Lemmon.

Eighth District Society, Meeting at Caldwell, Discusses Problems of Medical Practice

Animated discussion of technical and legislative subjects relating to the practice of medicine made the thirteenth annual meeting of the Eighth Councilor District at Caldwell, September 28, one of the most interesting gatherings ever held in the district. Seventy-five physicians representing all parts of the district, attended.

Dr. J. L. Gray of Caldwell, opened the morning session with an address of welcome to which Dr. S. A. Cunningham of Marietta, responded on behalf of the visitors. Dr. H. B. Gibbon of Tiffin, president of the State Association, followed with an address in which he emphasized the importance of organization among physicians and asked loyal support for the State Association in order that problems confronting the physician may be solved satisfactorily.

By mentioning state health insurance as one of the things physicians should give attention to at this time, the president precipitated a general argument in which not only state insurance but also contract practice was freely discussed. All who joined in the discussion were opposed to state health insurance if it is to be worked out and administered by politicians.

Among the visitors who registered at the meeting were: Steubenville—J. C. M. Floyd, John A. Bradley, James E. Miller. New Athens—J. A. McGrew. Germano—W. S. Spence. Jewett—A. C. Goone. Bridgeport—J. V. Howells, R. W. Schulinbery. New Philadelphia—C. D. Kurtz, J. M. Smith, E. D. Moore, H. A. Coleman, E. B. Shanley. Dover—E. C. Davis. Uhrichsville—G. T. Haverfield, A. C. Dempster, J. A. McCollam, J. E. Groves. Dennison—T. H. Wilson, Roy Wilson. Harrisville—J. C. McClester. Bellaire—D. W. Boone, James S. McClellan. Columbus—W. D. Inglis, Chas. McGavran. Toronto—Emmett R. Giese. Rayland—John R. Caldwell.

An interesting paper on insanity by Dr. T. L. Baxter of Newark, closed the morning program. After lunch, a business session was held at which Zanesville was chosen as the next meeting place, Dr. F. S. Baron of Zanesville, was elected president of the district to succeed Dr. F. R. Dew of Belle Valley, and Dr. E. R. Brush of Zanesville, was named secretary to succeed Dr. A. B. Headley of Cambridge.

Opening the afternoon program, Dr. Frank G. Boudreau, director of the division of communicable diseases, state department of health, discussed "Infantile Paralysis." Dr. H. T. Sutton then read a paper on "Surgical Treatment of Fistula in Ano." Both talks were well received and were followed by lively discussion.

Dr. William E. Lower of Cleveland, was on the program for a discussion of "Prostatic Obstruction; Diagnosis and Treatment," but he was unable to be present. He started from Cleveland but was detained after several hours traveling by bad railroad connections.

The Eighth is "in the ring" and is determined to make a good showing in the association this year.

Members of the Ninth District, in Annual Session at Jackson, Hear Interesting Program

The fourteenth annual meeting of the Ninth District Medical Association at Jackson, October 19, was one of the best ever held in the district in spite of the fact that rain cut down the attendance. About 50 physicians from all sections of the district attended.

An interesting and instructive program was opened by Dr. C. D. Hoy of Columbus, who presented a paper on "Acute Metastatic Arthritis." "Incipient Insanity, Its Diagnosis and Treatment," was the subject of a paper read by Dr. A. F. Shepherd of Columbus. Dr. Shepherd was followed by Dr. S. B. McKerrihan of Portsmouth, with a paper on "The Prevention of Feeble Mindness." The papers were freely discussed by many physicians.

Dr. H. B. Gibbon of Tiffin, president of the State Association, addressed the meeting, pointing out the value of organization and presenting many historical facts of interest.

Dr. J. W. Fitch of Portsmouth, then took up a discussion of the correct interpretation of bladder symptoms, which was followed by a paper by Dr. A. H. Dunn of Chillicothe, on "Chronic Peptic Ulcer." Both subjects drew free discussion.

At a business session, Portsmouth was selected as the next meeting place. Dr. J. W. Fitch of Portsmouth, was elected president and Dr. W. A. Ray of Portsmouth, secretary.

Dr. J. S. Rardin of Portsmouth, councilor of the district, presented a complete report on the

professional affairs in the district. At noon dinner was served in the Methodist church by the ladies of the church. The sessions of the association were held in the Jackson county court house.

Credit for arranging the excellent program and entertaining the visitors goes to the committee of the Jackson County Medical Society, which was composed of Drs. J. S. Hunter, R. W. Caldwell and W. R. Evans.

Northwestern Ohio Medical Association, Despite Bad Weather, Holds Splendid Meeting at Toledo

Miserable weather prevented many physicians from attending the annual meeting of the Northwestern Ohio Medical Association at Toledo, October 19 and 20, as guests of the Academy of Medicine of Toledo and Lucas county, but those who were able to be present enjoyed an excellent program. Heavy rains fell almost continuously throughout the two-day session. Despite the weather the attendance was 230, exceeding all previous attendance records.

A feature of the meeting was a visit by Dr. Harvey Wiley of Washington, D. C., former chief of the bureau of chemistry, federal department of agriculture, who, after a banquet at the Woman's Building at the close of the first day's session, addressed the association and a large lay audience on the subject, "Curative and Prophylactic Aspects of Pure Food."

Dr. J. S. Stone of Boston, was the principal speaker on the program for October 19. His subject, "Diagnosis of Obscure Abdominal Conditions in Childhood," was handled in a manner that indicated wide experience and thorough study. His paper was a most thorough discussion of the subject.

Dr. Frank D. Ferneau of Toledo, opened the session with a paper on "After Treatment of Infantile Paralysis," which was followed by lively discussion in which Drs. William Storey of Castalia, B. G. Chollett of Toledo, J. L. Tracy of Toledo, Harold Morgan of Toledo, J. A. Weitz of Montpelier, and Harry Noble of St. Marys, took part.

"Some Surgical Oddities" was the subject of a paper read by Dr. H. L. Wenner of Tiffin, and discussed by Drs. George Lambright of Tiffin, and C. W. Moots of Toledo. Dr. P. I. Tussing of Lima, reported two cases of trichinosis which were discussed by Drs. L. A. Levison of Toledo, and Weitz.

A paper by Dr. A. M. Crane of Marion, on "Mouth Infection, With Special Reference to Pyorrhoea Alveolaris," elicited discussion in which Drs. H. S. Cohn, C. C. Sherwood, J. A. Wright and T. L. Ramsey of Toledo participated.

After Dr. Stone's address and a paper on "Some Unsatisfactory Conditions of Public Health in Ohio," by Dr. C. L. Mueller of Wapakoneta, the meeting adjourned to the Woman's Building, where one of the best dinners any physician ever ate was served.

The first paper of the session on October 20 was read by Dr. John V. Hartman of Findlay.

His subject was "Prolapsus Uteri," and his paper was discussed by Drs. Moots and Julius Jacobson of Toledo.

Dr. Hartman was followed by Dr. Noble, who presented a paper on "Some Points Not Found in Text Books." His paper was discussed by Drs. A. S. Rudy of Lima, and Drs. Jacobson, Wright, Cohn and Morgan.

Dr. Isaac A. Abt of Chicago, then delivered the principal address of the session. His subject was pediatrics and he brought out many interesting and practical points. Dr. William Gillette of Toledo, followed Dr. Abt with a paper on "Cancer Treated by Superheated Steam," which was discussed by Drs. William S. Powell of Defiance and Dr. Moots. Dr. J. L. Murphy brought the session to a close with a paper on "Some Recent Advances in Dermatology." His subject was discussed by Drs. Morgan and Cohn.

At a business session, the association decided to meet at Lima in 1917, and elected the following officers: President, J. R. Tillotson of Delphos; first vice president, M. V. Replogle of Bryan; second vice president, H. L. Wenner of Tiffin; secretary, A. S. McKitrick of Kenton; assistant secretary and treasurer, J. B. Ury of Defiance.

The association also sent a telegram to Dr. Jacob A. Kimmell, who is ill at his home in Findlay, expressing hope for his speedy recovery.

The meeting and the attendant activities reflected great credit to the officers—Dr. Sidney D. Foster of Toledo, the president; Dr. Edwards H. Porter of Tiffin, the secretary, and Dr. A. S. McKitrick of Kenton, the assistant secretary. These men worked for several months to insure a large attendance. Dr. George Chapman of Toledo, had charge of the local arrangements, and they were splendidly managed.

The councilors in the districts included in the association—Dr. W. B. Van Note of Lima, and Dr. C. W. Moots of Toledo—engaged in a friendly registration rivalry. Dr. Foster offered a hat to the councilor whose district showed the largest attendance. Dr. Van Note won the hat, Dr. Moots being handicapped 100 members.

TENTH DISTRICT SOCIETY

The annual meeting of the Tenth District Society was held at Circleville on Thursday, October 26. Dr. Briggs' lecture occupied the major portion of the program. Report next month.

 * MEETINGS OF THE TOLEDO *
 * ACADEMY OF MEDICINE *

(Report by E. M. Latham, M. D., Correspondent)

The Toledo Academy of Medicine held its first meeting after the summer vacation on Friday evening, October 6, at the Y. M. C. A. building. President Louis Miller was in the chair, and B. J. Hein acted as secretary in the absence of Secretary Waggoner, who recently underwent an operation. M. E. Canfield was voted into membership.

The subject for the evening was Infantile Paralysis. Owing to the recent epidemic of this malady in Toledo and the fine program promised, a large number of doctors turned out and nearly filled the hall.

C. D. Selby, city health commissioner, presented a study of the disease from an epidemiological standpoint. From June 19 to October 5, 1916, 109 cases were reported, with twenty-two deaths. In proportion to population Toledo ran a close second to New York. The hotter the weather, the greater the number of cases. The sudden snap of cool weather late in August cut short the epidemic. The death rate for Toledo was 20.2, being about the same as that for New York. A study of ninety cases shows that forty-eight were male, forty-two female. Sixty per cent were in children of five and under. Between five and ten years, twenty-one had the disease; between ten and fifteen years of age, three were afflicted; none between fifteen and twenty years, and four over twenty.

In the families affected there were one hundred and fifty-six close contacts and of these only three developed the disease. Outside the families 174 contacts were traced and only two were stricken. Of the 90 cases, 85 could not be traced to any contact. Seventy-eight cases used pasteurized milk; twelve used raw milk. The sanitary conditions were good in about 80 per cent of the cases. All but about five per cent had screens to their homes.

From the facts at hand, the following conclusions seem logical: 1. Poliomyelitis is a hot weather disease. 2. It has no predilection for sex. 3. The disease is chiefly one of early child life. 4. The disease is not contagious in the sense of the word as applied to measles, scarlet fever, etc. If contagious, most persons are immune. 5. It is not a water-borne disease. 6. It is not a milk-borne disease. 7. Sanitary conditions do not seem to influence the disease. 8. It is not transmitted by flies.

F. D. Ferneau read a paper on the pathology and symptoms of poliomyelitis. He believes the infection enters the system by way of the lymphatics, following the olfactory nerve filaments to the nasal cavities. This view is upheld by the

fact that the earliest changes are found in the lymph spaces around the meningeal blood vessels. The cord is supplied from these vessels and the disease is most marked on the anterior surface of the cord and in the anterior fissure whence the larger vessels enter the cord.

The earliest changes are hyperemia and a collection of small round cells. Hemorrhage and edema are found frequently. The pressure and anemia cause a degeneration of the nerve cells. If the edema clears up rapidly, the paralysis soon disappears. In the medulla morbid changes are found chiefly in the large vessels. The meninges around the sylvian fossae and central gyrus are most often affected. Lesions of the posterior root ganglion are constant, also a cellular infiltration along the nerve roots.

The lymph glands of the whole body are affected. Peyer's patches, the mesenteric, sub-sternal, bronchial, cervical, and axillary lymph glands are all affected. The spleen is frequently enlarged and cells of the liver degenerated. Flexner and Lovett recognize three types of poliomyelitis, viz.: 1st. The abortive, or cases without paralysis. 2d. The cerebral group, in which spastic paralysis is present. 3d. The bulb-spinal group, in which flaccid paralysis is present.

The incubation period is about four days. The most constant initial symptoms are fever at 99 to 103, sweating, drowsiness in some, and irritability in others when disturbed. Stiffness and rigidity of the neck and spine with a positive Kernig's sign are usually present. Convulsions are rare, but twitching and tremors may occur.

In some epidemics colds in head, bronchitis, sore throat and even broncho-pneumonia are present. Vomiting is quite constant. Diarrhea occurs more frequently than constipation. The blood shows an increased leucocyte count. Lumbar puncture shows an increased pressure of spinal fluid. Paralysis will appear within a day or two, if at all. The recent epidemics show that nearly one-half the cases are not left paralyzed. Flexner believes that non-paralyzed cases are the most dangerous sources of infection.

Most frequently, in the bulb-spinal type, on the first or second day the child is found lying on its back, thighs flexed and elevated. The child has a tired expression. Head may be drawn back and neck rigid. Any group of muscles may be affected. The muscles of the leg are involved in one-half of the cases. The arms and shoulders are next most frequently involved. The deltoid atrophies more rapidly than any other muscle. Most fatal cases result from paralysis of the intercostal muscles and the diaphragm causing respiratory failure.

C. S. Mundy discussed the diagnosis and prognosis of acute anterior poliomyelitis. He would divide the disease into three great classes, viz.: the cerebral or meningitic, the bulbar or pontine, and lastly the spinal. Diagnosis after the par-

alysis appears is easy. Until recently the early stage was seldom recognized. Poliomyelitis is contagious in the early stages if at all. Early treatment alone gives hope of success. Of the cases studied in Toledo, 44 had constipation, 6 had diarrhea, and 2 had constipation and diarrhea alternately; 70 cases had fever, 35 headache and 23 vomiting. Two only had sore throat and one only had coryza. Young children were very drowsy when left alone and irritable when disturbed. Other children often complained of pains in the limbs. McEnen's sign was positive in 10 out of 13 cases. Kernig's sign was positive in 59 out of 70 cases. Brudzinski's sign was positive in 61 out of 68 cases. Dr. Mundy is of the opinion that this sign is always present at some time during the disease. Babinski's reflex was present in 48 out of 68 cases when seen before paralysis set in, the reflexes were usually exaggerated. Paralysis usually appeared in from 2 to 4 days.

The spinal fluid from 26 cases all showed a greatly increased number of endothelial cells, 90 to 98 per cent being mononuclears. A few endothelial cells were present in all. These cells are considered pathognomonic. Of 39 cases followed up to the present time, 17 have entirely recovered, 12 have improved and 10 have shown no signs of improvement.

If a history of fever, constipation and fretfulness is obtained in a child with the presence of McEnen's sign, spinal rigidity, Kernig's sign, and exaggerated knee reflex, one should suspect acute anterior poliomyelitis. A lumbar puncture will confirm the diagnosis.

H. J. Morgan opened the discussion of the treatment of infantile paralysis. A lumbar puncture should be done. Many internists are injecting adrenalin, blood serum from immune persons and horse serums. Others are giving subcutaneous injections of blood from patients who have had the disease. The general practitioner should not inject adrenalin or serum. The early stages are often over treated. *Acute stage*—make patient comfortable. Prevent contractions of limbs by fixing. *Semi-acute stages*—heat, massage, electricity. Electricity is best way to improve muscles. Test out with both galvanic and faradic currents. Exercise three times a week for five minutes. Massage is of most value in infants. Should be done daily. Muscle training for the weak muscles should be given. Always stop exercise short of fatigue. Dr. Morgan was of the opinion that adrenalin, serums given by intraspinal injection, do but little if any good.

B. G. Chollett discussed treatment from the standpoint of orthopedics. He said braces and surgery should not be resorted to until all other means have failed. Proper treatment should not be delayed until severe deformities occur. Massage, electricity and muscle training should all be tried out after acute symptoms are over and a careful lookout kept for deformities. Mas-

sage in the early stage should be very gently used. Relief from pain and prevention of deformity can be secured by supportive apparatus. A light moulded splint applied posteriorly is best for this purpose. If scoliosis is threatened a plaster bed should be applied. The foot should be held at right angle and the knee and hip held in proper position to prevent deformity. The arm held at right angle to body gives the best protection to all the muscles involved. The flexor muscles being stronger than the extensor, recover more rapidly, and the inability of the latter to overcome the short, strong flexor may lead to severe deformity.

Massage properly applied prevents atrophy and promotes muscle tone. Muscle training aims to restore the muscle by opening up new nervous routes. Early walking should not be encouraged. Time should be given for the affected muscles to gain some strength.

After two years of treatment by other methods, operation such as tendons transplantation, nerve transplantation, tendon fixation should be resorted to. Special emphasis must be laid on the danger of overuse of the affected muscles. Returning power may be entirely destroyed. The patient's own active efforts will give best results.

In conclusion Dr. Chollett showed a large number of lantern slides illustrating many deformities and methods of treating them.

In discussion Samuel Salzman claimed good results from active treatment in the acute stage. He claims for adrenalin that it decongests and relieves edema. Horse serum may contain immune bodies. He treated two cases with lumbar injections of adrenalin and horse serum, giving four injections. One case ten months old was almost moribund, the other in a stupor. The good effect of the treatment was apparent in ten minutes and both cases recovered.

C. F. Tenney thinks the infection comes through the bite of some insect. It reaches the spinal fluid by way of the blood stream. At first paralysis is due to pressure and may be relieved by spinal puncture. Spinal puncture should be done in every case. Horse serum would seem to be the most plausible treatment.

Louis Miller made a plea for at least three weeks' rest in bed. Muscle tonus is absent and muscles stretch easily. The strong muscles easily pull out the weak ones and prevent return of tone. Put the patient in a position with legs slightly flexed and feet at right angle to leg.

MEETING OF OCTOBER 13

The Academy of Medicine of Toledo and Lucas County held its regular weekly meeting at the Y. M. C. A. on Friday evening, October 13, 1916. The Section on Pathology had charge. T. L. Ramsey presided.

L. M. Dolloway presented a paper on "Treat-

ment of Superficial Epithelionias. He showed a case recently treated successfully. To succeed in treatment the skin lesions must be superficial, tending to extend outward from the skin, or they must not extend more than 1 c. m. below the surface and be of slow growth and long duration.

Massive doses of the X-Ray are needed to kill the cancer cell. By the aid of present apparatus and the Coolidge tube it is now possible to give doses in a few moments.

Of the late cancers of malignant type, the base-cell is most amenable to X-Ray. The cubo-celled type grows more rapidly and forms matasases earlier, hence they are more resistant to X-Ray.

The prickle celled type grows and metastasizes very rapidly. It is very resistant to X-Ray therapy. Good nutrition, a high blood count and high hemoglobin in the patient result in a more vigorous response to irradiation. Of a total of seventy-two cases treated, eight were on the lower eyelid, six on the cheek, eight on the forehead, fourteen on the nose, four on the neck, two on the ear, two on the scalp, two on the arm, two on the abdomen, three on the upper lip, eighteen on the lower lip, two on the tongue, one on the palate. Of the seventy-two, only two recurrences have taken place and a second treatment was successful in these.

In discussion H. W. Dachtler said that in epithelions of the eyelid, no treatment equals the X-Ray. Ninety-two per cent are cured. Those tumors on the cartilage of the nose and ear are harder to treat on account of poor blood supply. Fractional doses of X-Ray are best in some cases. J. L. Murray claimed that many superficial pre-cancerous conditions yield to carbon-dioxide snow.

J. T. Murphy followed with a paper on "Pathology and Treatment of Hodgkins Disease." He defines this disease as infections and non-contagious due to the Bacillus Hodgkins. An inflammatory change occurs in the lymphatic system—sometimes very severe and necrotic in character. The enlarged glands are discrete, but in the end appear to coalesce. The microscope shows necrosis of the lymphatics, proliferation of endothelial cells, infiltration of the gland substance eosinophiles and proliferation of the glands is often difficult because of confusion with lymphosarcoma, chloroma, or tuberculosis. Early cases show little increase in the leucocytes; later cases show a count as high as 100,000. Treatment of Hodgkins' disease is very difficult. The focus of infection may be in the teeth and should be eradicated.

Arsenic has not proved to be specific as claimed by some. The general health should be built up. In early cases the glands may be removed and the X-Ray used. Practically every case is fatal in from six months to five years. Local treatment consists of surgery and the X-Ray.

In discussion L. A. Levison said that although

the bacillus is present in the swollen glands, it is not yet the proven cause. Vaccines have been a failure. No case has ever yet been cured.

The last paper of the evening was offered by E. D. Tucker on "Skin Lesions of Syphilis." The general characteristics of syphilides are: 1st, absence of febrile disturbance; 2nd, their sluggish character; 3rd, absence of itching pain, etc.; 4th, response to such drugs, as mercury, potassium iodide; 5th, their coppery tint; 6th, tendency to polymorphism; 7th, development of papules; 8th, circular form and small size of early lesions; 9th, their firm consistence; 10th, presence of flexor surface; 11th, arrangement in circles or segments of circles; 12th, peculiar character of scales, crusts, ulcerations and cicatrices; 13th, tendency of later syphilides to spread in a serpiginous manner. Any one characteristic is not alone diagnostic, but some of them will always be present in every syphilitic skin eruption.

The diagnosis of syphilitic skin eruption is now easily made by means of blood examination. The early skin eruptions are not deep, and often disappear in a few days. Later eruptions are deeper and leave scars and stains. Early syphilides are erythematous, papular, vericulate and pustular. The later syphilides are tuberculous, nodular, gummatous and ulcerative.

In discussion J. L. Murray made the point that the crusts of syphilides exactly fit the ulcer. Patients with bullous lesions at birth usually die. Louis Miller stated that the skin is not affected where the central nervous system is involved.

NEWS OF THE CLEVELAND ACADEMY OF MEDICINE

(Report by J. E. Tuckerman, M. D., the Secretary)

The one-hundred and thirty-first regular meeting of the Academy was held at 8:00 P. M., Friday, September 29, 1916, at the Cleveland Medical Library. Program:

1. Blastomycosis. Mycosis Fungoides. 3. A Probable Rhinoscleroma. A report and discussion of histo-pathological changes.—Dr. A. A. Eisenberg.

Report later.

The one-hundred and thirty-second regular meeting of the Academy was held October 20, 1916. Program:

1. Some Observations on the Use of Blood Transfusion as a Therapeutic Measure.—Arthur B. Eisenbrey, M. D.

2. Hirsprung's Disease and Other Dilations of the Colon.—Dr. C. A. Haman.

Report later.

SECTION MEETINGS

The eighty-sixth regular meeting of the Oph-

thalmological and Oto-Laryngological Section was held Friday, October 27, 1916, at 8:00 P. M., at the Cleveland Medical Library. Program:

1. Report of a Cast of Rhinoscleroma.
Dr. Ira A. Tripp
2. Lip Reading for the Hard Hearing Adult.
Miss Louise Howell
3. Experience in Post-graduate Work in the Harvard Medical School
Dr. C. C. Pitkin
4. Presentation of Patient with Verruca of the Left Eyelid
Dr. L. K. Baker
5. Ocular Disease and the Teeth
Dr. Leo Wolfenstein

The one-hundred and eighteenth regular meeting of the Clinical and Pathological Section was held in conjunction with the Lakeside Hospital Society, Friday evening, October 6, 1916, at 8:00 P. M., at Lakeside Hospital. Program:

1. Hydatiform Moles,
Dr. W. H. Weir.
2. Report of a Case of Strangulated Gangrenous Appendix in a Femoral Hernia
Dr. Allen Graham
3. Presentation of a Case of Carcinoma of the Urinary Bladder and Treatment.
Dr. L. B. Sherry
Discussion Dr. W. E. Lower
4. Ulcer of the Stomach with Hemorrhage,—Mode of Handling. Presentation of Case.
Dr. C. A. Bowers
Discussion Dr. G. W. Crile
5. Case of Ectopic Pregnancy with Jaundice.
Dr. C. E. Brown
6. The Origin and Distribution of Bilirubin in the body and its Diagnostic Significance.
Dr. C. F. Hoover
7. Presentation of a Case of Haemo-Pneumothorax
Dr. H. V. Paryzek
8. Presentation of a Case of Cerebellar Cyst
Dr. J. P. Tucker
9. Pathological Material: Dermoid of Testicle
Mucocele of Appendix. Cyst of Liver.—
Dr. Floyd MacRae, Jr. Foreign Body in Bronchus. Thrombosis of Aorta with Infection of Left Kidney.—Dr. S. P. Reiman

MEETING OF THE COUNCIL.

Council of the Academy of Medicine met Tuesday, October 10, at the University Club. The following members were present: Drs. Geib, Bernstein, Houck, Dexter, Weir, Sawyer, Sanford, Selzer, J. J. Thomas, J. E. Tuckerman and Updegraff.

The following were elected to membership. To active membership: Drs. R. P. Bell, C. L. Ruggles, J. L. Faragher, N. E. Friedman, F. H. Hooper, Bernard B. Neubauer. To non-resident membership: L. E. Brown, of Akron, O., and R. B. Chamberlin, of Twinsburg, O.

The following applications for active membership were ordered published: Drs. William E. Dwyer, Arthur A. Eisenberg, Ignatius W. Matsuka, P. J. Opperman, Adam E. Szczytowski.

Dr. Arthur B. Eisenbrey was transferred to active membership. The resignation of Dr. James D. Hobson was accepted. Dr. Hobson has permanently removed from the city. A letter from Dr. H. E. Handerson tendering his resignation because his health no longer permitted him to share in its activities or to enjoy its privileges, was read.

A letter from Dr. F. C. Herrick declining appointment to the Chairmanship of the Legisla-

tive Committee was read. Dr. H. L. Sanford reported for the Civic Committee that he had had several meetings with a committee especially called together by the United States Internal Revenue office for considering the lack of facilities for treating narcotic patients and certain difficulties arising therefrom. He stated that considerable progress was made toward a more rational method of dealing with these patients.

***** * MEETINGS OF COLUMBUS * * ACADEMY OF MEDICINE * *****

(Report by L. L. Bigelow, M. D., the Secretary)

Columbus Academy of Medicine resumed meetings for the year on September 18, with the president, H. M. Platter, in the chair.

Announcement was made of the transfer to active membership of Dr. T. H. Pritchard from the Gallia County Medical Society.

Dr. T. H. Haines presented a paper entitled "The Genesis of Delusions of Persecution—A Class Study." Discussion was opened by W. H. Pritchard and G. T. Harding. Dr. Langdon of Cincinnati continued the discussion. Dr. Haines closed.

C. W. McGavran contributed a paper on "Anterior Sclerosis." This paper was a careful analysis of the histories and physical examinations of a series of one hundred cases. It represented, as the essayist said, a preliminary note on a study that is to be prosecuted further. Discussion by Ernest Scott, J. D. Dunham, J. H. J. Upham, Frank Warner and W. K. Rogers, Dr. McGavran closing the discussion.

MEETING OF SEPTEMBER 25

F. G. Boudreau read a paper entitled "The Epidemiology of Acute Poliomyelitis."

A. G. Helmick presented a paper on "The Diagnosis and Treatment of Acute Poliomyelitis." The following participated in the discussion: E. J. Wilson, E. G. Horton, W. L. Dick, J. H. Hanes, C. M. Shepard, A. M. Steinfeld, G. T. Harding, J. F. Baldwin and Frank Warner. Drs. Boudreau and Helmick made remarks in closing. Attendance, 104.

MEETING OF OCTOBER 2

Jonathan Forman read a paper on "Lymphoblastomata Arising in the Abdomen," illustrated by lantern slides. Discussion by V. A. Dodd, C. W. McGavran and R. L. Barnes.

A. M. Steinfeld presented a paper on "Osteochondritis Juvenilis (so-called Perthes Disease)," reporting five cases with X-Ray findings. Discussion by C. M. Shepard.

The president announced that the Academy

would be addressed in the near future by Mr. F. L. Hoffman, Actuary for the Prudential Insurance Co., and Dr. F. T. Murphy of the Washington University at Saint Louis.

MEETING OF OCTOBER 9

Hugh Means reported a new method devised by himself for the X-Ray examination of the stomach. It consists of a series of pictures taken at intervals during the cycle of a peristaltic wave, the exposures being presented for study like a moving picture.

S. J. Goodman read a paper entitled "Prenatal Care." A discussion followed of the "do's and don'ts" that should be dwelt on by the medical attendant with the prospective mother. Discussion by T. W. Rankin, W. D. Inglis, A. G. Helmick, G. T. Harding, Yeatman Wardlow and Andre Crotti, Dr. Goodman closing.

J. F. Baldwin read a paper on "The Technique of Abdominal Hysterectomy." Discussion by Dr. Crotti.

Under new business it was moved, by Dr. Baldwin, seconded and carried, unanimously with applause, that in view of the fact that Dr. D. Todd Gilliam, one of our most eminent members, is just celebrating his golden wedding, a committee consisting of the president, vice president and secretary purchase a gold-headed cane and present it, suitably inscribed, to Dr. Gilliam with the compliments and good wishes of the Columbus Academy of Medicine. Attendance, 75.

MEETING OF OCTOBER 16

The program consisted of a series of case reports.

R. R. Kahle reported a resection of the knee joint.

A. S. Barnes recounted the history of a young woman who had taken a large dose of bichloride of mercury with suicidal intent. Recovery was complete after 11 days.

S. J. Goodman reported under the title of post-operative heat stroke a death following by a few hours an operation for inguinal hernia in a man of middle age. The patient's temperature rose steadily to 106 and he was delirious. Dr. Goodman showed a double uterus, a gall bladder thru which many stones had perforated, becoming encysted on the outside of the gall bladder, and a large fibroid uterus complicated by pregnancy. Discussion by G. T. Harding and J. F. Baldwin.

Andre Crotti reported three cases of ununited fracture or rather delayed union, for union occurred after 6, 9 and 25 months respectively. In each instance the fracture involved the tibia at the junction of the middle and lower third.

Frank Warner reported a case of traumatic hematuria.

W. F. Bay gave a further account of three cases of traumatic hysteria that had been reported to the Academy in May.

J. F. Baldwin reported a case of abdominal hemorrhage simulating ruptured ectopic pregnancy. Operation disclosed a belly full of blood, the hemorrhage having apparently taken place from a small opening in the corpus luteum. At the same time another case in his practice, a man, was brought in in a condition of profound shock with a tender abdomen and an area of dullness on percussion on the right side. He had been struck a blow in this region about 12 hours previous and the presumptive diagnosis was hemorrhage from contusion of the liver. The area of dullness disappeared and he got well without operation.

W. D. Murphy reported a case of sarcoma developing in the skin of the arm at the site of an injury sustained a few months before. He further showed a series of X-Rays of a hand where a piece of the tibia had been grafted into a phalanx to repair a defect made by the removal of a bone cyst. Discussion by Drs. Crotti and Baldwin.

Attendance, 75.

MEETINGS OF CINCINNATI ACADEMY OF MEDICINE

(Report by W. R. Abbott, M. D., the Secretary)

The Academy resumed active meetings for the year with a discussion of case reports, on September 25.

That many so-called ether pneumonia cases are really due to infection was emphasized by J. E. Pirrung. Ether aspiration pneumonia usually occurs early. Pneumonia occurring late, during convalescence, is caused by infectious thrombi. These pneumonias usually follow operation for the relief of chronic infectious conditions. In the case reported, pulmonary abscess or gangrene, complicated by pleurisy, due to extension, developed three weeks after a curettement for miscarriage. These cases can be diagnosed early by the clinical symptoms; later the X-ray is of benefit. In discussion, Dr. Ricketts spoke of the best time to operate. Dr. Pirrung believes that by withdrawing the fluid from the chest he has greatly relieved distressing symptoms and has placed the patient in better condition for operation.

Charles Goosmann reported a case of tuberculous dactylitis. When first seen was of six months' duration. A distinct sequestrum could be seen at that time. Four X-ray treatments were given, and after seven months there has been no relapse. At the time of treatment there was a question of diagnosis, and assuming that it was tuberculosis, would the X-ray do good?

In discussion, Dr. Doughty stated that in hip and other tuberculous diseases of the bone the X-ray is of benefit, and he could not see why it would not work in the hand.

Dr. Ricketts: Have you ever seen tuberculous anal sinus cleared up by X-ray?

Dr. Goosmann: I have never tried the X-ray in these conditions.

M. W. Heidingsfeld: It would be important to know whether or not the diagnosis was confirmed by any subsidiary tests. As a secondary criticism, I would say that I see no reason why the X-ray should not be used in a case of this kind. Dead bone is no different from dead tissue in any other part of the body. As soon as the infection is removed, the system will take care of the rest.

Dr. Scholtz: As the X-ray does so beautifully in tuberculosis of the skin, I was not surprised at the result obtained by Dr. Goosmann.

Dr. Ricketts presented a specimen of prostate gland weighing six ounces, the largest and the most difficult he has ever removed. This operation was done in the man's home. Dr. Ricketts spoke of the advantages of this method and promised the Academy a paper on this subject in the near future.

MEETING OF OCTOBER 2

E. O. Smith prefaced his paper, "Surgery of the Prostate," by a short history of the subject. Enlargement or swelling of the prostate as a cause of urinary obstruction was first suggested by Riolanus (1649), and retention successfully relieved by a perineal incision. Since this time various attempts and methods have been made to relieve the symptoms of retention. It was not until 1886 that serious attempts were made to remove the diseased glands, the perineal and suprapubic methods being developed almost simultaneously. Today the suprapubic route is the one of choice. The essayist, in speaking of the selection of cases, said there is no such a thing as an emergency prostatectomy. The greater the emergency, the more emphatic are the contraindications. Age is no criterion. Careful preparation is essential. Morphia and ether are the choice of anesthetics. Adenoma under fifty years are rare. The technique of the suprapubic operation was described.

In discussion, Dr. Ransohoff said there is always an elongated urethra, and he uses an extra long catheter, with elbow, of French design, in order to facilitate catheterization. The time to operate is when there is pain and infection. Frequent micturation alone is not an indication. The operation may be done under novocaine, spinal anesthesia. Dr. Staley said the paper does much to emphasize that palliative treatment often relieves these patients greatly. Dr. McKim has seen several adenomas in patients under fifty

years. Dr. Nelson spoke of the historical side of the subject. Dr. Smith believes spinal anesthesia adds greatly to the shock of the operation.

Dr. Pirrung presented a specimen of fibroid of the uterus. The patient had been treated by several applications of X-ray, but without success, it being necessary, after the patient was almost exsanguinated, to operate. Dr. Pirrung does not believe that as a general thing the use of the X-ray is advisable, particularly as we can not always be sure of our diagnosis. In discussion, Joseph Ransohoff believes a great deal of good can be done in fibroid cases by the use of the X-ray and by the application of radium. C. A. L. Reed believes that, although the hemorrhage is at first controlled by X-ray, it later recurs. Dr. Goosmann believes the older the patient, the better the X-ray controls the hemorrhage.

Samuel Zielonka presented a patient with a mass on the right sterno-cleido muscle, just above the clavicle. This mass followed an injury. A diagnosis of hematoma of this muscle, possibly secondary to a myositis syphilitica, was given. A positive Wassermann was reported. A hematoma in this region is rare.

MEETING OF OCTOBER 9

J. C. Oliver chose "Carcinoma of the Breast" as his subject, for the following three important reasons: first, its frequency; second, the ease with which the diagnosis is usually made; third, the treatment has been definitely determined.

A review of the statistics seems to indicate that the prevalence of cancer is on the increase. In Cincinnati, during a period from 1868 to 1915, the mortality has increased from 1 in 5,000 to 1-1,000. Early diagnosis and removal should reduce this mortality. The presence of a lump in the breast is all that is necessary for a diagnosis and removal, except in young women, because fibro-adenoma are potentially cancerous. Multiple adenoma in young women are precursors of carcinoma. Single adenoma are practically the only benign tumors of the breast. The younger the woman and the softer the growth, the graver the prognosis. An absence of previous disease in a large number of cases coming under the essayist's observation leads him to believe that the robust are particularly susceptible. As to the etiology, Dr. Oliver believes that certain unknown chemical changes occurring in the body are important factors in its production and that future investigations will be along this line.

A report of a hundred cases was presented. Of this number, forty-one cases lived or are living three years after the operation, indicating that if no recurrence takes place within this period the patients are clinically cured.

In Discussion.—Dr. Haines said: We must consider syphilis in all tumors of the breast, and,

in doubtful cases, give the patient the advantage of therapeutic test. In Dr. Haines' opinion, post-operative X-ray treatment aids in the prevention of recurrence. A plea for publicity, such as is given tuberculosis, was made. Joseph Ransohoff: The presence of syphilis is not a negligible factor. Much can be accomplished in the use of the X-ray and radium. Perhaps the increased mortality may be compensated for by the decreased infant mortality. Charles Caldwell believes that a chemical change within the body may be a factor in the causation of cancer. Dr. Rowe and Dr. Sampson spoke of some of the microscopical findings of cancer. The softer tumors contain more epithelial cells and are the more grave. Dr. Broeman: In suspected syphilitic cases a Wassermann should be made. The therapeutic test should, when used, be pushed by large doses of mercury and iodids. Dr. Lange: It has been proven, both micro- and macroscopically, that X-ray and radium are of benefit. In inoperative cases there is often a disappearance of the mass, not necessarily a cure. Dr. Oliver believes syphilis rare, but it is better to err on the side of syphilis. His statistics were based on the death rate, not on the population rate.

Wm. Ravine presented three of a family of five children. Each of the five children presented in more or less degree symptoms of congenital lues. The Wassermann test in all, positive; in the parents the Wassermann was negative. Victor Greenebaum discussed the symptoms of and gave the history of the two cases which had been under his care. The children are all mentally bright.

In Discussion.—Dr. Broeman: In these congenital cases repeated Wassermans are always positive. Joseph Ransohoff spoke of a case of what he believed to be congenital syphilis occurring as late as twenty years of age, with a perforating ulcer of the foot and symptoms of locomotor ataxia. The Wassermann was negative. Dr. Ravine: In locomotor ataxia the blood Wassermann is usually negative, while the Wassermann made from the spinal fluid is usually positive. Dr. Ravogli: Salvarsan usually gives poor results, mercury and iodids good results in these cases.

MEETING OF OCTOBER 16

"Tonsillectomy During the Course of Acute Rheumatic Fever," by Roger S. Morris.

There are a large number of medical men who hold that the tonsils should be removed as a routine procedure in all cases of chronic infectious arthritis, in which the origin of the infection is at all obscure. Experience and results have justified this. Dr. Morris, however, emphasizes the value of tonsillectomy in acute rheumatic fever. It is a generally accepted fact, first noted by Eyerline in 1789, that rheumatic fever is very frequently preceded by acute tonsillitis. The local symptoms in the throat are often so mild

that little attention is given to them, or there may be serious disease in or about the tonsils, with little or no local manifestations. One's duty to the patient should not be discharged with the subsidence of the acute rheumatic symptoms, usually controlled by the use of salicylic acid. In no disease are the complications more common. Complications in this disease should be looked upon not as such, but as symptoms of the disease itself. There has been a tendency to perform what might be termed an interval operation. Dr. Morris believes that the affected tonsils during an acute rheumatic attack should be removed as soon as operation can safely be performed.

It is not advisable to remove tonsils while in the acute conditions, for endocarditis is very likely to follow such a procedure. The joint symptoms should be relieved, if possible, by full doses of salicylates, before operation. Other sources of infection must not be overlooked. Several case reports were presented covering these points. More time will be necessary to determine the permanency of this treatment.

In Discussion—Dr. Mitchell: A great deal of courage is necessary for the removal of tonsils during the acute articular state. The time of removal is a very important consideration; the opinion of a laryngologist should be obtained.

Dr. J. A. Thompson: The time of operation should be decided upon by the state of the mouth rather than by the general condition. There have been a number of deaths following the removal of tonsils during the acute stage.

Dr. Allan Ramsey: Before the operation of tonsillectomy was perfected, and tonsillotomy done, the effect upon arthritis was not beneficial.

Dr. Mithoefer: A normal appearing tonsil may be the cause of systemic infection; a proper examination of the mouth is very important. As pus accumulates in the upper pole of the tonsil, the examiner should carefully press upon the upper pole after depressing the tongue.

Dr. Haines: In obscure cases, a careful examination of the gall-bladder and the appendix should be made.

Dr. Schenck: The submerged tonsils are often the seat of serious infection.

Dr. Heyn believes the salicylates should be administered for some time after the subsidence of the acute symptoms.

ACADEMY NOTES.

A. C. Bauer, F. F. Kramer and Walter Griess made up a committee which drafted resolutions on the death of Dr. H. J. Cook. Drs. Drury, Zinke and J. C. Oliver presented resolutions on the death of Dr. James F. Heady.

Harley Fisk was elected to membership. Applications were received from Byron Nellons and J. S. Goldberg.

Allen County Medical Society, at its regular meeting at Lima, October 9, discussed transfusion of blood. Papers on this subject were presented

by T. R. Thomas and E. J. Curtiss. Thirty-five physicians were present.—(From news clipping.)

Mercer County Medical Society met at Celina, September 26. W. R. Taylor of Fort Recovery, read an interesting paper on "Diabetes Mellitus." The attendance was not very large, but all present participated in discussion of the paper and other matters of interest to the society. Speakers who were unable to be present will be placed on the program at the next meeting to be held October 24.—D. H. Richardson, Correspondent.

FOURTH DISTRICT

Sandusky County Medical Society held its September meeting in the City Hall at Fremont, September 28. The evening was given over to the discussion of the Cabot Case Records. The application for membership of R. R. Reynolds was received.—D. W. Philo, Correspondent.

Ottawa County Medical Society met at Oak Harbor, October 12, with a good attendance. After a business session, Frederick S. Heller of Oak Harbor, demonstrated the haemoglobin test and C. C. Starkes of the staff of the Pool hospital, Port Clinton, described the Benzodine test for blood in urine, sputum and foeces. A discussion followed in which all participated. W. H. Booth of Lindsey, read several cases of diagnosis, giving those present an opportunity to express an opinion.

A resolution was adopted, recommending that the teachers in the public schools of the county be given instructions as to how to recognize the prodromal stages of the most common, contagious diseases of childhood and how to use the clinical thermometer. Dr. Starkes was appointed to confer with the county superintendent of schools and to instruct the teachers in the subjects mentioned in the resolution.—S. T. Dromgold, Correspondent.

FIFTH DISTRICT

Lake County Medical Society met in regular monthly session at Broadlawn Inn, near Painesville, October 2. Nineteen were present. After a dinner, A. W. Lueke of Cleveland, gave an extraordinary address on cerebellar pontine tumors. His classifications and differentiations were unique. He clearly emphasized the signs of these brain tumors and closed his address by giving new surgical operations. A vote of thanks was extended him. W. A. Ellis and A. Bohm of Geauga county, and the following Ashtabula county physicians were present: J. A. Hogan, R. B. Wynkoop, S. M. Lynn, S. H. Burroughs, C. O. Crosby and J. O. Sherwood of Geneva. The next meeting will be held November 6. Ashtabula county has requested the Lake county society to

meet the former in joint session.—E. S. Jones, Correspondent.

Ashtabula County Medical Society, after the summer recess, resumed its regular monthly meetings on October 10 at the Ashtabula General Hospital. Edward Lauder of Cleveland, read an interesting and instructive paper on "How Eye Strain May Cause Headache," which was discussed by all the oculists present. M. J. Lichty of Cleveland, Councilor of the Fifth District, then read a paper on "Public Opinion—Weal and Woe of the Doctor." He took up the relations of the physician to the public in an able manner, showing what might be done on both sides to make these relations more pleasant. Miss Peak, superintendent of the hospital, served a buffet luncheon after which the meeting adjourned. Eighteen members were present.—R. B. Wynkoop, Correspondent.

Lorain County Medical Society members gathered at the Andwur Hotel, Elyria, on October 12 for what proved to be one of the best meetings ever held in Elyria. The meeting was followed by a banquet at which covers were laid for 26. W. B. Laffer of Cleveland, well-known in diagnostic, nervous and mental work, addressed the society on "Some Neurological Pointers." His address was received with much interest. Every one enjoyed the session. After giving Dr. Laffer a vote of appreciation, the society adjourned to meet November 14. Florence L. McKay of Oberlin, and S. F. Basinger of Elyria, were admitted to membership.

The September meeting was held in the Public Library, at Lorain, September 19. C. O. Jaster of Elyria, read a paper on "Reflex Neuroses of Nasal Obstruction" and V. S. Burley explained the State Association's medical defense plan. Both subjects were well received. The society received the secretary's report of the medical outing and basket picnic held in August at Avon Beach. Forty physicians, druggists and their ladies assembled at the picnic.—C. O. Jaster, Correspondent.

SIXTH DISTRICT

Summit County Medical Society broke all records of attendance for 1916 at a meeting at Akron, October 3, when 74 were present from Cincinnati, Cleveland, Akron, Ghent, Uniontown, Hudson, Cuyahoga Falls, Barberton, Kenmore, Doylestown, Twinsburg.

One new member, H. R. Neeland of Akron, was admitted and five applications were presented.

At 6:30 the guests, E. B. Shewman of Cincinnati, M. J. Lichty of Cleveland, E. G. Denison of Sheridan, Wyo., were entertained at dinner at the University Club.

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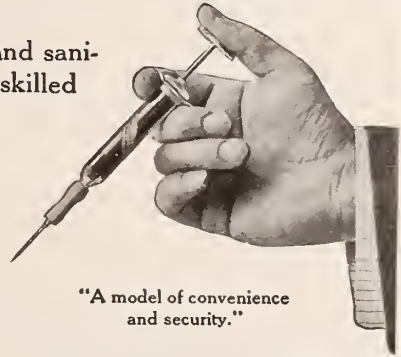
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"The Importance of Surgical Diagnosis," E. B. Shewman, of Cincinnati, Professor of surgery, Eclectic Medical College, vice president the National Eclectic Medical Association.

The paper described general points that may be overlooked by the general practitioner and the border line between the medical and surgical side of a case. The importance of co-operation between physician and surgeon was emphasized. The paper received the praise of H. H. Jacobs and J. D. Smith.

"Public Opinion—Weal and Woe of the Doctor," M. J. Lichty, Cleveland, Assistant Professor of Medicine, Western Reserve University.

An analysis of public sentiment about the individual healer and the cults. Errors in judgment, the real weal and the real woe of the correctly and incorrectly judged physician. How public opinion may be made more accurate, woe less and weal greater.

Discussion was by D. W. Stevenson, D. S. Bowman, W. A. Searl, J. H. Seiler, S. St. J. Wright. Upon motion of L. B. Humphrey a vote of thanks was tendered Drs. Lichty and Shewman for their excellent and entertaining papers.—A. S. McCormick, Correspondent.

Richland County Medical Society held its regular meeting at Mansfield on October 18. Most of the time was taken up with the discussion and adoption of a new constitution and by-laws. The regular meeting night was changed from the third Wednesday to the third Thursday of each month, to accommodate the Shelby members. Society dues were raised to \$5.00 for the next year.—F. A. McCullough, Correspondent.

Portage County Medical Society met at the home of E. B. Dyson in Rootstown, October 12, with Drs. White, Nichols, Prichard of Ravenna, Dyson of Rootstown, and Gorham, Jacob, Russell, Widdecomb, Evans and Andrews of Kent present. Miss L. M. Bushey in charge of The Bureau of Educational Extension in Cleveland, addressed the meeting on the subject of public health work. Pursuant to the request from the committee, on Red Cross medical work for the appointment of a local committee, the following members were named: Drs. Gorham, Woolf, Dyson, Nichols and Andrews. An amendment to the by-laws, which would increase the annual dues to \$4.00, was presented. President Gorham was instructed to arrange for a visit of the members to the Springfield Lake Tuberculosis Sanitorium at an early date. The November meeting will be held at Dr. Widdecomb's home in Kent.—W. B. Andrews, Correspondent.

SEVENTH DISTRICT

Tuscarawas County Medical Society, in regular session, October 3, at Uhrichville, was addressed

by Hugh Baldwin of Columbus on "Phallic Worship." In addition to the physicians, ministers, lawyers and editors of the county were invited to attend the meeting and several enjoyed Dr. Baldwin's excellent talk.—Tracy Haverfield, Correspondent.

Columbiana County Medical Society met October 10 at the Buckeye Club, East Liverpool. William Cullen Bryant of Pittsburgh, read an interesting paper on "Prostatitis." After the address, a chicken supper was enjoyed. Thirty-three members were present.—Seward Harris, Correspondent.

Jefferson County Medical Society, meeting in regular session in the Steubenville Chamber of Commerce rooms, October 10, discussed health conditions in Steubenville and medical inspection of the public schools. Several members of the public schools were present and joined in the discussion.—(From news clipping.)

EIGHTH DISTRICT

Morgan County Medical Society held an interesting meeting at McConnelsville, October 6, with good attendance. J. F. Hill of the Rocky Glen Sanatorium, a specialist in eye, ear, nose, and throat, was made a member of our society. Dr. Hill recently came to our county from Portage county. Officers were elected for the ensuing year as follows: L. S. Holcomb of Pennsville, re-elected president; C. E. Northrup of McConnelsville, re-elected secretary and treasurer; Lee Humphrey of Malta, vice president; J. F. Hill, of McConnelsville, T. J. Lynn of Stockport, and G. E. Peeple, of Chesterhill, members of censor board.

On October 19 the society held an all-day session. Lunch was served at Hotel Kennebec and every physician in the county was invited to attend. A big effort is being put forth to place Morgan County among the first that qualify next year in the one hundred per cent column.—C. E. Northrup, Correspondent.

Muskingum County Academy of Medicine held its regular monthly meeting in the Chamber of Commerce rooms at Zanesville, October 11. The secretary reported that he had refused to accept dues from G. W. W. Walker of Roseville, as he had been dropped for non-payment of dues last year and the Academy voted to sustain the secretary's action. The president reported that he had arranged with George V. Sheridan, executive-secretary of the State Association, to have Charles E. Briggs of Cleveland, lecture in Zanesville on November 1, under the auspices of the State Association. C. U. Hanna, E. R. Brush and O. I. Dustheimer were appointed a committee to make the necessary local arrangements.



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Dr. Sutton read a paper on "Fistula in Ano," and Dr. Culbertson reported a case of erysipelas following enucleation of the eye-ball, treated by anti-toxin. Both subjects were thoroughly discussed by Drs. Crossland, Melick, Allen, Long, Hanna, Infield, Warburton, Bainter, Davis, Loebell, Higgins, Rambo and Batemen. Drs. Sutton and Culbertson closed the discussion and the meeting adjourned.—Edmund R. Brush, Correspondent.

Athens County Medical Society met in the office of A. L. Pritchard at Nelsonville, October 10. The major paper of the meeting was read by Miss Helena R. Stewart, supervising public health nurse in the state department of health. She told the physicians that while visiting nurses were first employed for the poor and destitute, each year they were reaching more homes of the self-supporting workers and even of the well-to-do. The rich as well as the poor need instruction as to how to keep well, she said. Dr. Pritchard read a paper on typhoid fever and J. H. Hyde spoke on the Allen treatment and his experience with it. The work of both speakers was freely discussed.—(From news clipping.)

Fairfield County Medical Society held a memorial meeting for the late G. W. Boerstler at Lancaster, September 26. Eulogistic talks were given on the life of Dr. Boerstler. George E. Beery read a paper on yellow jaundice, which had been prepared by Dr. Boerstler for presentation to the society.—(From newspaper clipping.)

NINTH DISTRICT

Pike County Medical Society met in regular session in R. C. Bingham's office at Beaver, October 2. An excellent paper on uterine displacements was read by Dr. Dunn of Chillicothe, and discussed by all the members present. A vote of thanks was extended to the doctor for his paper. Many cases were reported and thoroughly discussed by the members and their guests. Refreshments were served by the host and hostess, Dr. and Mrs. Bingham.

A feeling of good fellowship prevailed throughout the meeting. The next meeting will be held in E. W. Tidd's office at Stockdale, November 6. —I. P. Seiler, Correspondent.

Jackson County Medical Society, meeting at Jackson on September 28, heard H. P. Blakey of Columbus, read a paper on "The Heart" and A. M. Steinfeld of Columbus, discussed "Diseases of the Bone." Arrangements were also made for the annual meeting of the Ninth District at Jackson, October 19.—(From a newspaper clipping.)

Hempstead Academy of Medicine of Portsmouth, met in regular session at Portsmouth, October 9. After a business session, J.

W. Daehler read an interesting paper on "Infantile Paralysis."—(From a newspaper clipping.)

TENTH DISTRICT

Knox County Medical Society recently decided to hold meetings on the second and fourth Wednesdays of September, October, November, December, March, April and May. In accordance with this schedule, the opening meeting was held on September 13 at the Hospital-Sanitarium, Mt. Vernon, where J. F. Lee discussed "Poliomyelitis" and E. V. Ackerman spoke on "Cerebro Spinal Meningitis." The meeting was well attended and much interest in papers was manifested.

The next meeting, held on September 27 at the Hospital-Sanitarium, Mt. Vernon, was well attended. Much interest was shown in "Pregnancy" the important subject under consideration. The program follows: "Diagnosis of Pregnancy" by C. K. Conard; "The Verculosis of Pregnancy" by S. A. Douglass; "Management of Pregnancy" by N. E. Eastman.

The third meeting held on October 11, at the Mt. Vernon Country Club, was followed by a picnic. The program of the meeting follows: "Coma" by F. C. Larimore; "Early Recognition of Nephritis and Treatment" by T. A. Huggins; "Importance of Routine Examinations of Urine" by W. W. Stonhocker; "Sero-therapy" by J. J. Coons of Columbus.

Practically all physicians in the county and their families, with delegations from Columbus and Mansfield formed a joyous crowd which tossed dull care aside for the enjoyment of the picnic. At noon, tables were set on the porch of the club house where 150 persons enjoyed a fried chicken dinner. In the afternoon, physicians who attended the convention of the Association of Assistant Physicians of the Ohio State Hospital, joined the Knox county physicians.—Ernest V. Ackerman, Correspondent.

Delaware County Medical Society discussed the use of vaccines and bacterins at a well attended meeting in the Delaware county court house, October 6. A committee, composed of O. W. Bonner, G. W. Morehouse, A. H. Buck and C. W. Chidester, was appointed for Red Cross medical work in emergencies. (From a news clipping.)

Champaign Medical Society discussed fees at its regular meeting in Urbana on October 12. Urbana physicians, who attended the meeting, thought the present fees were too low. Employment of a special collector to take charge of the "bad" accounts of the society also was discussed. Before adjournment, E. W. Ludlow and Richard Henderson were instructed to call on the physicians and get their opinions on the feasibility of increasing the fees and employing a collector. (From a news clipping.)

NEWS NOTES OF OHIO

Yellow Springs—Dr. F. C. Adams, formerly of Clifton, has located in this city.

Greenville—Fire practically destroyed the home of Dr. A. W. Rush on September 18.

Lorain—Dr. William S. Baldwin is in New York taking a special medical course.

Elyria—Dr. Charles H. Cushing spent part of October in New York attending clinics.

Steubenville—Dr. J. W. Albaugh and bride returned October 9 from their honeymoon in Florida.

Stockdale—Dr. E. M. Dixon, who has been ill, is greatly improved and has resumed his practice.

Fayette—Dr. William J. Berry is in Chicago taking a special course in eye, ear, nose and throat diseases.

Dayton—After spending several months in the West, Dr. E. R. Arn returned to his home October 10.

Mansfield—Dr. and Mrs. Samuel E. Findley have returned from an extended trip throughout the West.

Dayton—Dr. Jesse Grant Marthens will spend the next three months in post-graduate work in New York.

Sidney—Dr. J. F. Conner, formerly of this city, has accepted a position in a private sanitarium at Kalamazoo, Mich.

Canton—Dr. Charles A. Portz became city physician of Canton on October 1, succeeding Dr. Fred C. King, resigned.

Canton—Dr. and Mrs. William H. Clouse announce the engagement of their daughter, Irma, to Mr. Randolph Erwin.

Edison—Dr. and Mrs. J. H. Jackson, have removed to Marion, where the doctor will continue the practice of medicine.

Barberton—Dr. H. A. Rodenbaugh has returned from Johns Hopkins institute, where he took a special course in surgery.

Columbus—Dr. Carl D. Postle announces the removal of his office to the Rector Building, corner of State and Sixth Streets.

Wapakoneta—Dr. and Mrs. Roy C. Hunter recently returned from Chicago, where the doctor spent two weeks in the clinics.

Ashland—Dr. R. C. Kinnaman presented a paper at the annual meeting of the Erie Railroad surgeons in New York October 1.

Orrville—Dr. George H. Irvin has returned from Boston, where he took post-graduate work in the Harvard School of Medicine.

Toledo—Dr. J. J. Lasalle has been elected fleet surgeon for the Toledo Yacht club. Election was held Friday, September 13.

Painesville—Writing from Lagola, Cal., Dr.



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Clinical Professor of Laryngoscopy, Medico-Chirurgical College



Very effectively illuminates the field in operations on the mouth and throat.

The mouthgag is one of the most improved and approved types — all-steel — superior workmanship.

Harvey R. Pierce Company

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Charles F. House says he is improving in health but will spend the winter in the West.

Portsmouth—Dr. O. W. Robe has been appointed division surgeon of the Chesapeake and Ohio Railroad, to succeed Dr. Samuel Fetter, resigned.

Olmstead Falls—Dr. H. B. Johnson, a former resident of Olmstead Falls, died at his home in Fenwick, Mich., September 22, after an illness of three weeks.

Fremont—Dr. William R. Deemer and his daughter, Ruth, were injured October 10, when their automobile overturned after colliding with a motor truck.

Portsmouth—Dr. George W. Martin has been appointed a member of the board of health of this city to fill the unexpired term of Dr. Samuel P. Fetter, resigned.

Cincinnati—Members of the Southwestern Eclectic Medical Association, at a meeting October 4, discussed a paper on infantile paralysis, read by Dr. C. W. Beaman.

Waverly—Dr. Thomas H. McCann has removed from Waverly to New Boston.—Dr. O. C. Andre has resumed his practice after an enforced vacation due to an infected finger.

Troy—Dr. Frank I. Shroyer left October 1 for New York, where he will spend a month in the Bellevue hospital doing post-graduate work. He will spend a month in Boston.

Kenton—Dr. William A. Belt was elected most excellent grand high priest of the Ohio Grand Chapter, Royal Arch Masons, at the centennial meeting of that body in Columbus, October 5.

Winchester—Dr. Benjamin L. Casey has resigned as a member of the surgical staff of the Norfolk and Western Railroad and moved to Toronto, O., where he opened an office, October 15.

Bellaire—Dr. William Shepherd, a graduate of the Ohio State University College of Medicine, has opened an office at South Bellaire. He has been in hospital practice in New York and Chicago.

Akron—Mrs. Margaret Johnson Davidson, aged 43, wife of Dr. Harry S. Davidson, died September 27 at her home here after a protracted illness. She is survived by her husband and three children.

Columbus—Automobiles belonging to Dr. B. D. Kirkendall and I. J. Clark were stolen October 9.—Dr. I. B. Harris is recovering from an operation which followed an attack of acute appendicitis October 9.

Grove City—Mrs. Nellie Wright, aged 39, wife of Dr. F. C. Wright, died at her home here, September 22, of peritonitis after a short illness. Besides her husband, she is survived by two sons and one daughter.

Columbus—Announcement of the engagement of Miss Doris Lockwood Rankin, daughter of Dr. and Mrs. Theodore W. Rankin, to Walter W. Jordan of Philadelphia, is made by the parents of the bride-elect.

Buffton—Dr. C. B. Lugibihi of the Mercy Hospital staff, Chicago, has been appointed surgical attache to the American legation at Berlin. Dr. Lugibihi's home is in Buffton. He sailed for Europe September 28.

Madison—Dr. Charles H. Quayle was seriously injured September 20 when the automobile in which he was riding collided with a telephone pole. The doctor's hip was fractured and he was cut on the face and neck.

Cincinnati—Dr. A. W. Nelson was recently awarded the first prize offered by the New York Medical Journal for the best essay on surgical technique. The contest was open to the medical profession of the United States.

Cincinnati—Dr. Wade W. Oliver, instructor of bacteriology in the Cincinnati Medical College, has resigned to accept a position on the International Health Board of the Rockefeller Foundation. He will be in charge of research work at Rio de Janeiro, Brazil.

Cincinnati—Dr. Albert Faller has been appointed pathologist of the Jewish hospital.—Dr. B. Merrell Ricketts delivered an illustrated address on "The Present Status of Intra-thoracic Surgery" before the medical society of Effingwell, Illinois, October 10.

Cincinnati—Dr. Thomas M. Stewart, who has been connected with the Edgemoore Sanitarium at Oconomowoc, Wis., has returned to Cincinnati to practice in eye, ear, nose and throat diseases. His new office is in the Union Trust Building, Fourth and Walnut Streets.

Columbus—A white stork on a yellow background was adopted as the official pennant of the Woman's Medical Club of Columbus at the 14th annual social meeting of the organization, October 11. Dr. Ida M. Wilson, president, was toastmaster. New officers elected were: Dr. Emilie Gorrell, president; Dr. Ada Wright, vice president; Dr. Jane Husted, secretary-treasurer.

Cincinnati—Dr. Emmet A. Walsh, aged 52, formerly a resident of Cincinnati, died at Shreveport, La., October 6. Since 1912 Dr. Walsh had been assistant superintendent of the Shreveport State hospital.—Dr. Herbert H. Bunzell, formerly of the division of chemistry in the U. S. Dept. of Agriculture, has accepted a position as instructor in the department of physiological chemistry in the Medical College of the University of Cincinnati.

Columbus—"Diseases of Children" was the subject of an address delivered by Dr. A. G. Helmick at a meeting of the Graduate Nurses' Association October 1.—Dr. and Mrs. Phillip Duncan Wilson, who were married in Paris July 6, returned from France September 30. Dr. Wilson met his wife while engaged in war relief work in France.—Miss Margaret Gordon, daughter of Dr. and Mrs. P. A. Gordon, and Francis J. Roan were married October 3.

DEATHS IN OHIO

Edward Sidney McKee, M. D., Medical College of Ohio, Cincinnati, 1881; a fellow of the American Medical Association; member of the Ohio State Medical Association; aged 58; died October 20 in a hospital at Quito, Ecuador, South America, of malaria fever. Dr. McKee left his home in Cincinnati for the south last August. He had traveled in all parts of globe excepting this particular part of South America. Fearing malaria fever, he had shunned that country until the present time. Dr. McKee was born in Collinsville, O., the youngest of 13 children. Two brothers survive him. He was active in medical organization for many years, and was a frequent and welcome contributor to the columns of *The Journal*.

Joseph Coleman Haney, M. D., Ohio Medical University, 1895; aged 51; fellow of the American Medical Association; member of the Ohio State Medical Association; was instantly killed September 23, when the automobile he was driving near his home in Dalton was struck by a freight train on the Wheeling and Lake Erie railroad. Dr. Haney had practiced in Dalton for 20 years. He was returning from a call on a patient when the accident occurred. The engine of his machine stalled on the track. He is survived by his wife and daughter.

Herschel A. Russ, M. D., Medical College of Ohio, Cincinnati, 1890; aged 47; died at his home in Hillsboro, September 23. Dr. Russ had been in failing health for a year and had been confined to his home for several months. His wife and two daughters survive him.

Frederick C. Weaver, M. D., Miami Medical College, Cincinnati, 1894; member of the Ohio State Medical Association; aged 46; died at his home in Dayton, October 14, after an illness of five weeks. For 29 years he was a member of the Ohio National Guard and served as a surgeon in the Spanish American war. After serving for five years as police surgeon he enlisted in the United States army and went to the Philippines.

Francis M. Michael, M. D., Bellevue Hospital Medical College, New York, 1879; a fellow of the American Medical Association and member of the Ohio State Medical Association; aged 66; died at his home in Eaton, October 8, after suffering a stroke of paralysis. For 34 years he had practiced in Eaton and at the time of his death was the oldest practitioner in the town. He is survived by his wife, a daughter and a son.

50% Better Prevention Defense Indemnity

1. All claims or suits for alleged civil malpractice, error or mistake, for which our contract holder,
2. Or his estate is sued, whether the act or omission was his own
3. Or that of any other person (not necessarily an assistant or agent),
4. All such claims arising in suits involving the collection of professional fees,
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6. Defense through the court of last resort and until all legal remedies are exhausted.
7. Without limit as to amount expended.
8. You have a voice in the selection of local counsel.
9. If we lose, we pay to amount specified, in addition to the unlimited defense.
10. The only contract containing all the above features and which is protection per se.

A Sample Upon Request

The
MEDICAL PROTECTIVE COMPANY
of Ft. Wayne, Indiana.

Professional Protection, Exclusively

Wade H. Chase, M. D., Starling Medical College, Columbus, 1897; aged 56; died at his home in Rutland, October 4, of cancer of the tongue. Since his graduation Dr. Chase had practiced medicine in Rutland, where he was born. He is survived by his wife, a daughter and one son.

Benjamin A. Shrouse, aged 77, died at the home of his sister, Miss Ella Shrouse, in St. Clairsville, October 8. In 1896 Dr. Shrouse was licensed under the medical practice act. He practiced in Monroe, Noble and Guernsey counties, but retired several years ago because of impaired hearing and rheumatism.

Chester L. Fought, M. D., Western Reserve University School of Medicine, 1897; a fellow of the American Medical Association; aged 45; died of paralysis at the home of his sister, Mrs. Albert Brodbeck, in Oak Harbor, October 11. Dr. Fought formerly practiced in Erie, Mich.

Lewis Hamilton Smith, M. D., Medical College of Ohio, Cincinnati, 1893; aged 46; died suddenly October 2 of heart disease at his home in Toledo. His body was found by his mother, with whom he lived. Dr. Smith had practiced in Toledo for seven years, going to that city from Wooster.

Edward G. Hersh, M. D., Cincinnati College of Medicine and Surgery, Cincinnati, 1890; aged 51; member of the Ohio State Medical Association; practiced in McComb for 26 years; died of diabetes at his home, October 2, after an illness of four months. His wife, mother and father, one sister and four brothers survive.

Baldwin Berne Scott, M. D., University of Wooster, Medical Department, Cleveland, 1876; aged 69; died of heart trouble at his home in Mt. Vernon, September 19. He is survived by his wife and one son.

T. M. McVay, (license, Ohio, years of practice, 1896) aged 74; died of heart disease at his home in Summerfield, September 20. Dr. McVay studied medicine in Harrietsville, practiced in Dexter City until he was elected treasurer of Noble county, then moved to Caldwell. Twenty-six years ago he moved to Summerfield. He is survived by his wife, two sons and two daughters.

Frank Webster, M. D., Pulte Medical College, Cincinnati, 1882; former president of the Ohio State Homeopathic Society; aged 62; died at his home in Dayton, September 21, of heart disease, which first manifested itself following the flood of 1913, during which time he overworked. He practiced in Dayton for 34 years. He is survived by his wife, two sons, Drs. Howard H. and Rome M., and one daughter.

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Surgical Dressings, Ligatures and Sick Room Supplies in such quantity and selection as will supply the most exacting.

Serums, Vaccines, Antitoxins and other Biologicals in complete assortment, stored under ideal conditions and handled by Pharmacists understanding their technical differences and therapeutic usages.

A Clinical Laboratory under the direction of an expert Pathologist (Dr. S. S. Hindman) completely equipped for all kinds of clinical work.

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Prompt, Efficient and Courteous Service—Are You Using It?

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"YOU WILL DO BETTER IN TOLEDO"

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Stanolind Liquid Paraffin

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(Medium Heavy)

Tasteless—Odorless
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In Treating Obesity

THE reduction of diet in the treatment of obesity cases often leads to constipation. This may be successfully combated by the use of Stanolind Liquid Paraffin.

Stanolind Liquid Paraffin in no way hinders the reduction treatment, since it is entirely non-absorbable, and consequently a comparatively small amount serves the purpose. The contrary is true of vegetable oils, which are in large part digested and absorbed, so that considerable quantities must be administered in order to retain sufficient to lubricate the intestines.

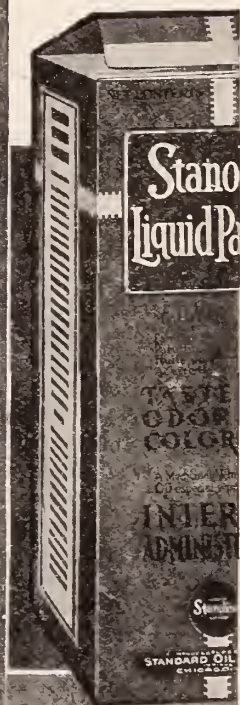
Stanolind Liquid Paraffin does not rob the body of fluids as does saline laxatives; it does not disturb the liver and kidneys as do many drug laxatives; it prevents abnormal drying out of the food residues.

A trial quantity with informative booklet will be sent on request.

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(Indiana)

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 ** STATE MEDICAL BOARD **

OFFICIAL BOARD

LESTER E. SIEMON, President, Cleveland, March 17, 1918
 J. H. J. UPHAM, M. D., Vice President, Columbus, March 17, 1920
 S. M. SHERMAN, M. D., Treasurer, Columbus, March 17, 1921
 JOHN K. SCUDDER, M. D., Cincinnati, March 17, 1919
 BEN. R. MCCLELLAN, M. D., Xenia, March 17, 1923.
 LEE HUMPHREY, M. D., Malta, March 17, 1917
 C. E. SAWYER, Marion, March 17, 1923.

GEO. H. MATSON, M. D., Secretary,
 Office, State House, Columbus.
 Examiner in Preliminary Education,
 K. D. SWARTZEL, M. Sc., Columbus.

The board dealt a body blow to itinerant quackery at its meeting on October 3, when it revoked the license of Drs. Theodore Jacobson, of Cleveland, and G. W. W. Walker, of Roseville—the “noted specialists” who have been visiting county-seat towns as representatives of the so-called “United Doctors.”

This was the first exercise of the enlarged authority granted the board under the provisions of the Hoy law, enacted by the Legislature in 1915.

Jacobson and Walker have, in turn, taken advantage of another provision of the amended statute. Under the old law actions of the board in matters of licensure were reviewable only by a board consisting of the Governor and the Attorney General. Under the new law the physician whose certificate is revoked may appeal the action to the common pleas court. Both Jacobson and Walker have filed such appeals.

In last month's *Journal* we reported the method by which the board secured evidence in these cases. Jacobson and Walker formerly were employed as itinerants by the United Doctors Company, of Milwaukee, a concern which claims to operate offices in forty states. After working for Manchester for a few weeks, Jacobson and Walker started in business for themselves, using the same general title. The matter was brought to the attention of the board when Manchester filed proceedings in the Federal court asking that Jacobson and Walker be restrained from using the trade name, advertising, etc.

On October 3, Jacobson appeared before the board, accompanied by Attorney J. J. Sullivan of Cleveland. Walker appeared to make a plea in his own behalf. Both admitted their guilt and merely pleaded extenuating circumstances and unfamiliarity with the technical provisions of the law.

The men were charged with three separate violations:

1. Having professional connection with an illegal practitioner. The board held that inasmuch as Manchester is not licensed to practice medicine in Ohio, he is an illegal practitioner.

2. Splitting fees. Dr. Matson introduced copies of the contracts made by Manchester with some of the defendants, under which Manchester was to receive one-half of the receipts from the offices operated by them. While this is a technical violation of the “fee-splitting” clause in the Hoy bill, it may be stated here that this is not the particular form of fee-splitting that the Hoy law is designed to correct. However, it served the state well in this instance.

3. Illegal advertising. The Hoy law prohibits the use of “extravagantly worded advertising intended or having a tendency to deceive and defraud.” It specifically prohibits mention of certain chronic diseases. It is shown in the testimony that the advertising done by Jackson and Walker was not only extravagantly worded, but that it specifically mentions diabetes as one of the diseases especially treated.

Jacobson's defense was brief. He thought Manchester was registered, and he was unfamiliar with the Hoy law, he said.

Walker readily admitted the charges and told the board how he was forced by need of money to become a traveling itinerant. In 1913, while living in Columbus, he was disabled by an accident. Hard pressed financially, he answered one of Manchester's advertisements and engaged himself to work on a percentage basis. He traveled out of Roseville on trips ranging from four to ten weeks.

He admitted that as a “United Doctor” he was furnished with a book of formulas setting forth a number of prepared remedies which were prescribed for various diseases.

Jacobson was graduated from Cleveland Homeopathic Medical College in 1898. Walker was graduated in 1875 by the Cincinnati College of Medicine and Surgery.

PRESTON RESTORED TO PRACTICE

Dr. L. F. Preston, formerly of Cincinnati but more recently of Brown county, whose license to practice was revoked a year or so ago following his exploitation of an alleged “cure” for tuberculosis, was reinstated at the October meeting of the board. Dr. Preston is well advanced in years, and promised in future practice to refrain from promoting his tuberculosis “cure,” and to confine himself strictly to the general practice of medicine.

SMITH'S CASE BEFORE THE BOARD

Dr. LaMonte B. Smith, of Youngstown, whose license to practice was revoked after he had been sentenced to, and served a term in, the Ohio penitentiary for violation of the state narcotic laws, is a persistent applicant for reinstatement. At the meeting on October 3 he appeared with Attorney John J. Boyle. After hearing his plea the board referred the matter to Dr. L. E. Siemon, of Cleveland, for investigation.

STATISTICS ON LICENSURE IN OHIO

Interesting statistics relative to medical licensure in Ohio are given in the annual report of Dr. Geo. H. Matson, secretary of the board, covering the year ending June 30, 1916. The period is remarkable in the history of the board. Besides the usual mass of routine work, the board has, during the year, inaugurated the systems providing for the licensing of cult practitioners and for the registration of nurses.

During the year 149 physicians were registered by examination and 66 through reciprocity. Nineteen osteopaths were admitted to practice, 17 through examination and two through reciprocity. Certificates were granted to 27 midwives.

Under waivers of exemption clauses of the Platt-Ellis law (which admitted those to practice limited branches of medicine and surgery, who had been operating in Ohio from one to five years prior to the enactment of the law) a total of 475 certificates were issued. Of these, 215 were issued after examination in the branches which they seek to practice, and 259 were issued under the "five-year clause" of the waiver. The holders of these latter certificates were not compelled to show the state, in any way, that they were qualified to practice any branch of the healing art. In addition to the license to these "healers," exemption licenses were issued to 160 chiropodists, under the provisions of the same law.

Nurse registration was inaugurated by the issuance of 3863 exemption licenses. Only 30 of those who applied for registration were rejected. Of the original 3946 applications, about 30 were withdrawn and consideration of the cases of 58 is pending.

A summary prepared by Dr. Matson shows that 14,134 physicians and surgeons have been admitted to practice in Ohio since the adoption of the present Medical Practice Act in 1896. Since the adoption of the osteopathic licensing plan, a total of 287 have been admitted to practice in Ohio, 122 of these having been admitted under the exemption clauses. A grand total of 591 midwives have been admitted since the midwife licensure was provided.

NURSE REGISTRATION PROGRESSES NICELY

Under the new nurse registration law which requires a student nurse to have an education equivalent to one year of high school training before entering upon her course, a total of 435 students have been registered. Of these, 357 have more preliminary education than the minimum amount required by the law. A total of 191 are high school graduates, and several have additional educational qualifications—four holding B.A. degrees. The figures are interesting in view of the fear expressed before the law became operative that it would be impossible to secure nurse students with the necessary one year of high school training.

MISS FRIEND TAKES CHARGE

Miss Harriet Friend, of Dayton, who served three years as head of the nurse-training school of Miami Valley Hospital, has assumed executive charge of the nurse registration department as chief examining nurse. She succeeds Miss Anza Johnson, of Springfield. Miss Friend is a graduate of Massachusetts General Hospital, and is splendidly qualified for the difficult work which her position makes necessary.

INSURANCE COMPANIES BAR CULT PRACTITIONERS

Dr. Matson recently received an inquiry from the Prudential Casualty Company of Indiana requesting information as to the status of limited license practitioners under the Platt-Ellis law. A claim for compensation under one of their policies has been filed, in which the injury had been treated by a woman licensed as a magnetic healer. Dr. Matson forwarded a copy of the law to the insurance company showing that while these persons are licensed to practice limited branches, they are by no means qualified as physicians or surgeons. The insurance company reported promptly that it would not allow compensation in cases in which the injured person reported treatment by a "limited practitioner." This decision is important, as it expresses the opinion of a large concern which is directly and financially interested in the character of medical attendance rendered to claimants.

RECIPROCITY LICENSES CONSIDERED

The board, at its meeting October 3, refused to grant a license to practice medicine and surgery under our reciprocity agreement to George Starr White, of Los Angeles, a graduate of the New York Homeopathic College, (intended residence, Akron) on the ground that he is an itinerant and made application from a state in which he is not a resident.

A license will be granted V. P. Turner, a graduate of Johns Hopkins University, who intends to locate in Newark. His first application was irregular. Dr. Turner is registered in New Jersey.

L. A. Mitchell, University of Minnesota, 1915, son of the late Dr. John A. Mitchell of Newark, was granted a license under the reciprocity agreement. Since his graduation he has been in hospital practice in Minnesota. Newark is his intended residence.

Because he was licensed in New Jersey by diploma, the board refused to grant a license to Harley Stamp, an osteopath, who intended to practice in Cleveland. Alliance was given as his present residence. The Ohio reciprocity agreement recognizes only licenses by examination.

 ** OHIO HOSPITAL ASSOCIATION **

Provident hospital, Cleveland, is raising funds for the erection of new quarters.

The cornerstone of Mansfield's new General hospital was laid October 1 before several thousand persons.

Thirteen nurses were graduated from the St. Vincent Charity hospital training school, Cleveland, October 4.

Plans have been drawn for an addition to St. Ann's Maternity hospital, Cleveland, to accommodate 35 patients.

St. Elizabeth hospital, Dayton, will receive a gift of \$1,000 under the terms of the will of the late Miss Mary Donohoe of Eaton.

Walter Gilmore, assistant superintendent of the Cleveland City hospital, has resigned. John Engle of Cleveland will succeed him.

Work has been started at San Toy on a \$20,000 hospital building, to be financed largely by one of the large coal companies in that section.

Student nurses in the Providence hospital, Sandusky, have enrolled in a night class in domestic science in the Sandusky public schools.

Formal dedication of the nurses' study and assembly building of the Jewish hospital, Cincinnati, by the Jewish Hospital Association, took place October 8.

The new City hospital at Bellaire, erected at a cost of \$60,000, was opened for patients October 10. Miss Mary J. Parry is superintendent of the institution.

Plans for a 14-room addition to the Champaign County hospital are being discussed by the county commissioners and the superintendent, George W. Standish.

Mercy hospital training school, Hamilton, on October 18 graduated the largest class in the history of the institution, eleven nurses being given their diplomas.

Cleveland was chosen for the 1917 convention

Western Reserve University SCHOOL OF MEDICINE

ONLY MEDICAL SCHOOL IN
THE CITY OF CLEVELAND

Q Admits only college men and seniors in absentia.

Q Excellent laboratories and facilities for research and advanced work.

Q Large clinical material. Sole medical control of Lakeside, City and Charity Hospitals. Clinical Clerk Services with individual instruction.

Q Wide choice of hospital appointments for all graduates.

Q Fifth optional year leading to A. M. in Medicine.

Q Vacation courses facilitating transfer of advanced students.

Q Session opens Sept. 28, 1916; closes June 14, 1917. Tuition, \$150.00.

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blanks, address

THE REGISTRAR,

1353 East 9th St.,

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Infection, Accident, Disability

As a physician you are exposed to unusual and peculiar dangers.

As a surgeon you have noted the frequency of unavoidable accidents.

Why not be protected?

Physicians' Casualty Assn. of AMERICA

(Home Office, Omaha, Nebraska)

is an organization which now includes over 6000 physicians as members—no office extravagances, no agents' commissions—our policyholders receive the benefit of *saving effected* by direct insurance.

Over \$100,000 paid for claims in 1915 of which over \$30,000 was for accidental deaths.

Application blank and literature sent on request to the home office.

The Physicians' Health Association pays indemnities for disability due to illness instead of accidents. Circular free.

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Extract of Malt

— TROMMER —

LIEBIG was the first physiological chemist to call attention to Malt Extract and advocate its use as a food medicine. That his views were correctly based is evidenced by the wide use of Malt Extract in America and Europe and the popularity of many infant foods in which maltose is the principal constituent.

Leibig's process for making Malt Extract destroyed the diastase and it remained for Prof. Trommer to develop the fact that while maltose as prepared by Leibig was an excellent nourishment for the sick, that diastase as preserved in a properly prepared Malt Extract such as **TROMMER'S** is the element which effects transformation of the carbohydrates into an assimilable form of food.

"Diastase normally exists in constant proportion all the tissues, organs and fluids of the human body where its action has been demonstrated to be intracellular, as for example, converting the glycogen of the liver that its product may be utilized for structural growth and repair of wastes."

Bechamp and Moro discovered that human milk contains diastase and that cow's milk does not contain it. In infant feeding many physicians have achieved brilliant results by the addition of diastatic Malt Extract to pure cow's milk, thereby supplying the vitalizing and energizing element (diastase) of which an artificially fed infant is otherwise deprived. Sixty-six per cent of the solids of human milk are carbohydrates, which the diastase of human milk seems to dispose of to the advantage of the growing child. Cow's milk solids consist of 36 per cent of carbohydrates, to which often more carbohydrates are added to make the quantity equal to human milk. Few realize the importance of adding normal diastase to assist the process of metabolism in the new born.

MALT SOUPS (Malzsuppen) have been largely used by Keller, Czerny, Gregor and Koplik. The latter says: "The Keller method of feeding with dextrinized gruels is one of the most useful methods of feeding marantic infants, and one in which, in a great number of cases of atrophy, has given me brilliant results. I have used this method of feeding in cases in which all other known methods have failed."

*We will be pleased to supply literature relating to MALT EXTRACT
and formula for Making Malt Soup.*

THE TROMMER COMPANY

Manufacturers of Malt Extract

FREMONT,

OHIO

of the American Hospital Association at the annual meeting of the organization in Philadelphia, September 28. The date will be announced later.

The first annual commencement of the Salem hospital training school, Salem, was held September 28. Five nurses were graduated. Directors of the hospital are planning to erect a nurses' home.

Dr. W. C. Gates of the Crawford County hospital, Bucyrus, has formed a partnership with Dr. F. H. Powers of Chicago, who, with his wife, reached Bucyrus October 1 to begin his work at the institution.

Miss Lillian Allen has resigned as superintendent of Lancaster's new City hospital and Miss Elizabeth Schleckman, a nurse employed at the institution, has been temporarily appointed to fill the vacancy.

A three days' campaign to raise \$200,000 for the Maternity and Children's hospital, Toledo, is being arranged by the finance committee of the institution. The funds will be used to erect a modern hospital building.

Toledo hospital is a beneficiary under the will of the late Fred B. Shoemaker, Toledo banker and grain dealer. The hospital will share with two other Toledo institutions the income from an estate valued at \$1,000,000.

P. W. Behrens, former superintendent of Lake Forest University hospital in Illinois, has been appointed superintendent of the Toledo hospital. Miss Minor Sands, acting superintendent of the institution, has been placed in charge of the nurses.

The \$100,000 addition to the Massillon City hospital is expected to be completed December 1. The addition is the gift of Mr. and Mrs. David Reed of Massillon. A nurses' home costing \$50,000 will soon be built on the hospital grounds.

In a recent decision in the case of French V. Mizer, a stockholder, against the Mizer Sanatorium Company of Coshocton, the court of appeals ordered the company's receiver, Dr. H. R. McCurdy, to sell the company's property, pay its debts and distribute the residue, if any, among the stockholders.

Miss Frances F. Davis, graduate of the Ohio



A GEM Sterilizer

Safety First

- 1—In your office is insurance against infection.
- 2—A danger every physician is subject to.
- 3—The "Gem" is small and efficient—takes up little floor space.
- 4—Is low priced and if desired can be bought on terms. Testimonials and circulars—photo—free on request.

THE REPUBLIC MFG. COMPANY
415 Huron Road
Cleveland, Ohio



From Photograph at Tuberculosis Sanatorium

Save him —

to be a useful American

If he were your boy, there is no extreme to which you would not go to snatch him from the clutches of the White Plague.

Unfortunately he has no able protector. His life depends upon what you and other patriotic Americans give at this Christmastide to help him fight for his existence. **RED CROSS CHRISTMAS SEALS** give you this opportunity. Make the most of it. Buy generously.



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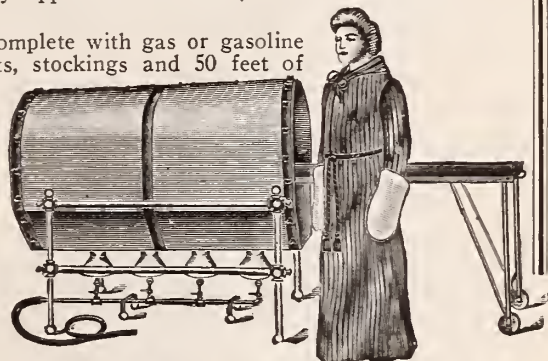
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Wesleyan University and the Martin's Ferry hospital training school, has assumed the superintendency of the Samaritan hospital, Ashland, succeeding Miss Jessie M. Mortimer, resigned. Miss Jessie Robertson of Cleveland has succeeded Miss Emma Oaks as assistant superintendent of the institution.

In accordance with a provision in the will of the late Rosa Baubach of Sandusky, executors have turned over to the trustees of Good Samaritan hospital of that city \$64,394.21, which is to be used for erecting new buildings, repairing old ones and maintaining them. The hospital trustees expect to erect a new hospital building and use the present structure as a nurses' home or a contagious ward.

On Sunday, October 8, the new hospital at Scarlet Oaks, a branch of Bethesda hospital, Cincinnati, was dedicated. The building has been erected at a cost of about \$75,000, is 115 feet long by 45 feet wide, containing three stories, with rooms for 45 patients. It is ideally located on the brow of the hill, surrounded by beautiful oak trees and looking over the valley for a distance of about 15 miles. The hospital throughout is absolutely fireproof, lighted with electricity, heated by steam, properly ventilated, with electric elevator, three large sun-parlors, and furnished with the very latest conveniences. In addition to the modernly equipped kitchen, a spacious dining room has been fitted up, and the diet kitchens on each floor are connected with an electric elevator. The latest modern "treatment room" and "continuous bath" for both men and women have also been included, and the so-called "Swedish room" has been equipped with the latest electrical appliances.

The cornerstone for the Bethesda Home for the Aged has been laid. A friend of Bethesda has promised to erect this building at a cost of \$100,000. When completed, this home will contain five stories and can accommodate 75 persons.

Arsenobenzol and Diarsenol—The Council on Pharmacy and Chemistry reports that it found Arsenobenzol, made by the Dermatological Research Laboratories, Philadelphia Polyclinic, Philadelphia, and Diarsenol made by the Synthetic Drug Company, Toronto, Canada, substantially identical with salvarsan in composition, and equal to salvarsan in therapeutic efficiency. The Council reports that these products have not been admitted to New and Nonofficial Remedies because there is a doubt as to the legality of their sale in the United States. But for this doubt as to their status, both products would be entirely eligible to N. N. R. (Jour. A. M. A., Sept. 16, 1916, p. 879).

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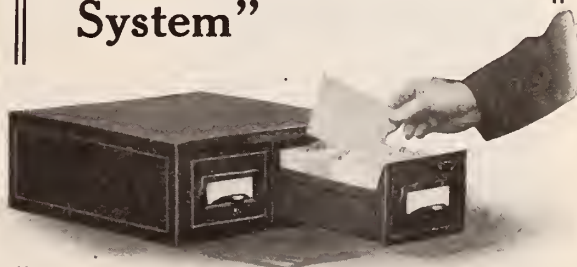
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How Do the Optometrists of Ohio Plan To Spend a Fund of \$10,000. "For Future Legislation?"

The optometrists announce that they are organized to "bring pressure to bear" on the next Legislature (which meets in Columbus early in January) to force it to enact an Optometry law.

They want a law which will create a board of optometrists to examine and issue licenses to all who practice in this field.

Incidentally, their bill will provide that all who are now practicing shall be admitted to registration without examination.

Recently the optometrists of the state held a quiet state meeting in Columbus. Little or no publicity was given the gathering.

The following, under large and rather black headlines, appeared in the Lancaster *Eagle* on Wednesday, October 11, two days after the state meeting conference in Columbus:

"Dr. F. P. Barr of the firm of Barr & Beck, was in Columbus Monday and attended a meeting of the Ohio Optical Association of Optometrists which was held at the Chittenden Hotel.

"This meeting is said to have been one of the most enthusiastic meetings of the association ever held.

"The old financial obligation was eliminated and a new subscription aggregating \$10,000 for future legislation was taken.

"The two most important committees appointed during the meeting were the committee on drafting an optometry bill and the committee for revision of the constitution and by-laws. Dr. Barr was especially honored by being made chairman of both these committees.

"The former committee is composed of the vice presidents of the organization, J. C. Ebberhon, of Dayton, P. C. Harris and C. N. McDonnell, of Columbus, Clark Sloan and H. D. Williams, of Cleveland.

"An adjourned meeting will be held at the Deshler, Monday, November 13th.

"The "Doctor" Barr mentioned is a Lancaster optician who for years has been one of the chief lobbyists of the association seeking to force through an optometry bill.

As Mr. Barr has always been on the "inside" and as he is now to head their legislative committee, it is to be presumed that information which he gives out concerning the optometrist's plans is authoritative.

Nothing appeared in the Columbus or other state papers about this meeting. The Lancaster *Eagle* must have secured the information from Mr. Barr.

How will they spend the \$10,000?

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State Hospital Physicians Discuss Problems

Members of the Association of Assistant Physicians of the Ohio State Hospitals, at their 27th semi-annual meeting, held at Mt. Vernon, October 11 and 12, decided to hold their next meeting at Springfield in conjunction with the annual convention of the Ohio State Medical Association, and elected the following officers: President, Dr. J. D. Thomas of the state sanatorium, Mt. Vernon; vice president, Dr. F. A. Osborn of the Athens State hospital, Athens; secretary-treasurer, Dr. J. E. Harris of the state sanatorium, Mt. Vernon.

Dr. Stephen A. Douglass, superintendent of the sanatorium, opened the first session with an address of welcome, which was followed by the president's address, delivered by Dr. Milo Wilson of Gallipolis. Papers were then read as follows: "Occupation and Recreation as Therapeutic Factors in the Treatment of the Insane," by Dr. E. L. Hooper of Athens; "Borderland Insanity," by Dr. E. S. Cryder of Cleveland; "Reduction of the Dementia Praecox Group," by Dr. Mary E. Cadwallader of Dayton.

At the session on October 12, Drs. Harris and Thomas conducted a clinic on pulmonary tuberculosis, demonstrating the physical signs of the various stages. This was followed by papers on "Diagnosis of Incipient Pulmonary Tuberculosis," by Dr. Harris; "Treatment of Incipient Pulmonary Tuberculosis," by Dr. Thomas; "The Lima State Hospital," by Dr. John H. Berry of Lima, and "Dreams, Dreamers and Somnambulism," by Dr. George A. Rowland of Columbus.

The closing address, "The Institution Physician," was delivered by Dr. E. H. Rorick, member of the state board of administration. Five new members were received into the association. Invitations for the meeting next fall were extended by the Columbus, Cleveland and Lima State hospitals.

Did you attend the last meeting of your county society?

Recent Incorporations in Ohio

The McIntyre & Wilson Company, surgical appliances, Cleveland, \$10,000. Clark T. McConnell, Frank K. Pickering, George T. McConnell, C. A. Hoffman, Marie McMahon.

The Reed Drug Company, Youngstown, \$100,000. C. G. Reed, A. J. Reed, L. W. Ritzi, E. Boyd, H. G. Bye.

The Special Chemical Company, Cincinnati, \$25,000. Morgan Van Matre, Charles Runge, Gerhard Huelsemann, Lewis Vandem, Jennie Knuener.

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Now We Have Two Ohio Hospital Associations!

A split has developed in the organization originally known as the Ohio Hospital Association. At a meeting in Columbus, October 11, a number of hospital representatives perfected an organization recently chartered under Ohio laws as the Ohio Hospital Association. The following officers were elected:

President, Dr. John T. Henderson, Cleveland; vice president, Dr. W. W. White, Ravenna; secretary-treasurer, Dr. M. H. Cherrington, Logan; executive committee, Dr. F. F. Lawrence, Columbus; Rev. Father Leblond, Cleveland; Dr. F. C. Huth, Cambridge; Dr. H. J. Pool, Port Clinton; legislative committee, Dr. W. S. Hoy, Wellston; Dr. W. C. Gates, Bucyrus; Dr. John J. Sutter, Bluffton; Dr. L. M. McFadden, Washington C. H.; Dr. W. B. Roads, Hillsboro; Dr. J. S. Cherrington, Logan, and Dr. Starkes, Port Clinton.

This organization is distinct from the original Ohio Hospital Association, which was organized at Cedar Point two years ago and which held a large convention in Cincinnati this spring. The organizers of the new association were active in the old, prior to the Cincinnati meeting.

Since the name of the association organized October 11 is fixed in the articles of incorporation, it is possible that the original Ohio Hospital Association, of which Howell Wright of Cleveland is secretary, will be forced to adopt another name. Mr. Wright has been notified that steps will be taken against his organization if any attempt is made to operate under its present name.

The new association is made up of representatives of several of the smaller hospitals of the state. The split developed over the rule now being observed that nurse training-schools, in order to receive recognition from the state medical board, must be connected with hospitals maintaining a daily average of at least 15 patients. This works a hardship on the smaller hospitals, organizers of the new association contend.

Notify the Board of Health on City Cases

The Ohio state bureau of inspection and supervision of public offices recently rendered the following opinion;

"Where a physician has been called by a family, and not authorized by the board of health, in contagious cases, and failed to notify such board of health in writing, three days after such services began, as required by Section 3480, General Code, such physician has no claim against the municipality."

The Marion City Hospital changed hands October 10. The institution was purchased by Dr. James O. Starr of Pittsburg, O., Darke County, from George W. Black of Marion. Dr. Starr will move to Marion and take charge of the hospital, which will be remodeled and furnished with new equipment.

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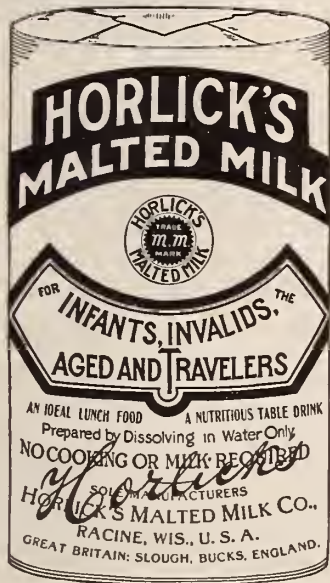
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Dr. B. Merrill Ricketts, Cincinnati, announces the following program of free lectures for the 1916-17 season before the B. Merrill Ricketts Experimental Surgical Research Laboratory, to be given on the dates noted at 8:30 P. M. in the auditorium of the Cincinnati Society of Natural History, at No. 312 Broadway:

NOVEMBER 11th—Dr. Hugh McMillan, Cincinnati. Teeth, their comparative anatomy, uses, care and diseases.

NOVEMBER 18th—Prof. A. E. Hinsdale, Columbus, O. The pathological entities produced by drugs. (Illustrated.)

NOVEMBER 25th—Dr. Charles T. Souther, Cincinnati. The various anatomical conditions that produce obstruction of the alimentary tract and their correction. (Illustrated.)

DECEMBER 2nd—Dr. S. J. Goldberg, Cincinnati. The development and extent of the nasal passages. (Illustrated.)

DECEMBER 9th—Dr. E. D. Smith, Cincinnati. Anomalies and comparative study of the anatomy of the kidney and its function. (Illustrated.)

DECEMBER 16th—Dr. C. J. Crisler, Cincinnati. Anoci-association. Its origin, development and present status. (Illustrated.)

JANUARY 6th—Miss Gladys Ayers and Herbert W. Fall, Cincinnati. Anatomical art, drawings and lantern slides.

JANUARY 13th—Miss Sara Ayers. Synthetic, chemical and modern perfumes.
Dr. J. Wilms, Cincinnati. Experiments that determined the antidote (sulphide of calcium) for bichloride of mercury poison. (Illustrated.)

JANUARY 20th—Prof. Edward E. Schmidt, of Ohio State University. Experiments with the paramacia with reference to inhibition of cells and the blood corpuscles.

JANUARY 27th—Dr. E. T. Bruce, Louisville, Ky. The rare and most important fractures of bone. (Illustrated.)

FEBRUARY 3rd—Dr. R. E. Amos, Cincinnati. Embryology of the human and animal foetus and its conclusion. (Illustrated.)

FEBRUARY 10th—Dr. D. D. DeNeen, Cincinnati. The experimental study of the peritoneum and its diseases. (Illustrated.)

FEBRUARY 17th—Dr. E. P. Zumer, Cincinnati, of Parke Davis Laboratory. Tuberculins and Tuberculin therapy. (Illustrated.)

FEBRUARY 24th—Dr. J. H. Landis, Health Officer, Cincinnati. Infantile paralysis.

MARCH 3rd—Dr. Ralph Reed, Cincinnati. The development and comparative study of the brain. (Illustrated.)

MARCH 10th—Dr. E. C. Steinharter, Cincinnati. Ulcer of the stomach. Produced experimentally on animals. (Illustrated.)

MARCH 17th—Dr. L. C. Carr, Cincinnati. Sanitary reclamation of the city of Santiago, Cuba.

MARCH 24th—Dr. E. E. Hardy, Cincinnati Veterinary College. Animal parasites, their habits and destruction. (Illustrated.)
Dr. James W. Miller, Cincinnati. Animal and vegetable parasites, in cutaneous diseases. (Illustrated.)

MARCH 31st—Dr. George Strobach, Cincinnati. The intravenous injection of drugs and their effects. Experimentally.

The series started on October 21, with a discussion by Dr. Currian Pope of Louisville, on "Heredity from the Mendelian Standpoint." On October 28, Dr. G. H. Sherman of Detroit discussed immunization in the acute infections. On November 4, Dr. A. C. Bauer of Cincinnati talked on "The Immigration Melting Pot."

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Next Annual Meeting at Springfield, May 14, 15 and 16, 1917

Nowadays, if you don't get what you want, circulate a petition. Everybody is doing it. The writer is willing to wager a five-dollar hat that he can stand on High Street in Columbus and induce ninety out of the first hundred men who pass to sign a petition for any proposition under the shining sun.

Edward McGoun, of Mansfield, has endeavored to take advantage of this human weakness and use it to force the State Medical Board to grant him a license to practice "psychotherapy" under the new Platt-Ellis law.

Mr. McGoun is the gentleman who appeared before the board some weeks ago, after such a license had been refused him, and endeavored to explain his practices. Among other things he told the board that he had had considerable success in the treatment of cancer by "putting a little rotten apple on the sore." He treats the sick "by the power of thought and the grace of God."

When the board refused to grant Mr. McGoun a license he returned home and got busy with the dear people. Since then numerous petitions have been rolling into the office of Governor Willis. All are headed in a similar manner: "He has treated us after our case had been pronounced incurable by other physicians." * * * "Under his treatment a great many cases of cure have been effected." * * * "Now that he is prevented from treating the sick, a great many patients are growing worse without any hope, for the medical men are wholly unable to give them relief."

When this was written Governor Willis had

referred to the board petitions signed by over 500 persons. These were located throughout the region surrounding Mansfield—over 60 petitioners residing in Fredrickstown, Knox County; and a like number in Mt. Vernon, Bucyrus, Galion, Wooster and Shelby. Ten Crestline residents signed, and sixteen were from Caledonia. Many had scrawled comments after their signature—one Bucyrus woman writing, "Cured me of thick neck."

The petitions urged the Governor to direct the medical board to grant McGoun the right to practice.

To the Governor's everlasting credit it may be said that he is acknowledging these petitions with the statement that in matters pertaining to the licensing of those who treat the sick the final disposition must rest with the State Medical Board.

* * *

Some of McGoun's "cured patients" started to bombard the Governor with letters. One Bucyrus woman who describes herself as being 64 years old and weighing 200 pounds, writes that McGoun "cured her of gangrene" last winter after "one of the best physicians in Bucyrus failed to do me any good." McGoun used "the absent treatment," the lady explained. She continued:

"Now, you know we are having a terrible time with 'Infantile Paralysis.' I saw children there (at McGoun's house) he had cured. I saw a little Boy 4 yrs Old at Mr. McGoun's that could not sit up, or move a hand or foot In four weeks I saw it walk. I also saw there M— L— P—,

of Shelby Ohio a child who had been *Blind* and was restored to *Sight* by Mr. McGoun's treatments. I saw there Persons he cured of Cancers, Gall-Stones, Appendicitis, and all other diseases the Doctors had given up.

"Now, I, with *many* others would *Plead* with you to reinstate Mr. McGoun in his Work again *as soon as possible* without any Molestation or Interference from the Doctors. As many are partially cured and want to continue before getting worse.

"Hoping you will not cast this aside unnoticed, but will do *all* in your *power* for us who are suffering and in great need of his work."

Fine situation. Here are 500 apparently sincere people pleading for a healer who treats cancer with rotten apples, and who combats infantile paralysis with the absent treatment!

AN IMPORTANT WORK, WELL DONE.

During the current year the Association has entered upon a work that will, in future years, in our opinion, be an important function of state medical associations throughout the country. We refer to the system of post graduate instruction worked out on the group meeting plan which has been developed under the auspices of the Committee on Medical Education of the State Association. With the meeting at Lima this month, the first cycle in the work of the committee—the development of the subject of "Fractures and Dislocations"—will be completed. The lecture has been given at geographic centers during the past nine months, so that it has been of easy access to members of the Association in practically every county.

Those who have followed the practical development of this work are convinced that through its continuance the Association will render a very valuable service to its members. The consideration of the subject of fractures has undoubtedly stimulated a state-wide improvement in this field. Men who are prevented from frequent pilgrimages to centers of graduate study were enabled, through these meetings, to gain a brief and fairly comprehensive view of this particular field, and return to their practice better qualified to meet the needs of the public. It is predicted that similar treatment on the subject of obstetrics will be productive of even greater benefit.

The committee is not yet ready to definitely announce its plans for the obstetrical propaganda. Several meetings have been held recently, and it is hoped to be ready for the first meeting within a very few weeks. The success of the fractures demonstration has been responsible for several applications for early engagements of the obstetrical demonstration.

The success of the movement to date has been due largely to the energy and unselfish work of Dr. Charles Edwin Briggs, the chairman of the committee. He has given liberally of his time to

conduct the demonstrations and to supervise the whole project. Had he not made these sacrifices the plan could not have been worked out successfully.

THE COST OF PRACTICE.

Medical societies need jogging up occasionally. It is exceedingly wholesome to have a member prepare a paper, about once a year, that will deal with things as they are, and will not mince words in setting forth the shortcomings of men engaged in medical practice. Recently Dr. John C. Larkin, of Hillsboro, presented a paper to the Highland County Medical Society that met these specifications, and in concluding his discourse, Dr. Larkin made several recommendations. One of these applies to almost every community. We quote as follows:

"During the past two decades absolutely everything has increased in price, from fifty to fifteen hundred percent or more. When a doctor makes a price for a prescription he charges a certain profit (as he believes) on the medicine he dispenses. If a bottle of medicine cost him fifteen or twenty cents and he charges fifty cents, and he thinks it is a good profit. So it is, but he forgets to add office rent, heat, light and various other expenses. It really costs him, not fifteen cents to dispense, but twenty-five or thirty cents. Suppose that physician loses or fails to collect fees for more than seventy-five percent of his work. His actual profit then is from seven to ten cents on the transaction. A doctor makes a visit and charges one dollar for it and on first thought it looks like an easily made dollar. He forgets that the medicine cost ten to fifteen cents or more. He also forgets that it costs something to drive a horse and buggy or an automobile. I think I am safe in making the assertion that for every dollar a doctor takes in it costs him from thirty to fifty cents in expense to make it, if it were figured by an efficiency expert."

Wouldn't it be well to apply the analytical methods of the efficiency expert to your practice?"

JUDGE KILLITS: NOT AFRAID OF THE CARS

Judges of the Federal Court, throughout the country, are fine up-standing men. Their life tenure of office relieves them from any tendency to pander to the rabble, and the type of men selected are not the kind that kow-tow, anyhow. Take Judge John M. Killits, for example. The way he landed on the "United Doctors" outfit and laid bare their heartless procedure should serve as a splendid knee-strengthenener for some of the local and district magistrates in Ohio. Some of these small fry start to dodge and "hedge" whenever prosecution of a medical quack is even mentioned.

The Advantages of Our New Plan of Medical Organization

FOLLOWING OHIO'S LEAD.

The new plan of medical organization which has been developed by The Ohio State Medical Association in the past three years—under which the detail work of all branches of organization is handled through a central office under the direction of a full-time executive secretary—is attracting attention from the entire country. Inquiries relative to it are coming from both eastern and western states. In October the executive secretary was invited to outline the Ohio plan of organization to the members of the Indiana State Medical Association in session at Ft. Wayne. Later in the month he addressed a general session of the Medical Society of Virginia, at Norfolk. Recently, by invitation of the president of the Illinois State Medical Society he spent a day in Chicago with the officers of that organization and the president of the Chicago Medical Society—which, as a component part of the Illinois state organization, has over three thousand members on its register.

These facts are mentioned here because three years ago when our state organization plan was adopted many were dubious as to its feasibility. It now seems not improbable that before many years most of the larger state medical organizations will be operated on plans modeled after the system worked out here in Ohio.

The Indiana State Medical Association—which is one of the most progressive in the country—has already followed Ohio's lead. At the Ft. Wayne session its House of Delegates voted unanimously to raise the state dues from two dollars to four dollars, and to establish a central legislation and organization headquarters in the state capital under the direction of a full-time executive secretary—with the recommendation that a layman be selected for that position. A special committee was appointed by President Keiper to confer with representatives of the Ohio organization, and arrangements were made for the new Indiana executive secretary to spend some time in our Columbus office.

We quote the following from the October issue of The Journal of the Indiana State Medical Association because it sums up in clear and concise terms the arguments for the Ohio plan of organization:

"Those who heard the several talks by Mr. Sheridan, the executive secretary of the Ohio State Medical Association, at the Fort Wayne Session, were impressed with not only the importance but the necessity of conducting the affairs of the organized medical profession on business principles in order to secure the most and the best in the interest of medical men.

"Mr. Sheridan is not a doctor, but formerly was

engaged in newspaper work. Through him, as virtual business manager, the Ohio doctors have secured more and better legislation to protect the varied interests and privileges of the medical profession, to promote medical education and public health, and to encourage legitimate and reputable conduct of medical practice, than ever has been accomplished before.

"As was stated by Mr. Sheridan, every one takes a 'swat' at the medical profession, and they 'get away with it' because no organized and effective opposition is offered. If present conditions, with a tendency to grow worse, continue, it will not be ten years before it will be absolutely impossible for an educated and ethical doctor to make a decent living, and medical education and public health will be at the mercy of ignorant pretenders and unscrupulous politicians.

"The average doctor is a poor business man, and altogether too often takes pride in that fact. He is interested in scientific medicine, but he entirely overlooks the very important features pertaining to the business side of the practice of medicine, as he also takes little interest in public or legislative questions which directly or indirectly affect his welfare or that phase of public welfare for which he is most capable of acting as adviser. He imagines that he is contributing his mite to organization when he pays dues to a medical society, attends medical meetings, and subscribes to a lot of fine sounding resolutions which are absolutely worthless so far as accomplishing results is concerned. When he is asked to get out and do some real work, often in his own behalf, he makes the fatuitous plea that he is too busy, or he tries to delegate the work to some one else who in turn does not do it. If, perchance, he does get out to assist in arousing public or legislative interest for or against something which influences his own welfare or the welfare of the public, he wastes his energies because he has no one with a good executive head and keen business acumen to guide him and make his work effective. In other words, he divorces himself from the purely practical and business side of every question, and just to that extent does he injure his own usefulness to himself and to the community. It is well, therefore, if he can be persuaded to accept the services of those who can supply for him that in which he is deficient, and the executive secretary, or business manager, fills the gap.

"Why shouldn't medical organizations have a business office and a business head? Every other organization worth mentioning is conducted on business principles and has paid agents, and appropriates money to be used in furthering the interests of the organization and its members. No constructive work or destructive legislation escapes their active consideration, and approval or disapproval means something when it carries with

it the influence of the individual membership of any large organization.

"As showing what the effect of organization can accomplish, witness the successful forcing of the United States Government by the labor unions into the passage of the eight-hour law; what organized effort and a paid management has accomplished for the Christian Scientists in New York State; and note what has been accomplished by the optometrists, osteopaths, chiropractors, and numerous other cults through organization, and money judiciously expended in an educational propaganda. There isn't a member of any one of these organizations that has not contributed freely of his time and his money to secure legislation and privileges favorable to such organizations, and the results loudly testify as to the wisdom of the expenditures. What the regular medical profession, with its thousands of members, has spent in similar efforts to secure legislation and privileges favorable to the profession and the public as well is a mere pittance compared to what has been spent by these non-medical cults. It is therefore high time that the average medical man is awakened from his lethargy. There are a great many questions which deserve and should have the earnest consideration of medical men, and their influence in adjustment. Among these may be mentioned provisions for regulating medical practice, appropriations for medical education, laws governing or controlling the sale and use of drugs, rules governing medical fees in the Workman's Compensation Act, laws relating to the all-time health officers and the public health, animal experimentation, quarantines, care of mental defectives, and many other questions of like nature."

The editorial continues to outline the action taken at the Ft. Wayne meeting, and concludes with the following pertinent comment on dues:

"The Association has decided to raise the dues to \$4.00 per year, though it is a great pity that the dues were not made \$5.00 right in the beginning, for that amount is not more than will be found necessary in the near future to carry out the program planned. Furthermore, it is perfectly ridiculous for any doctor to object to the payment of \$5.00 per year for the numerous benefits which such an expenditure brings to him. The average doctor's cigar bill is more than that for one week. As a starter, though, \$4.00 will accomplish much, and if wisely expended will demonstrate to the membership how much can be accomplished by judicious management."

Indiana, under the new plan of organization, should make tremendous strides. For some years it has had one of the very best, if not the best of the state medical journals. For some years it has had in successful operation a splendidly managed medical defense fund. The society's scientific work is well organized. Its past weakness has been in the handling of legislation, and in dealing with the newer problems of medical practice that have developed so rapidly in recent years.

RECIPROCITY.

Hon. Erastus G. Lloyd served in the last Legislature as a Senator representing Franklin and Pickaway counties. He has always been closely identified with the state university, and was, consequently, familiar with the real necessity for educational qualifications for those who treat the sick. Hence, on every bill affecting medical practice, Mr. Lloyd was in the forefront, fighting for a standard that would protect the public from ignorance and quackery.

This fall, when he was running for re-election, the Columbus Academy of Medicine legislative committee got busy. The doctors of the city forgot that Mr. Lloyd is a Democrat, if they happened to be Republican. They not only voted for him, but many spoke a word in his behalf to their friends. The Pickaway County Society did the same. Mr. Lloyd was re-elected, leading his ticket. The doctors didn't do it, but they helped.

"Playing politics?" Perhaps.

THE NECESSITY OF X-RAY PLATES IN CASES OF FRACTURE.

It is generally recognized that the extent of injury, the position of fragments and whether or not there has been injury to the bone in many so-called "sprains," cannot be determined with certainty except through the aid of the X-Ray.

The law requires that a physician use ordinary care in treating his patients. In the eyes of the public the neglect to take an X-Ray plate has come to indicate lack of ordinary care and there is a distinct tendency on the part of courts to so interpret the failure to use the X-Ray as a diagnostic measure in fractures.

Even when not necessary for the treatment of the patient, an X-Ray furnishes a definite record of the condition at the time treatment was begun, which no amount of forensic ability or the minute details of a carefully written history can equal in the minds of a jury.

You may always be sure that if a fracture case comes to a suit an X-Ray will be taken showing the result, no matter what the financial status of the patient, and if the defense has no plate showing the condition which presented for treatment, it is exceedingly difficult to persuade a jury that the result shown in the X-Ray was not in some way or other due to the neglect of the physician.

Every state in which medical defense is given to the members of the state society has found it necessary to insist that X-Ray plates be taken in all fracture and sprains—particularly sprains of the hands and feet, which are more frequently than not, accompanied by the tearing off of bony layers where the tendons are attached, and which

are consequently slow in healing and often result in stiff joints.

Whether or not it is possible to have an X-Ray taken at the time of the injury, or in the earlier period of the treatment, must of necessity rest with the particulars of the individual case considered. Usually, however, an X-Ray can be taken.

Whenever the physician asks for an X-Ray and it is refused upon the ground that the patient cannot afford it, he should remember that the same patient may later bring suit and claim that the physician did not even suggest an X-Ray examination.

For a convincing record of the condition, for your own peace of mind and safety, get that X-Ray plate.

The above editorial was prepared for *The Journal* by Dr. J. E. Tuckerman, chairman of the Committee on Medical Defense.

PASSING OF THE LANCET CLINIC.

The Cincinnati Lancet Clinic, which for several decades has held a commanding position in the field of medical journalism, has discontinued publication. The announcement of the board of directors early in November was received with sincere regret by thousands of medical men scattered throughout the Middle West, who have welcomed its bright editorial comment and appreciated its real scientific merit. The passing of the Cincinnati Lancet Clinic is a distinct loss to medical journalism.

Many causes contributed to its demise. The recent excessive increase in the cost of printing, and particularly in the cost of white paper, was probably the immediate factor. Another important cause—which in itself reflects great credit upon the men who were responsible for this excellent journal—is the fact that some months ago its management placed its advertising on a high plane. It adopted a set of standards similar to that under which this journal operates, and which admits no advertising of a medicinal product which has not been approved by the Council on Pharmacy of the American Medical Association. The professional men who backed The Lancet Clinic know that off-color advertising is not compatible with the type of journal they should produce. Their arbitrary action, however, decreased their revenues more than fifty per cent. Our journal suffered a similar financial loss two years ago, but was enabled to weather the storm by dividing the deficit among our 4,000 members. The brunt of the loss sustained by the Lancet Clinic fell on the shoulders of some forty men.

A third cause mentioned in a statement by one of the directors is significant and indicates the trend of modern medical journalism. We quote the following paragraph:

"With the American Medical Association Journal reaching 60,000 readers, and the State Jour-

nal 4,000, and both of these being received by members of these associations, it is plain to see that the Lancet-Clinic has served its day and generation, and is no longer called for by the profession. To continue the Lancet-Clinic means a continual financial loss, with no good accomplished, which the profession recognizes, by the financial sacrifice of the forty odd physicians who have for several years backed the Lancet-Clinic without hope of financial gain.

The Lancet Clinic has always been representative of the type of men who have made Cincinnati a great medical center. The courageous action of these men in sacrificing their journal rather than permitting it to continue by virtue of unclean advertising, is typical of the spirit of the Cincinnati profession.

IT'S YOUR PRIVILEGE.

The survey of medical fees paid in Ohio, which is now being made by the Association, develops the information that some doctors operate under fee bills their plumbers would regard with contempt.

In other communities of equal size, where similar conditions obtain, doctors are being remunerated on a scale that makes it possible for them to give their best to their patients.

It's up to you. If you are willing to work for fees that a self-respecting junk-dealer would regard as "chicken feed," why—go to it.

THE NEW SPRINGFIELD.

A friend from Eastern Ohio dropped in The Journal office recently and expressed a doubt as to the advisability of holding the next annual meeting in Springfield.

"Our Association has grown to such an extent that it seems to me that we should limit our meetings to the four largest cities," he declared. "I haven't been in Springfield in recent years, but my impression is that it is a pokey, overgrown, small town which has every appearance of being dead."

Our friend will receive the surprise of his life when he journeys to the state meeting next May. He does not know the new Springfield.

Barely five years ago, in our humble opinion, Springfield bore many ear marks of a moribund city, but its development within those five years has been simply amazing. The whole spirit of the town has changed. The down-town section wears a new dress, with gloomy old store fronts replaced by modern shops that resemble the best in our large cities. Where formerly a visitor practically had an option of stopping at the one hotel or sleeping in the streets, today Springfield offers the very highest type of hotel accommodation.

The new Memorial Hall, where our meeting will be held, compares favorably with any public

building in the Middle West. Its churches, theatres, newspapers, civic organizations, etc., would do credit to almost any city in Ohio.

The thing that has been responsible for Springfield's tremendous strides is the new civic sense that has been developed there. Springfield residents are Springfield boosters, and this new civic spirit is magnificently shown in the advance preparations made by the Clark County Medical Society for the entertainment of our state meeting. The organization, relatively small in numbers, realizes that the adequate entertainment of the physicians of Ohio for a period of three days is a big task, and they are going about it in a big way. We are not privileged to announce their plans this early, but we assure you, here and now, that when the Springfield meeting is over, you who attend will agree with us that there is a new Springfield in Ohio, and that the Springfield physicians are in complete harmony with the new order of things.

COMMON SENSE HOSPITAL MOVE.

If you are interested in problems of hospital management we suggest that you read carefully the article in this issue by Mr. Howell Wright, secretary of the Ohio Hospital Association and executive officer of the Cleveland Hospital Council. He calls attention to a glaring defect in our present system of hospitalization—the entirely unsound plan of caring, at a rate less than actual cost, for patients sent in by large industrial corporations.

It is ridiculous to expect that a hospital which receives charitable funds from the community should care for accident or industrial cases at less than maintenance cost, and charge the balance to "charity." If the industrial corporations which profit under this system should install similar methods, they would be bankrupt in less time than it takes to tell it.

As Mr. Wright points out, the same applies to State Industrial Commission cases, where the hospital is expected to take what the state cares to pay regardless of the actual cost of the service.

The Cleveland Hospital Council, which represents practically all of the institutions in that city, has inaugurated a common-sense plan by which actual cost may be determined. When these figures are ascertained, the hospitals will revise their industrial rates in conformity therewith. It is not surprising as might seem at first glance that the larger industrial concerns are found to be in sympathy with this move. These corporations operate on business principles and welcome the injection of business principles into hospital management. They have operated under the old plan in the past merely because it was not to their advantage to bring about a change, but when the hospitals took the initiative the cor-

poration executives were quick to see the justice of the procedure. They are not asking for charity at the expense of public welfare.

The work of the Cleveland Hospital Council will be followed carefully by the officials of the Ohio Hospital Association, and an effort will be made to extend the plan to apply to the entire state. Certainly it should receive the active support of every one interested in improved hospital conditions.

THE GREATEST DELIBERATIVE BODY IN THE WORLD.

We nominate the Ohio State Board of Health. Its members have been deliberating since last April over the appointment of an executive officer to succeed Dr. McCampbell. At least, you can call it deliberating if you want to.

A PLEA FOR ALBANIA.

A Plea for Albania.—That the entire population of Albania will die of famine and pestilence unless food and medical assistance is given by the people of the United States is the prediction made by William W. Howard, secretary of the Balkan Relief Fund, under the auspices of the *Christian Work*, New York.

While the United States has been sending thirty million dollars' worth of relief to Belgium, Poland, Armenia, Syria and the warring countries of Europe, 200,000 women and children in Albania have starved to death unheeded and uncared for, Mr. Howard, who recently returned from his third trip to this "hunger zone of Europe," declares.

"Is this American fair play?" he asks. "While each woman and child in Belgium has had plenty to eat, armies have swept over Albania, taking what could be found to take and leaving to the starving women and children only the carcasses of dead horses in the streets. The Albanians are as much entitled to sympathy and help as others. They have taken no part in the war. They have not done any wrong.

"Having appealed to deaf ears in high places, I now appeal to the plain people—to fair-minded men and women who would not let a dog starve to death. I want to go back to Albania with a shipload of food. The ship is ready and waiting. The treasurer selected to receive contributions is the Rev. Frederick Lynch, D. D., editor of *The Christian Work*, 70 Fifth Avenue, New York City."

HELP THE RED CROSS SEALS.

With the horrors of a foreign war holding the center of the stage, don't forget the great war that is being waged in this country—against tuberculosis. Red Cross Christmas Seals—the bullets—are on sale this month. Help, in your community.

Original Articles

Unfortunate Surgical Experiences*

William E. Ranz, Youngstown, Ohio

MY subject is something rather personal, but I feel it is very important, and there is no better place to have it thoroughly discussed than at this meeting. No doubt every man here has had some or all of these experiences, and I would like to hear from them all for the benefit of the younger men, as well as myself. Every one of us has been unfortunate enough to have pneumonia follow operations. Have we investigated these cases carefully enough to ascertain the exact cause, whether from ether, exposure or both?

I will report briefly three cases that developed pneumonia; two after Caesarean operations which were done after instruments had been tried and the patients had been under anesthesia for almost two hours before removal to a hospital where the Porro-Caesarean operation was done on each case.

The first patient was the mother of nine children. She had always had very difficult labors, and in this one the attending physicians being unable to engage the head asked me to perform a craniotomy, which I refused to do on a living child. The child delivered by the Caesarean route had a fracture at the base of the skull. The mother developed a left sided lobar pneumonia on the twelfth day, but after a long hard fight got well and is now doing the work of a farmer's wife. The child died on the seventh day, having bled continuously from the nose and ears.

The second case, a primipara with a male pelvis was unable to engage head. High forceps were applied and an attempt at delivery made with axis traction forceps. Very able men had worked for almost two hours without engaging the head. She was rushed to the hospital where a Porro-Caesarian was made; the operation being completed in about one hour. She developed a right lobar pneumonia in forty-eight hours, involving the lower and middle lobes with a high temperature and rapid pulse. She had her crisis on the seventh day, and from then on made a slow but complete convalescence. I did the Porro operation in these cases to prevent infection, which generally follows from the trauma of instrumental manipulation.

My third case followed a ruptured tubal pregnancy, which nearly caused the death of the patient from hemorrhage before she reached the hospital. She was a woman of thirty-three, the mother of four children, and strange to say, she had not missed a menstrual period. Her sickness began with very severe pain on her right side

simulating an attack of acute appendicitis. After being in bed three days she got up and did a washing, and that evening I saw her in collapse with rapid pulse and pallor, and on vaginal examination I could make out a mass on the right side. She was brought into the hospital and as quickly as she could be prepared was placed on the table for operation. The incision was made down to the fascia, when the electric lights went out, but fortunately there was another operating room adjacent, where she was removed and operation completed in less than thirty minutes. Saline transfusion was given and she was removed to her room. The foot of the bed was elevated and continuous saline started as soon as the patient became conscious; her pulse strengthened and she made a nice recovery, getting up in chair on the twelfth day. Being a fresh air advocate she had her window up, and on the thirteenth day after operation she developed a right lower lobe consolidation, the temperature never reached above 102, and the crisis occurred on the fifth day. I believe in this case her quick recovery was due to the severe loss of blood before operation.

We all have country experiences, and I am recalling a case which I operated about ten years ago, a girl eight years old, that had been sick three days with appendicitis. The appendix had ruptured in early morning, and on my arrival at 9 p. m. of the same day, I found her in desperate condition, and made arrangements for immediate operation at her home. I made a median incision. Pus welled up as soon as the peritoneum was opened; there were adhesions everywhere, and the whole of the intestinal tract seemed to be swimming with pus. It looked to be a hopeless case so we put in three drains and placed the child in Fowler's position. We had in charge a trained nurse who proved to be very careless. It being summer, and in the country, there were flies by the million which were attracted by the odor of the pus. The child did not die as we had prognosed, and on the third day I went to the country with the family doctor to see her, and on removing the dressings found the wound alive with maggots. A mild lysol irrigation was used with considerable force, and I am sure I washed out more than a hundred maggots. The nurse was immediately discharged, and another one secured. The child made a recovery and has been perfectly well since.

The next case, a handler of iron ore, was a man of foreign birth, age thirty-five, weighing about 195 pounds, and all bone and muscle. He was caught in a cave-in and received a compound

*Read before the Surgical Section, Ohio State Medical Association, in annual session at Cleveland, May 17, 1916.

fracture of femur about six inches below hip joint. After a thorough examination it was decided to attempt to save the leg, despite risk of infection. The wound was apparently thoroughly cleansed, fragments of bone placed in apposition, drainage provided and moist bichloride dressings applied. Unfortunately a gas bacillus infection developed, and the patient died in seventy-two hours. This man's life probably could have been saved had we made a hip joint amputation, but we tried to be conservative, and lost.

The next case was a boy seventeen years old, the main support of a widowed mother. While hunting he stopped to rest and was standing with the gun resting on log and muzzle leaning against his abdomen, when the stock slipped, catching hammer on log and causing one barrel to be discharged into his abdomen. He was brought to the hospital and the abdomen was opened at once. It was found that he had fourteen intestinal perforations. These were repaired and then our attention was turned to the stomach, which was found to be shot into shreds. We trimmed off the ragged edges and sewed it together. The operation required about an hour and a half. Intravenous saline was given, but our patient died in three hours after leaving the operating table. We knew from the beginning it was a desperate case, but felt we should put forth every effort to try and save his life.

The next case, a country boy fifteen years old, was sent to the hospital after having been sick about four days. The attending physician stated that the sickness began as an acute appendicitis, and that the boy had been sick two or three days before he was called. He had, at time of admission to hospital, considerable distension, slow pulse and temperature of 101. Unable to make a positive diagnosis, I decided to make a median incision and do what was necessary. Upon opening the peritoneum we were confronted by black gangrenous bowel, which was pulled through abdominal opening until the healthy bowel was reached. The other end was then brought up and we found at the ileo-caecal junction an acute diverticulitis with adhesions which constricted the blood supply causing the gangrene. About 2 inches of intestines were removed and an end to end anastomosis made. It looked good for patient until the third day, when all our efforts to move the bowels were unsuccessful. We continued on until the morning of the fourth day, and then re-opened the abdomen and made an artificial opening, but the patient died on the sixth day following his first operation. I am inclined to believe that the blood supply was faulty where the anastomosis had been made..

The next case is of considerable interest, on account of the predisposition to form intestinal adhesions causing obstructions. This woman, age forty-two, married at fifteen, bore her first child at sixteen; widowed at twenty-one; re-married to

a worthless railroader at twenty-two, who infected her with gonorrhoea at twenty-three, and syphilis at twenty-nine; had had frequent attacks of pelvic peritonitis, and had been advised by different surgeons to have her tubes removed, but never consented until two years ago. I may say that her antisymphilic treatment had extended over a period of about a year and a half. About two years ago I opened her abdomen and removed with considerable difficulty both tubes, one ovary and the appendix, which had become diseased from her tubes. She made what apparently seemed a speedy and uninterrupted recovery, and insisted on going home on the twelfth day following her operation. On the fourteenth day I was called to her home and found her suffering with very severe abdominal pains and vomiting. Diagnosis was made of obstruction and she was removed to the hospital, and upon re-opening the abdomen found a band of adhesions at the ileo-caecal junction, which was removed, and patient was discharged from hospital in fourteen days. She gained in weight and for three months was perfectly well, when again she began vomiting with severe abdominal pains. After having the nurse use high enemas without results, we decided to remove her to the hospital and re-open, which we did under spinal anaesthesia, using Stovaine Compound, Dr. Babcock's formula. I found very extensive adhesions, separated them and used aristol. She made another rapid recovery and went home on the fourteenth day. Again she gained in weight, and daily she took the Russian oil and apparently got along fine for four months, when suddenly she obstructed again. She was taken to the hospital and the abdomen re-opened. Found everything a mass of adhesions. After getting up the loop of bowel that had strangled, I found the lumen almost occluded, with a hole through the bowel where it had been adherent. I decided to make a resection, which was done, and fourteen inches of intestine were removed. A Murphy button was used. The remaining adhesions were broken up and the abdomen filled with a weak saline solution. This patient passed her Murphy button on the eighth day and went to her home on the fourteenth. I have had her on the anti-symphilic treatment ever since. She has gained thirty-five pounds, has an occasional pain in her abdomen but has never shown any signs of obstruction. I am unable to state positively the cause of her adhesions, but firmly believe that the syphilitic infection plays a very important part.

I call your attention to a case of a young woman, age twenty, married with one child two and a half years old. She had been troubled for about one year and a half with a pain in her right lower abdomen. Vaginal examination revealed a large hydro-salpinx. She had a slight systolic-regurgitant heart murmur, which was not considered a serious matter. She was prepared for

median laparotomy and a large hydrosalpinx was removed without difficulty, and without handling of intestines, the entire operation consuming less than thirty minutes. She began vomiting and in twelve hours the stomach dilated. At once we began washing stomach every three hours, but without effect. Patient continued vomiting with dilated stomach, and died within seventy-two hours after operation.

These cases are shocking to the surgeon; they happen when we least expect them, and never yet have I been able to explain to the relatives why they happen. Possibly some one here may be able to enlighten me on this important matter.

My next case, a woman thirty years of age, married, no children, had a retro-flexion of the uterus. There was a history of several attacks of appendicitis. I made a median incision, removed an inflamed and adherent appendix, and did a Baldy-Webster operation. She made a rapid recovery and went home on the fourteenth day, gained in weight and was feeling fine. After eating heartily

of oysters three months after operation, she had a sudden seizure of pain in the region of the pyloric end of the stomach and gall bladder. A hypodermic of morphia, one-fourth grain, and atropia, one hundred and fiftieth grain, was given, and repeated in one hour, which partially relieved the pain. She did not vomit but had continuous pain for forty-eight hours, which then ceased. The bowels were locked; enemas would relieve her of some gas. After three days she was removed to hospital and re-opened, and I found blackened and gangrenous bowel that had resulted from a thrombosis of the mesenteric artery. It being impossible to do anything, the abdomen was closed and the woman died that night.

I have never had a sudden death from embolism in my own practice, but I know of at least five that have happened in my city, in the hands of very skillful surgeons. Possibly some one here may be able to enlighten us and help us to prevent these very sad and unfortunate experiences in the future.

Why is Early Tuberculosis So Often Not Recognized*

C. O. Probst, M. D., Columbus, Ohio

THE reason early tuberculosis is so frequently not recognized is because of the ignorance, cowardice or carelessness of the patient, or of carelessness or ignorance on the part of his physician. Cowardice may also influence the physician in reaching a diagnosis, or more often, in imparting this information to the patient.

The chances for the patient to recover are equally jeopardized whether the physician fails to recognize the nature of his complaint or fails to inform him that he has tuberculosis.

While tuberculosis may declare its presence suddenly, usually there is a considerable period—often years—during which, continually or at intervals, symptoms suggestive of the disease are manifested. Here is where the ignorance of the patient may defeat an early diagnosis. He may continue his occupation, feel fairly well, except at intervals, and does not suspect what is the matter with him.

In instructing the public concerning tuberculosis we have, perhaps, placed too much stress on prevention of infection and entirely too little on the early symptoms of tuberculosis and the great importance of consulting a physician without delay.

Cowardice and not ignorance is often the reason why the patient fails to seek medical advice.

This unreasoning attitude of the lay mind is hard to combat. A mother will watch with the greatest anxiety a son or daughter fail in health,

and delay weeks and often months before consulting a physician for fear the dreaded word, tuberculosis, will be pronounced.

Two examples of this have lately come under my observation which greatly discourage me in attempting to teach the public what they should know about tuberculosis. One is a mother, under treatment herself for tuberculosis, with a son at home who has many symptoms of the disease but whom she will not consent to have examined. The other is a mother with a daughter at home with advanced, hopeless tuberculosis and another daughter who in all probability is in the early stages of the disease. She refuses to have her examined because she is very nervous and she fears that if told she has tuberculosis she will break down at once. Both of these mothers are of more than ordinary intelligence and are people of affluence.

Another class, less numerous, the careless, acknowledge that they suspect they have tuberculosis but are either skeptical as regards medical relief or are unwilling to give up work or the pleasures that they are taught they would be required to in treatment.

We naturally think of the public schools as a medium for public education in health matters. My own opinion is, as regards disease prevention, that school instruction, as now given, is of no very great benefit. That it could be made so I do not doubt. Every child, even before reaching high school, could be thoroughly imbued with two important facts about tuberculosis. First, that in-

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fection oftenest occurs in early childhood, and therefore babies and young children should be specially guarded, and second, that a run down condition lasting for months may be tuberculosis, and what ever the cause, should lead one to consult a physician without delay, since tuberculosis, like other chronic diseases, is much more amenable to treatment in its early stages.

Let us now frankly consider why the physician is to blame for the fact that so many cases of tuberculosis reach a moderately advanced or even an advanced stage before being recognized. My observation leads me to conclude that it is not so much ignorance as carelessness (under which I include hasty examination) that is most often responsible for this.

Early cases of tuberculosis, except the rarer acute forms, are nearly all office cases. How much time can a busy, general practitioner devote to an office examination, and especially for the usual office fee? Those who specialize in chest work require from an hour to an hour and a half in which to make a thorough examination, including the taking of a proper history of the case, which last is extremely important. In many cases a second or third visit is required, and possibly a re-examination.

As a diagnosis of tuberculosis may often mean an entire change in all his family and business relations, and a mistake may even mean the difference between life and death, the physician is certainly warranted in using all the time necessary and every possible aid to determine whether his patient has this disease or not.

Here is where the public needs to be educated. Let the family physician explain to the patient and his family the usual serious consequence of late recognition of tuberculosis. Let him tell him the difficulties of recognizing the disease in its early stages and the time required for a thorough examination. Let him make an appointment outside of busy office hours and then make such an examination. And last but not least, let him make a charge commensurate with the time and service given.

If this were done, and in the interest of the patient it ought always to be done, the charge of carelessness against the general practitioner would be removed. If he fully realizes his responsibility, and with all this care is unable to be reasonably certain that his patient is free from tuberculosis, he should ask for consultation.

That physicians are frequently almost criminal in their neglect to properly examine patients with tuberculosis is shown by an investigation by Drs. Dearholt and Cheadle of Milwaukee, who presented a report of their investigation to the State Medical Society of Wisconsin in 1914. Permit me to briefly present some of their findings, for what was found in Wisconsin would doubtless be found in other states.

Two hundred patients who had consulted 451

different physicians were carefully questioned as regards their symptoms and the measures taken by the physicians to reach a diagnosis. "In 14.2 per cent. of all consultations no physical examination was made; in 72.7 per cent. no temperature record was taken; in 52.2 per cent. no sputum examination was made." In 142 instances in which the physician gave the patient a diagnosis, the trouble was located somewhere outside the chest. This is most suggestive.

Now the majority of these patients were suffering from advanced tuberculosis. If such a percentage of errors is made in the recognition of cases of this class what may be expected when cases properly called *early* present themselves for examination.

I am sure all candid men who specialize in tuberculosis will admit that not infrequently it is extremely difficult and at times impossible to recognize a beginning tuberculosis. The better the man the more freely will he admit this. It is not surprising, then, that men who cover the whole field of medicine and who see comparatively few cases of tuberculosis should more often be in error.

Here I would make a plea for a special Chair of Tuberculosis in our Medical Colleges. There is abundant clinical material and opportunity in all our large cities for thoroughly grounding students in the diagnosis of tuberculosis if a sufficient number of hours were allowed for that purpose. Furthermore, as the Medical Profession has taken the lead in the world's campaign against tuberculosis, this Chair should also fully instruct every would-be physician in all the measures of prevention that have been devised to conquer this great scourge.

A committee of the National Association for the Study and Prevention of Tuberculosis recently made an investigation of 40 leading medical schools in the United States with reference to this subject. In only seven was there anything approaching adequate instruction in tuberculosis. At a meeting of this Association in Washington last week a resolution was adopted urging that all hospitals used in teaching medicine should establish a separate ward for tuberculosis patients for the purpose of training students in the early recognition of this disease and the proper care of such cases.

Time will not permit me to say much concerning the methods to be used in the diagnosis of early tuberculosis; nor could I expect to say a great deal that you do not know. The refinements of this work may be likened to the duties of the criminal judge who is seeking the truth from purely circumstantial evidence. All the ascertainable facts must be examined and the proper weight given to what the different witnesses bring out. These facts must be assembled and placed in their proper relationship as regards their importance and the reliability of the witness, and from the whole a judgement reached and a verdict rendered.

As in tuberculosis, this may mean life or death. And like the physician the judge may make mistakes and convict an innocent person or set a guilty prisoner free from lack of evidence. There is this difference however. To hang an innocent person is justice gone irretrievably astray, while to diagnosis tuberculosis when something else is the matter has done no great or lasting harm.

Careful history taking, in my judgement, is more important in unmasking incipient tuberculosis than is a physical examination. When combined with a 5 to 7 day's record of temperature and pulse taken at two hour intervals, we may often be reasonably certain of tuberculosis even where the physical examination is negative.

I do not underestimate the great aid given us by careful physical examination, especially by one thoroughly trained in this art. Without it we must very often be in doubt. But I would urge the busy general practitioner to place more stress upon the various symptoms of early tuberculosis. These are usually present, or have previously been present, but often may only be elicited by careful, intelligent questioning.

Hemorrhage is very important. It may have occurred years before the patient consulted you. If we can be sure it was pulmonary, and if it came suddenly without previous symptoms except possibly slight cough, tuberculosis was in all probability its cause.

Not infrequently there is a history of pleurisy months or years before. If it was really a pleurisy and not simply a pain in the chest, and if the patient now has symptoms usually found in tuberculosis, we may feel reasonably sure that that is his trouble.

There may be a history of a pneumonia that hung on for months, and the patient may admit that he has not felt quite well since, and possibly that he suffers from protracted colds during winter months.

A good many tuberculosis patients are treated for months, in the beginning, for stomach trouble. A patient with tuberculosis may complain most of nervous symptoms and be treated for neurasthenia. But no matter what may be the predominant symptoms, a carefully taken, complete history, with prolonged temperature and pulse records, will usually lead to a suspicion of tuberculosis if it be present. Physical and X-ray examination, with a further study of the case should, in the great majority of instances, enable one to reach a correct diagnosis.

I shall have nothing to say about the facts to be elicited by physical examination. Text books teach the technique but only experience and daily practice make it of first importance in recognizing early tuberculosis. Neither shall I mention the various tuberculin tests except to say that, excluding babies and very young children, they

cannot be relied upon alone and are often misleading.

I venture to present as a means of reaching a correct diagnosis a scheme of things that could and should be noted and weighed when examining a patient who may have tuberculosis.

Heredity; including opportunity for infection, especially in childhood.

Occupation; many favor development of tuberculosis.

Previous diseases, some of which may have been tuberculosis while others favor its development.

Common symptoms: Loss of strength, weight and appetite; weak or husky voice; slight cough (often stated by patients to be merely "clearing the throat"); menstrual derangements; chest pains; dyspnoea on exertion; nervousness; chills or night sweats (not common early.) Accelerated pulse with slight daily rise in temperature, usually in the afternoon, and subnormal temperature in the morning. At times, subnormal temperatures throughout the day.

When a tuberculous infection is becoming active, i. e. when clinical tuberculosis is present, we are sure to have some, and usually many, of these symptoms present.

These facts should all be recorded and the patient be given or directed to purchase a reliable thermometer and taught to properly take his temperature. Also to count the pulse. For four or five days (a longer period is better) at 2-hour intervals if possible, temperature and pulse should be taken and recorded.

There should of course be a careful physical examination of the lungs with a record of anything abnormal, and a sputum examination, repeated several times if negative, if there be any sputum. A careful scrutiny and weighing of all these facts will usually enable one to say: This man has or has not tuberculosis.

My excuse for bringing a thread-bare subject before you is 6000 annual deaths in Ohio, many of them because of needless delay or errors in diagnosis. The chances for recovery in tuberculosis if the disease is recognized sufficiently early and the proper advice is given, are highly favorable, whereas cases that are permitted to slowly progress for months, often years, because they are not recognized, end in the great majority of cases in premature death.

The medical profession must recognize its great responsibility to this large class of sufferers. The too common experience of finding far advanced cases of tuberculosis, hopelessly ill and a menace to society because still ignorant of their disease, in spite of repeated medical consultations, should no longer be possible. The public should, and soon may demand that the physician who fails to recognize tuberculosis because of inexcusable ignorance or carelessness, especially in the communicable stage, must be eliminated.

The Practical Value of Stereo-Roentgenograms of the Mastoid*

J. M. Ingersoll, A. M., M. D., Cleveland, Ohio

IT is a well recognized fact in aural surgery that if a mastoid operation is necessary, the earlier the operation is done, the better is the prognosis for speedy recovery with normal hearing in acute cases, and with less danger of labyrinth and brain infections in all cases.

Stereo-Roentgenograms give us positive information about the condition in the mastoid and enable us to make an accurate diagnosis early.

The brief histories of a few cases will illustrate the practical value of the stereo-Roentgenograms.

Case 1. A young man who had previously had no ear trouble, developed an acute infection in the left ear. A free incision was made in the left drum membrane and there was a serous discharge followed by a muco-purulent discharge for a period of five days. Then the mastoid became very sensitive especially over the antrum and tip. At this time he was seen in consultation by a second aurist who expressed the opinion that the mastoid was infected and advised a mastoid operation. His diagnosis was made on account of the profuse discharge with persistent pain over the antrum and tip and temperature varying from 101 to 103. The aurist who had seen him first thought that the pain over the mastoid was due to a simple inflammatory process and did not indicate pus in the antrum at that time. I was asked to meet the two men in consultation. The patient was sent to the hospital and a stereo-Roentgenogram was made. I studied the picture before I examined the patient. The picture showed a large antrum overlying the sinus with large pneumatic cells throughout the mastoid. There was a dark area in the antrum and also one in the large cells in the extreme tip of the mastoid. These dark areas indicated pus in these regions. The rest of the mastoid was somewhat cloudy. My interpretation of the X-ray picture was that there was a general infection in the mastoid with pus in the antrum and tip. The examination of the ear showed a profuse muco-purulent discharge and distinct tenderness over the mastoid antrum and tip.

Because the Roentgenogram showed positive evidence of pus in the tip of the mastoid and also in the antrum, I advised an immediate mastoid operation and it was done by the second consultant that afternoon. The operation showed a large pneumatic mastoid with pus in the antrum and tip and some granulation and serous secretion in the rest of the mastoid. In other words the X-ray findings were confirmed.

In this case there was an honest difference of opinion between two good men. The stereo-Roentgenogram gave positive evidence of pus in

the antrum and tip and was the deciding factor for an early operation which hastened the recovery, with normal hearing. It also decreased the chances of infection of the sinus and brain; a danger which is always present in large, pneumatic mastoids with thin walls separating the antrum and cells from the brain cavity.

Case 2. A man twenty-eight years old in good physical condition. He had had a periodic discharge from the left ear for years. During the previous week there had been slight tenderness over the mastoid, dizziness, nausea, occasional vomiting and headache. There was a foul purulent discharge from the left ear and the posterior superior canal wall was prolapsed. There was some tenderness over the mastoid antrum and tip and spontaneous bilateral nystagmus, more marked to the right.

The X-ray picture showed a necrotic spot over the sigmoid sinus in the median portion of the mastoid just below the antrum. The rest of the mastoid was sclerotic, as is usually the case in chronic suppuration of the ear. The diagnosis made from the picture was a probable extradura by necrosis. The nystagmus, vomiting and headache were attributed to brain irritation following the necrosis. A radical mastoid operation showed that the sinus had been uncovered by necrosis and that there was an extra-dural abscess immediately over the sinus. The headache, nystagmus and nausea gradually disappeared after the operation and the patient recovered completely.

In this case, the Roentgenogram showed distinctly the necrotic area over the sinus and also showed the necessity for a prompt operation to relieve the brain irritation and thus prevent still more serious complications.

Case 3. A young lady who had had no previous ear trouble. Six weeks before she was sent to the hospital she had an acute infection in the left ear. Four weeks later she began to have headaches which gradually increased in severity. There was also some dizziness and nausea. When she was admitted to the hospital her mentality was decidedly slow. There was slight variable spontaneous bilateral nystagmus. The labyrinth reacted to heat and cold. The reflexes were slightly increased. The pupils dilated and reacted slowly; the eye grounds were normal. There was a profuse purulent discharge from the ear and some tenderness over the mastoid. The stereo-Roentgenogram showed a mastoid with small cells extending high up above the zygoma anteriorly. The whole mastoid was dull and there appeared to be a necrotic spot above and behind the antrum with a suspicious dull area extending up ward

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and backward into the brain cavity. The X-ray findings and the clinical symptoms, namely slow mentality, nausea, nystagmus and severe headache spoke for a brain abscess. An immediate mastoid operation was done. The whole mastoid was filled with pus and granulation tissue. There was a small communication between the posterior superior part of the antrum and the brain cavity which led directly into a brain abscess, extending upward and backward in the brain tissue. The pus in the brain abscess was under considerable tension. The abscess was opened freely and drained through the mastoid incision which was packed wide open. The temperature had been practically normal all the time and remained so after the operation. For four days the patient was rather apathetic but began to improve on the fifth day and continued to do so until she recovered completely, with normal hearing.

In this case the Roentgenogram helped to confirm the diagnosis of brain abscess and gave some indications of its location. Unfortunately it is not always possible to diagnosticate and locate a brain abscess in the X-ray picture, but we have been able to do so in a number of cases and we believe that we will be able to do so with more certainty as our skill in interpreting the stereo-Roentgenograms increases.

Case 4. A young man sixteen years old had been accidentally shot in the left eye with a small rifle one year previously. There had been bleeding from both nasal fossa and the right ear immediately after the accident and he was unconscious for a few hours. The eye was so badly injured that it was enucleated shortly after the injury by Dr. N. M. Battles. Paralysis on the right side of the face began to develop immediately after the injury and it has continued ever since. There had been a constant discharge from the right ear. Examination of the right ear showed almost complete loss of the drum membrane with some granulation tissue over the promitory and a thick purulent discharge.

A stereo-Roentgenogram showed distinctly the course of the bullet through the left orbit and the posterior ethmoidal cells on the left side and the right sphenoidal sinus into the brain cavity; then it had been deflected slightly upward into the right mastoid. It could be distinctly seen in the attic and antrum. Splinters of the bullet were also plainly visible throughout the whole course which it had taken. The mastoid had large cells and these cells were all apparently normal except those immediately around the bullet. A radical mastoid operation was done, going through normal cells until the bullet was reached. It was lodged in the antrum and attic, directly over the horizontal semi-circular canal and was removed easily. It was impossible to see where the facial nerve had been injured but it had probably been struck by the bullet as it passed through the middle ear. No attempt was made to remove the encapsulated

splinters of the bullet in the brain as they were apparently causing no irritation. The recovery was complete and there is now no discharge from the ear. The facial paralysis of course remains. In this case the X-ray picture showed distinctly the course and location of the bullet and also showed that the suppuration in the mastoid was limited to the middle ear and the region immediately around the bullet. The normal cells in the mastoid were not opened except where it was necessary to remove some of them in order to gain access to the bullet.

In all of these cases the stereo-Roentgenogram gave positive evidence about conditions in and around the mastoid which could not be obtained in any other way. A flat plate gives some information in regard to the size and shape of the mastoid and the extent of the pathological process and the position of the sinus, but the stereoscopic picture gives us much more positive information for it shows much more distinctly all that the flat plate shows and in addition gives the third dimension, depth to the picture. By reversing the plates in the stereoscope we are also able to look at the mastoid from the inside as well as the outside and in this way gain still more information. It is very much like being able to take the temporal bone in your hand and thus study your operative field from both sides, with the added value of actually looking into the mastoid antrum and cells before you open them.

Spasmodic Stricture of the Rectum—In a paper on this subject before the Detroit meeting of the American Proctologic Society, Dr. Louis J. Krouse, of Cincinnati, points out that spasmodic stricture of the rectum is often called phantom stricture on account of its imaginary existence. In the early part of the last century it was more frequently diagnosed than later on. At the present time, the opinion regarding the existence of such an affection is equally divided between those who are firm believers and those that doubt its existence.

After quoting the statements of various authors well versed in rectal pathology, he expresses his own opinion in its existence and reports several cases. He also makes the statement and agrees with a few writers who believe that spasmodic stricture is often the forerunner of the more serious disease of benign stricture of the rectum. He reports several cases.

He claims that spasmodic stricture is not a disease but only a symptom of some other disease located in the rectum or in an adjoining organ.

His conclusions are: First, that it is not a common affection; Second, that it is easily detected on digital examination; Third, that it often terminates in an annular fibrous stricture; Fourth, that it involves the lower Houston valve; Fifth, that a rectal ulcer in its early stage lessens the chances of the development of an annular fibrous stricture.

Foreign Bodies in the Eye*

W. E. Shackleton, M. D., Cleveland, Ohio

IN the accompanying tabulation of thirty-five cases of intraocular foreign bodies, it has been possible to draw the following conclusions, and to make a few interesting observations upon the results of injury by intraocular foreign bodies.

The left eye was injured in twenty-six cases, the right eye in eight cases, and in one case the record unfortunately does not specify which was the injured eye.

In twenty-three cases the foreign body was removed through the original wound in the cornea.

In four cases the foreign body was removed through the original wound in the sclera.

In five cases the foreign body was removed through new openings in the cornea.

In three cases the foreign body was removed through new openings in the sclera.

The length of time elapsed since the foreign body had been within the eyeball varied from one hour to 22 months.

There were five cases of prolapsed iris, requiring abscission of a protruding portion.

There were seven cases requiring iridectomy for release of the foreign body from the posterior chamber, or in which the foreign body had become entangled in the iris.

In one case of prolapse, it was possible to successfully replace the iris within the anterior chamber.

In five cases the foreign body was lodged in the ciliary body.

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Case no.	Injury	Location of F. B.	Length of time elapsed	Iridectomy	Cataract	Right eye—Vision	Left eye—	Remarks
1	Stl O. S.	Back of lens	2 days			5/5	6/7	
2	Stl O. S.	Ciliary body	48 days	Yes	No		6/6	Magnet apl 5½ hrs.
3	Stl O. S.	In lens	3 hrs.	No	Yes		L. P.	Absorption of cataract.
4	Stl O. S.	Vitreous	6 days	No	Yes	6/5	L. P.	Loss of lens O. D. 3 yrs ago.
5	Stl O. S.	Back of oznula	4 hrs.	No	Yes	6/4	L. P.	Partial absorption.
6	Corneal wound	O. S.		Yes	No	6/7	6/10	
7	Corneal wound	O. S.		Yes	No	6/5	6/5	
8	Stl O. S.	Ant. ch.	1 hr.	Yes	Yes	6/5	6/60-2	
9	Stl O. S.	cornea	3 hrs.	No	No	6/5	6/6	
10	Stl O. S.	Vitreous	8 days	No	No	6/10	6/6	2 in.
11	Stl O. S.	Vitreous	2 hrs.	No	No	6/6	6/6	F. B. drawn through iris.
12	Cu. O. D.	Vitreous	48 hrs.	No	No			Loss of eye-ball.
13	Stl O. D.	Lens	1 hr.	No	Yes	6/60	O	O. S. optic atrophy.
14	Stl O. D.	Vitreous	22 mos.	No	No	6/10	6/4	F. B. still present.
15	Stl O. S.	Vitreous	47 days	No	No		O	Loss of eye-ball.
16	Stl O. S.	Vitreous	14 hrs.	No	No		O	Loss of eye-ball 3 days later.
18	Stl O. S.	Ciliary body	2 hrs.	No	No	6/5	6/5	
19	Stl O. S.	Ant. ch.	48 hrs.	No	No	6/6	6/6	
22	Stl O. S.	Vitreous	2 hrs.	No	No			
24	Stl O. S.	Vitreous	35 days	No	No	6/20	O	Loss of eye-ball 35 days later.
25	Gls. O. S.	Vitreous	56 days	No	No			Loss of eye-ball 56 days later.
26	Stl O. S.	Ciliary body	3 hrs.	No	No	6/10	O	Loss of eye-ball 54 days later.
27	Stl O. S.	Post. ch.	48 hrs.	No		K. P. in O. D.		
28	Stl O. S.	Vitreous	13 wks	Yes	No		6/60	
29	Stl O. S.	Vitreous		No	No	6/	6/15	
32	Stl O. S.	Ciliary body	24 hrs.	No	No		L. P.	
33	Stl O. D.	Iris	26 hrs.	No	No	6/6	6/10	
34	Stl O. D.		3 hrs.	No	No		L. P.	Synechia.
35	Stl O. S.	Iris	2 hrs.	No	No	5/5	5/5	
38	Stl O. S.	Ant. ch.	4 days	No	No		6/30	Replaced iris.
39	Stl O. D.	Iris	4 days	Yes	No	6/5	6/6	
40	Stl O. D.	Ant. ch.	2 hrs.	No	Yes			Patient failed to report.
45	Cu. O. D.	Cornea	12 days	No	No	6/5	6/5	
45	Stl O. S.	Sclera	48 hrs.	No	No	6/5	6/5	
47	Stl O. S.	Iris	48 hrs.	Yes	No	6/5	6/5	
53	Stl —	Vitreous	2 hrs.	No	No			
54	Stl O. S.	Sclera	16 hrs.	No	No	6/5	6/5	

In fifteen cases the foreign body was free within the vitreous.

In two cases the foreign body was in the lens.

In four cases the foreign body was in the anterior chamber.

In one case the foreign body was in the posterior chamber.

In four cases it was entangled in the iris.

There was traumatic cataract in six cases.

There was complete loss of the eyeball in six cases.

In one case in which the eyeball was lost, there was a congenital cataract in the fellow eye, in which it was possible to obtain vision of 6/20, by the aid of a correcting lens.

In the six cases in which it became necessary to remove the eyeball, two days was the shortest time that elapsed between the injury and the enucleation and fifty-six days the longest time.

In one of the six eyes lost, the injury was to the ciliary body; and while the eye remained fairly quiet it was discovered fifty-four days after the injury, that the fellow eye showed a few fine punctate spots on Decemets membrane. The injured eye was immediately enucleated and the fellow eye showed no further signs of involvement.

Of the thirty-five cases, useful vision was retained in 17—48.5%. In this 48.5%, no case has been included in which the vision has fallen below 6/60, and only one such.

There was also only one case with vision of 6/30, only one with vision of 6/15 and the vision of the remaining cases was 6/10 and better.

The average for the seventeen being .85 normal or better than 6/7.5.

Eleven of the seventeen were 6/6 or better, which eleven represents 31.5% of the total cases reported as retaining normal vision after recovery from the injury.

Three cases have presented features which have been of unusual interest.

In one which is not included, useful vision was retained for five years after the removal of a large foreign body from the vitreous, through the original scleral wound, and was finally lost as the result of what appeared to be a trivial accident. The defective eye was struck by a part of an apple core, playfully thrown by a fellow employee, and as a result of the blow, there occurred a complete detachment of the retina.

In one in which a small piece of steel had been in the vitreous about six months before I saw him, it was found to be impossible to move the foreign body with the magnet and it is lying too far forward to be seen with the ophthalmoscope and there it remains, after three years having elapsed since the injury. The vision of the injured eye is 6/10 and that of the fellow eye 6/4. The patient, an intelligent man, fully cognizant and apprehensive of the dangers, decides to assume the risk of retaining the eye so long as the vision remains good or until he may be assured that it

may remain good, after the sclera has been opened for the purpose of removing the foreign body.

In the third a piece of steel had been lodged in or about the ciliary body for forty-eight days before I saw him. The vision was but slightly impaired and the globe only a little irritable. A number of attempts, of an hour or more in duration, were made to bring the foreign body into the aqueous chamber. This was finally accomplished after an almost continual effort of five and one-half hours, only sufficient intervals being allowed for the cooling of the magnet. Its passage through the zonula or release from its lodging place in the ciliary body being marked by a hemorrhage, which partially filled the anterior chamber. It became finally entangled in the iris from which it was not possible to dislodge it and to jump it up through the pupil from the posterior to the anterior chamber, which can so often be done. So a narrow iridectomy was done before it could be removed. He finally recovered 6/6 vision with the near point at 8".

The experiences in the reported cases have convinced me that the anterior route, will in the average case, yield the best result and I think that in no case in which the original scleral wound is not open, should I choose the scleral route unless it were shown after prolonged effort that the foreign body can not be carried into the aqueous chamber.

As to how long the effort should be, I am in some doubt, after the experience in the last detailed case.

Glyco-Thymoline and Poliomyelitis—The manufacturers of Glyco-Thymoline are circularizing physicians, advising dependence on Glyco-Thymoline as a preventive against poliomyelitis. A report of the Council on Pharmacy and Chemistry pointed out that this preparation is simply a weak antiseptic, so feeble that even in full strength it does not kill *Staphylococcus aureus* in four hours and is of little, if any greater therapeutic value than sterile salt solution (Jour. A. M. A., Sept. 16, 1916, p. 895).

Kora-Konia—Kora-Konia is a dusting powder advertised to the medical profession by the "House of Mennen." It is claimed to be indicated in the treatment of acne, dermatitis, eczema, intertrigo, etc. and it is said to possess germicidal qualities. The A. M. A. Chemical Laboratory reported that the powder essentially consists of talcum and zinc stearate in about equal proportions to which small quantities of magnesium carbonate and boric acid have been added. The Council on Pharmacy and Chemistry believes that the extravagant and unwarranted therapeutic claims made for this simple dusting powder are likely to lead the public, as well as the thoughtless physician, to place unwarranted confidence in it and therefore declared Kora-Konia ineligible for New and Nonofficial Remedies (Jour. A. M. A., Sept. 30, 1916, p. 1034).

Vaccine Therapy in Gonorrhea

A. Ravogli, M. D., Cincinnati, Ohio

AN interesting article from Jader Cappelli has been published in the Italian Journal of venereal and cutaneous diseases, June 12, 1916, on the treatment of gonorrheal affections with vaccines. The article supported by experiments and personal observations brings the author to the following conclusions:

Infectious diseases is based on the principle of the active immunization, and has originated with the preventive vaccination of Jenner in small pox. By Wright and his school it was afterwards applied to many diseases, and also to the gonorrhea.

Gonorrhea seemed the less adapted disease to be treated by vaccines, as it is in the most of the cases a local affection, with scanty general reaction, and only in a few cases by hematogenic metastasis, it shows a general infection. The skepticism was well justified by the occurrence of cases of reinfection and super-infection in the course of a gonorrheal urethritis. Moreover, the observation of patients, who during the course of the disease have suffered with complications by regional or by hematogenic metastasis, after the recovery have never acquired immunity, but they are more susceptible, so much so that a new infection will bring back the same complications.

The researches of Wright on the opsonines, and the phagocytic action of the leucocytes in the infectious diseases, especially in gonorrhea, together with those of Bruck, Miller, and Oppenheim by the complement fixation demonstrating the presence of antibodies in the serum of the blood of patients suffering with gonorrheal complications began to show the possibility of natural or artificial immunitary elements in the serum of the individuals affected with gonorrhea.

From this basis started the vaccine therapy of gonorrhea which from the reports of Cole, Meakins, Ballanger, etc. gave the most brilliant hope of success. Indeed, results have been reported not only on gonorrheal complications, on hematogenic and regional metastasis, but also on the original gonorrheal process of the male urethra, and on infantile vulvo vaginitis, exceedingly stubborn to the most appropriate local treatment.

In consequence of these observations, the vaccines in gonorrhea have been widely employed. Different types of vaccines have been produced, some of which have been used by endovenous method. In the use of the vaccines has been found not only the curative action but some kind of phenomena which cause an allergic reaction, to which a diagnostic value has been attributed.

Yet the consensus of opinion is at variance and while many claim unexpected results, others are

returning to the original skepticism. Dr. Capelli made his personal observations in the clinic of Prof. Pellizzari in Florence. His results are mostly from patients kept in the hospital under medical supervision. The patients treated in the dispensaries, usually offer uncertain results.

The injections were made with stock vaccines, containing also cultures of other bacteria polyvalent. The injections were given under the skin or deep in the muscle, but not endovenously. (in the veins).

In cases of acute urethritis eight injections of anti-gonococcic vaccines given every two and then every three days with increased doses, did not show any modification on the local process, and they were abandoned to give place to the regular local treatment. Same results have been obtained in our city hospital patients. In no cases could we see after the vaccine injections disappearance of the gonococci, nor any diminution in the urethral discharge, nor cessation of the burning sensation.

These results are entirely in accordance with those obtained by the majority or the authors who deny any efficacy of the anti-gonococcic vaccines on the local gonorrheal urethritis. Yet there are some rare cases reported by Eyre and Stewart, Mante, Devine, Bruck, and Sommer, where acute gonorrheal urethritis would have been brought to recovery with vaccine treatment alone. Only a few cases have been referred to happily treated with a few injections of the vaccines in comparison with the large amount of failures that doubt arises on the true recovery, or on the essence of the affection. It is possible that in the urethral canal not entirely opened and not entirely closed the gonococci find a favorable place for their development. In chronic urethritis also the vaccine treatment alone has given no results. When used together with the local treatment then it is difficult to appreciate the efficacy of the vaccines. In these cases the degree and the quality of the anatomical alterations of the urethra may have influence on the susceptibility of the tissues to the action of the vaccines. Moreover, the scanty proportions of the gonococci and of the production of the toxins, render the tissues sensitized to the action of the vaccine.

As a consequence the vaccine therapy alone is not sufficient to treat a gonorrheal urethritis, in an acute, subacute, or chronic stage.

The ideal of the vaccine therapy is to attack the gonococci in all those localizations which are not accessible to the ordinary means. For this reason we expect results from the vaccines in all metastatic, or regional complications of gonorrhea. In the report of Dr. Cappelli among 110

cases of epididymitis only in three cases he obtained cessation of pain, of fever, and resolution of the swelling in seven days only three injections of vaccine. In the larger quantity of epididymitis the resolution was obtained from ten to eighteen days, with injections from three to eight. In cases of deferentitis the vaccine has given nearly no results.

It is possible that in old orchiepididymitis, where adhesions and effusions have taken place, the gonococci are in small quantity and difficult to reach.

In a general way we can say that in those cases of epididymitis where the vaccine has produced strong general reaction, the gonorrheal inflammation process has a shorter course. In cases of cowperitis the injection of vaccines has shown no influence on the course of the affection, as the abscess was formed which required surgical intervention. The same can be said in reference to prostatitis, only in one case after the vaccine injection strong reaction took place, followed by diminution of the pain and of the inflammatory symptoms.

In gonorrheal arthritis the results have been very satisfactory. In our practice we have used the vaccine therapy in nearly all cases of arthritis and tendon synovitis, and after the injection the pain and the swelling has ceased following

the general reaction produced by the vaccine. The gonorrheal lesions of the joints are influenced favorably by the vaccine injections. Gonorrheal vulvovaginitis in children has shown no improvement under the vaccine therapy alone, and have been treated with the ordinary local applications. In the same way three cases of gonorrheal conjunctivitis were treated with the local applications, and very little improvement could be seen after the vaccine injections.

1st. That vaccine therapy for gonorrheal affections has a value not absolute, but only relative to its localization and complications.

2nd. Vaccination alone is not capable to extinguish the process in the urethra, vagina of female children, conjunctivitis, yet it cannot be denied that in association with local anti-gonorrheal applications it may shorten the process. Anti-gonococcic vaccination seems more active on secondary gonorrheal localizations.

3rd. The injections given under the skin or in the muscular masses cause no inconvenience. The reaction is generally marked with fever, which however has no character of specificity.

4th. The biological reaction, and the symptoms following the vaccination, have no sure diagnostic value, as they are not constantly in accordance with the clinical symptoms.

5 Garfield Place.

Pituitrin: Its Use and Abuse

A. J. Skeel, M. D., Cleveland, Ohio

SINCE the report by W. B. Bell in 1909¹ concerning the effect of pituitary extract on the action of the uterus in labor, medical opinion of its use has run the usual cycle, ranging from unlimited enthusiasm, to wholesale condemnation of the drug. There can be no doubt that commercial advertising, lauding its value too highly, and minimizing its power for harm, has led to rather dangerous freedom in its general use. Like every potent therapeutic agent, pituitrin used properly is invaluable, but by the same token its abuse is dangerous, and frequently, leads to disaster.

While apparently affecting to some degree all unstriated muscle tissue, intestines, bladder, etc., it exerts a selective action on the uterine musculature comparable only to that of ergot. From the latter it differs, however, in that its chief effect is to produce intermittent rather than constant contraction. It seems to act by sensitizing the uterus, rather than by actually producing muscular activity.

It has three distinct fields of usefulness in obstetrics:

(1) To terminate the *second stage* of labor, in cases where no reason exists for delay, except insufficient uterine activity, and provided the head

has reached the pelvic floor. The delivery of the second child in twin labors may be included under this head.

(2) (a) Laceration of the cervix when used before complete dilatation.

(3) To limit the bleeding in cases of marginal or partial placenta previa, and in Cesarean Section.

Its possibilities for harm may be summarized as follows:

(1) Rupture of the uterus if obstruction of any nature exists. Disproportion and malpresentation are the common types of obstruction.

(2) (a) Laceration of the cervix when used before complete dilation.

(b) Laceration of the perineum when precipitate labor is caused by a full dose.

(3) Occasionally its use results in tetanic uterine contraction somewhat resembling that produced by ergot, with consequent asphyxia of the child.

In an excellent review of the subject, Mundell² points out its value in reducing the number of forceps applications. He also reports 7 maternal and 27 fetal deaths due largely to the misuse of this valuable agent.

Still more recently McNeile³ states the follow-

ing conditions should be fulfilled before pituitrin should be used:

(1) Complete cervical dilatation. (2) The membranes must be ruptured. (3) Presentation must be longitudinal. (4) There should be no mal-presentation. (5) There must be no disproportion. (6) The presenting part must be completely engaged i. e. through the inlet. Fixation of the head does not suffice, and does not signify engagement. With these conclusions the writer is in complete accord.

Bandler⁴ is the only author of note who recommends pituitrin before complete cervical dilatation. We believe this practice unsafe for general use.

The recent tendency to use pituitrin in fractional doses, $\frac{1}{3}$ to $\frac{1}{2}$ c. c. repeating from time to time as the effect wears off, reduces the risk of uncontrollable action and is to be commended. It is important to remember that frequently after its use it becomes necessary to relieve excessive pain, or to control unusually violent uterine action. For this purpose ether or chloroform seem better adapted than Nitrous Oxide and Oxygen. Hingston,⁵ whose report includes 1000 administrations recommends chloroform for this purpose. Quigley⁶ also emphasizes the necessity for having an anesthetic ready for instant use after the use of pituitary preparation.

While originally recommended as a galactagogue, few reports have been made of its successful use for this purpose.

A few authors report good results from the use of pituitary extract as a substitute for the catheter in post partum urinary retention but its value for this purpose seems limited.

- ¹ W. B. Bell, *British Med. Journ.*, Dec., 1909.
- ² J. J. Mundell, *Am. Journ. Obst.*, Feb., 1916, p. 306.
- ³ L. G. McNeile, *Am. Journ. Obst.*, Sept., 1916, p. 432.
- ⁴ S. W. Sandler, *Am. Journ. Obst.*, Jan., 1916, p. 77.
- ⁵ C. A. F. Hingston, *Indian Med. Gaz.*, 1916, Vol. LI, p. 81.
- ⁶ J. K. Quigley, *Journ. Am. Med. Assn.*, 1915, Vol. LXIV, p. 1222.

BIBLIOGRAPHY

- Chambers, G. Animal Extracts in the Treatment of Medical Diseases. *Inter. Natl. Clinic* 24th Ser. 2:50 (1915).
- Foerster, O. H. Relation of Internal Secretions to Cutaneous Diseases. *Jour. Cutan. Dis.* 34:1 (Jan., 1916).
- Harrower, H. R. *Practical Hormone Therapy*. New York, 1914.
- McEwen, E. L. Relation of Internal Secretions to Cutaneous Diseases. *Journ. Cutan. Dis.* 34:1 (Jan., 1916).
- MacLeod, J. M. H. Hormones in Relation to Diseases of the Skin. *Practitioner* 94:298 (1915).
- Morris, M. The Internal Secretions in Relation to Dermatology. *Brit. Med. Jour.*, 1913, 1:1037; also in *Merck's Archives*, 15:182 (1913).
- Murray, G. R. Use of Hormones in Medicine. *Clin. Jour.* 43:478 (1914); also in *Practitioner* 94:260 (1915).
- Scholtz, M. Therapeutic Resources of Modern Dermatology. *Therap. Gaz.*, 31:322 (1913).
- Scharff, P. Testikulin in der Praxis der Dermatologie und Urologie. *Med. Klin.* 9:1461 (1913).
- Stelwagon, H. W. *Treatise on Diseases of the Skin*. Philadelphia, 7th Ed., 1914.
- Torrey, R. G. Therapeutic Uses of Preparations of the Ductless Glands. *Therap. Gaz.* 31:234 (1915).
- Schamberg, J. F. Research Studies in Psoriasis. *Jour. Cutan. Dis.*, Oct and Nov. (1913).
- Montgomery, D. F. *Jour. Cutan. Dis.* 33:4 (April, 1915).

Epilepsy

H. H. Drysdale, M. D., Cleveland, Ohio

THE problem of the epileptic is, and has been for many decades, a matter of vital concern to scientific medicine. Much mystery has surrounded the subject and innumerable theories have been advanced to account for it. Many of these have fallen by the wayside; a few still survive.

In recent times the condition again has become a fruitful topic for discussion and it would seem most timely that we take an inventory of our actual knowledge of its true nature, etiology and curability, in order that the general practitioner who usually encounters the problem first, may assume his responsibility intelligently.

Epilepsy, or "falling sickness" may be defined as a disorder of the central nervous system characterized by periods of unconsciousness, with or without convulsions. In reality it is not a definite clinical entity but on the contrary may be merely a symptom of various diseases. No changes exist within the brain that are constant or pathognomonic of epilepsy. Neither can one distinguish between the epileptic attacks occurring in those afflicted with organic brain dis-

ease and the seizures of genuine or idiopathic epilepsy. The alcoholic convulsion, for instance, does not differ from the convulsion of general paresis, etc.

The actual cause of epilepsy, or more properly the epilepsies—is still unknown. In reviewing the literature it is refreshing to find in Dejerine's recent paper, clear-cut conceptions of a malady with which he has long been familiar. He ascribed to heredity the most importance as an etiologic factor and points out how the epileptic so-called owes his condition to damaged germ plasm transmitted from a tainted ancestry. In this connection it may be well to state that Dejerine found a faulty inheritance in 61% of his cases; Kraepelin in 45% and the lamented Gowers in 46%. The children of chronic inebriates are particularly susceptible to the disease and it is known that drunkenness at the time of conception is also a cause. Syphilis acts similar to other germ plasm destroying agencies. Positive serologic findings prevail in about 5% of the cases. Infections directly affecting the cortex of predisposed individuals

may excite convulsive insults. Arrest of brain development and other morphologic anomalies are frequently accompanied by epileptic attacks. On the other hand many idiots and other defectives, presenting all manner of stigmata, anatomical and otherwise, oftentimes escape convulsive manifestations. Trauma may be a cause in precipitating the Jacksonian type of seizure. The irritations induced by traumatic damage, i. e., fracture of the skull, lesions of the meninges, cicatrix or a foreign body may excite attacks in the susceptible. Injuries at birth and in early childhood also enter into the etiology. In a considerable number of cases symptoms of ductless gland involvement stand out most prominently and it is quite probable that the internal secretions exercise some relationship.

From time immemorial, surgery has been resorted to as a means of curing these distressing conditions. The fact that in women, the menstrual epoch aggravates or increases the frequency of the attacks has influenced surgeons to perform extensive pelvic operations. Unfortunately the results have been unsatisfactory and most if not all of the alleged cures have been short lived. Not infrequently an enthusiastic surgeon opens the skull in cases presenting an indefinite history of trauma. Here again he is usually disappointed by negative findings. During the past year the father of an epileptic lad addressed a letter to a prominent eastern surgeon describing his son's convulsions. A reply was received directing that the patient be brought on at once as the condition had many hopeful features. A check was enclosed to cover the expenses of father and son. That patient is now a confirmed epileptic in the Ohio Institution.

Quite recently the treatment of epilepsy has received another impetus from the reported findings of the *Bacillus Epilepticus* in the alimentary canal. Owing to the fact that a large number of epileptics so-called complain of peculiar sensations in the epigastrium prior to the seizure and inasmuch as intestinal torpor is a common symptom in these patients, it is little wonder that the theory originating in Cincinnati brought hope to many disheartened invalids and induced them to submit to extensive operations upon the intestinal tract which was the supposed dwelling place of this long sought-for germ.

During the past summer I have encountered six patients on whom intestinal operations were performed. Surgically the outcome was successful but the character and frequency of the seizures were unchanged. Other physicians have made the same observation. At the State hospital for Epileptics at Gallipolis there are several patients who have not improved after operation and several have been annoyed by the intestinal contents leaking out through the opening left where the appendix was brought to the surface

to be used as a flush tube. One epileptic who had a complete removal of the colon died.

It would therefore seem that the theory brought forth by the Cincinnati surgeon has not stood the test of scientific scrutiny and the time is not far distant when the surgical procedure as outlined will be considered an unwarranted undertaking. In any event the results so far are sadly disappointing and lead to the conviction that the *Bacillus Epilepticus*, if such exist, has not as yet been harpooned.

Despite the fact that money has been appropriated in large amounts by municipalities for investigative purposes, a specific cure for the epilepsies has not as yet been found. Experience however has pointed out the necessity of studying the individual exhaustively, in order that his mode of living shall be intelligently controlled. The importance of safe-guarding the epileptic with an environment free from baneful influences has been demonstrated time and time again. As to diet the avoidance of red meats and the reduction of the carbohydrates is to be desired. The epileptic must abstain from intoxicants. A simple wholesome diet consisting of white meats, succulent vegetables, eggs and milk is especially helpful. Elimination must never be neglected as intestinal stasis is invariably a persistent and rebellious factor. The withdrawal of salt tends to increase the efficacy of bromide medication which when intelligently administered is indispensable. Thyroid extract in some instances has true therapeutic worth. Luminol is apt to prove "habit-forming" and should be used with caution. It is also depressing. In profound attacks or in instances of Status epilepticus heavy doses of the bromides with chloral hydrate may be necessary.

Leading institutions and colonies devoted to the study and treatment of the epilepsies report an exceedingly low recovery rate. Recoveries are based on the subsidence of attacks for a period of two years. Ohio has the distinction of constructing the first State hospital for epileptics in the United States. This institution has been doing creditable scientific work but despite its efforts and vigilance a recovery rate of less than 2% is reported.

Finally it may be said that the cure of epilepsy must be that of prevention. Everything that tends to degeneration favors the development of epilepsy. The marriage of the mentally abnormal, epileptic, major hysterics and chronic inebriates should be prevented. Converging predisposition frequently creates epilepsy. The nourishment and bringing-up of nervously unstable children should be governed by rules of hygiene. Epileptic mothers should not nurse their children themselves. It is dangerous to give a child intoxicants. Avoidance of mental shocks, control of perverted habits, early treatment of rachitis and the correction of nutritional

disturbances are important tasks that should not be neglected.

To recapitulate it may be said that the epilepsies so called are the expression of a multiplicity of conditions of which the seizure is merely one manifestation. To date modern medicine has no specific cure to offer although in some cases an

arrest of the seizures has followed a regime of elimination, diet control, wholesome living and intelligent medication. Finally it may be said that all convulsive attacks are not necessarily epileptic and great care should be exercised at all times before a positive and definite diagnosis is made.

Should the State and Industrial Corporations Be the Recipients of Charity Dispensed by Hospitals?

Howell Wright, Cleveland

Secretary of The Ohio Hospital Association.

Should a hospital receiving charitable funds from the community care for accident or industrial cases either for the State Industrial Commission or individual firms or corporations at less than maintenance cost and charge the balance to "Charity." At first blush there would seem to be but one answer to this question. Yet it may be fairly said that this is common practice today in many of our Ohio hospitals. It is common practice in spite of the fact that industrial or other corporations are morally, and by the Ohio laws, responsible for the care of such cases. Why?

There are various reasons. The State Industrial Commission, which manages the Workmen's Compensation fund, can not at present, because of statutory limitations, pay for hospital service over and above the \$200 "limit." In such cases, and there are many, necessity compels the hospital to do "charity" work for the state. In some instances competition among hospitals to secure a "steady income" has led them to sell their services to private industrial corporations at less than cost. Sometimes the corporation makes a "contribution" to the accommodating hospital at the end of the year. In other instances, corporations are unwilling to recognize their full responsibility and the hospital is compelled to take what is offered in payment or nothing.

Individual hospitals have attempted to meet these difficulties in their own way, but there have been few attempts to meet them by organized co-operation.

During the past year the Cleveland Hospital Council, representing twenty-one "public" hospitals, with a bed capacity of over 2500, has undertaken to answer this important question and work out the problems involved therein. Early this year it adopted the following resolution:

"That in as much as corporation wards or beds are used for cases for which the corporation is morally and by the Ohio laws responsible, it is never wise for hospitals to maintain such beds or give such service for less than cost."

Immediate results were obtained. In a number of instances rates were increased and some of the hospitals wrote new contracts with corporations for the care of such cases on the maintenance cost basis. One hospital declined to enter in-

to a contract with a railroad company for its accident cases at less than \$2.00 per day, its maintenance cost, although until then they had been cared for at another hospital at \$1.50 per day. The railroad company desired to change because this hospital was nearer its workshops. At first, the agent of the road declined to consider a rate based on maintenance cost, but when the action of the council was carefully explained, he accepted a contract on the conditions named by the hospital.

It was next agreed that the use of a uniform system of reporting of work done by the hospitals and the cost of the same would bring new results satisfactory to both hospital and corporation. Recently such a blank was adopted by the hospitals in the council and will be used for reporting beginning on January 1, 1917.

HOSPITAL PATIENT DEFINED

The report is divided into two parts: first, "Work Done;" second, "Cost of Work Done." Careful instructions for its use are given. The hospital patient is properly defined for purposes of reporting and is separated from the outpatient and all other persons not properly coming within the classification. Instructions are given for the taking of the daily census and for figuring the number of days of treatment given. Most important of all, however, is the grouping of hospital patients as follows:

1. Pay patients, or those for whom at least the cost of their care is paid.
2. Part-pay patients, or those for whom only part of the cost of their care is paid.
3. Free patients, or those for whose care nothing is paid.

It is specified that patients, whose bills for hospital services are uncollectable, shall not be included under the heading "Free Patients." Such bills are included under a separate heading, "Uncollectable Bills for Hospital Services, Charged off." Dispensary patients and emergency or accident cases remaining in the hospital less than 24 hours, are to be reported separately and not included under these headings. Under these three headings each hospital will report, on the

basis of the calendar year as the fiscal year, the total number of patients, the total number of days of treatment given to each group and the amount received by the hospital for the care of pay patients and part-pay patients. There is also a separate heading, "Public Charges," to be used by municipal hospitals or other public hospitals caring for patients accepted by the county, city or township. This grouping is simple and easily adaptable to the accounting system of any hospital. It has already been tried out with satisfactory results in some of the Cleveland hospitals.

In the financial report hospital income has been classified under the headings: "Operating Earnings," "Contributions," and "Capital Income." Expenditures have been classified under "Operating Expenses" and "Capital Expenditures." While the blank does not contain the often innumerable headings for distribution and detailed itemization of all expenditures, it seeks to obtain the all-important items: (1) Total operating expenses, and (2) daily per capita cost per patient. Careful instructions are given for figuring the total operating cost, the average daily per capita cost per hospital patient, as well as the average cost per dispensary visit. All important in this connection are the figures, "Total number of days of treatment given" and "Total number of dispensary visits."

The hospitals represented in the council believe that business methods of this kind will appeal to the business men in corporations seeking to buy hospital service. It will be clear that no attempt has been made by the hospitals to form a "combination" or to prepare a schedule of arbitrary rates to be charged for hospital services. They believe that corporations are willing to pay the cost for hospital services when they know that this cost is determined on the basis of modern hospital accounting. Adopted, and in use as already agreed upon by the Cleveland hospitals, this uniform system can not fail to produce greater results.

"CHARITY" WORK FOR STATE

Hospital care of patients for the State Industrial Commission presents greater difficulties. The commission, upon the recommendation of the present medical examiner, has adopted and published under date of May 10, 1916, a fixed schedule of fees for hospital service. It was brought out at a recent hearing before the State Industrial Commission that the commission understands that this schedule was prepared with the knowledge of the hospital executives of Ohio and that the rates of payment are consistent with their average daily per capita cost.

Fortunately, however, it was made clear to the commission recently that the hospitals had no knowledge of this fixed printed schedule prior to the Cincinnati convention of the Ohio Hospital Association, at which time the present medical

examiner distributed copies. It is the consensus of opinion that these rates are lower than the average per capita cost of maintaining a patient in a great majority of Ohio hospitals.

Most important of all, however, it was brought out at this hearing that the commission and its executive officers do not understand the grouping of hospital patients under "Pay patients," "Part-pay patients," They do not understand that many of our hospitals do a great amount of part pay work; that they care for many patients in wards who are able to pay only a part of the cost of their care and that the difference between the cost of their care and what they pay the hospital is "charity." It was explained that there might be several patients in a given ward of almost any hospital paying, because of their financial condition, different rates for their care, all being less than the actual maintenance cost. Yet one of the officials of the medical department of the commission afterward stated that there was no reason why the state should pay any more for care of patients in a ward than any one else. He apparently failed to understand, however, that when the State Industrial Commission pays the hospital less for the care of the patient than the maintenance cost of the same, the hospital is doing "charity" work for the state. Every effort must be made to clear up this misunderstanding once and for all. No one believes that the industrial commission will willingly have it said that the hospitals of Ohio are doing "charity" work for the state.

LIMIT SHOULD BE CHANGED

It is entirely proper for the hospitals to know that the committee, which appeared before the commission at this hearing, was informed, and rightly so, that the state should not pay maintenance cost for hospital care to any hospital selling that same service at less than cost to the individual firm or corporation carrying its own insurance, or in other words, to a competitor of the state. If the hospitals expect to secure full compensation from the state up to the \$200 limit they must make it a point to demand the same (and get it) from the competitor of the state.

A second difficulty confronted by hospitals in dealing with the state is the so-called \$200 limit which was written into the law and which cannot be changed except by act of legislature. Of course, an individual firm or corporation carrying its own insurance may, if it sees fit, take the same advantage of this \$200 limit which must be observed by the state. In this event the hospital has the choice of discharging the patient or charging the balance to "charity." And to the everlasting credit of Ohio hospitals it is to be said that few patients needing hospital care are discharged because of the \$200 limit. There is also greater evidence of willingness on the part of individual corporations to assume responsibility for hospital care of patients for

which they are morally and by the Ohio laws, responsible, regardless of the limitation, so long as that patient needs hospital care. This is as it should be. It is hoped that this difficulty will be remedied at the earliest possible moment.

Co-operative action on the part of the hospitals to solve the various difficulties involved in the care of the industrial accident cases, for the individual firm or corporation and for the State Industrial Commission, can not fail in the end to bring good results. Action on the part of the Cleveland Hospital Council so far has resulted chiefly in reaching and getting the co-operation of the individual firm or corporation. This the hospitals have attempted to do in a business-like way. State-wide action is necessary, however, to secure maintenance cost for hospital care of patients from the state up to the present so-called \$200 limit and, of course, action by the legislature will be required to insure payments beyond this amount. The Ohio Hospital Association, at its last convention, appointed a committee on "Workman's Compensation" and this task could naturally be undertaken by this committee in co-operation with a committee from the Ohio State Medical Association. It is a matter of co-operative action to secure the substitution of "justice" for "charity."

HOWELL WRIGHT, Executive Secretary.
Cleveland Hospital Council.

OHIO CONTRIBUTORS TO MEDICAL LITERATURE

Bahlman, C., Cincinnati: "Milk Clarifiers"; Am. Jour. of Pub. Health, August, VI, No. 8.

Bettman, H. W., Cincinnati: "Medical Aspects of Visceroptosis"; Am. Jour. of Orthopedic Surgery, September, XIV, No. 9.

Crile, G. W., Cleveland: "Technic and Management of Operations on Stomach"; Annals of Surgery, September, LXIV, No. 3; "Fecal Fistulae," Cleveland Med. Jour. August, XV, No. 8.

Feil, H., Cleveland: "Progress of Medicine"; Cleveland Med. Jour., August, XV, No. 8.

Fullerton, W. D., Cleveland: "Recent Advances in Gynecology and Obstetrics"; Cleveland Med. Jour., August, XV, No. 8.

Graham, A., Cleveland: "Study of Physiologic Activity of Adenomata of Thyroid in Relation to their Iodin Content"; Jour. Experimental Medicine, October, XXIV, No. 4.

Greive, J. E., Cincinnati: "Premature Ventricular Systoles: Their Clinical Significance"; Jour. A. M. A., October, Vol. LXVII, No. 15.

Hoover, C. F., and Blankenhorn, M. A., Cleveland: "Dissociated Jaundice"; Archives of Int. Med., September, XVIII, No. 3; Abs. Jour. A. M. A., September 30.

Karsner, H. T., Cleveland: "Behavior of Cer-

tain Nitrogenous Metabites in Blood in Nephritis"; Jour. Laboratory and Clinical Medicine, September 1, No. 12.

Kelly, T. H., Cincinnati: "Detection of Small Amounts of Blood"; Jour. Laboratory and Clinical Medicine, September 1, No. 12.

Keyser, T. S., Cleveland: "Neurologic Reviews"; Cleveland Med. Jour., August, XV, No. 8.

King, H. C., Cleveland: "Etiology and Symptomology of Acute Poliomyelitis"; Cleveland Med. Jour., August, XV, No. 8. "Recent Advances in Pediatrics."

Ransohoff, J. and J. L., Cincinnati: "Radium Treatment of Uterine Cancers"; Annals of Surgery, September, LXIV, No. 3. Abs. Jour. A. M. A., September 30.

Reed, Charles A. L., Cincinnati: "Treatment of Constipation by Conservative Surgical Correction of Retardative Displacements of the Colon"; Jour. A. M. A., September, XLVII, No. 14. "Constipation and Intestinal Infection in Epileptics"; Jour. A. M. A., October, Vol. LXVII, No. 16; "Epilepsy"; N. Y. Med. Jour., September, CIV, No. 12.

Scott, E., and J. Forman, Columbus: "Primary Carcinoma of Lungs"; Medical Record, September, XC, No. 11. Abs. Jour. A. M. A., September 30.

Sheard, C., Cleveland: "Case of Divergent Strabismus Coupled with Automatic Control of Refractive Status of Eyes and Treatment"; Oph. Record, September, XXV, No. 9.

Stewart, G. N., and Rogoff, J. M., Cleveland: "Spontaneous Liberation of Epinephrin from Suprarenals"; Jour. Pharmacology and Experimental Therapeutics, September, VIII, No. 9.

Stone, Willard J., Toledo: "Carbohydrate Restriction in the Medical Treatment of Gastric Hyperacidity and Ulcer"; Jour. A. M. A., September, XLVII.

Wherry, W. B., and W. W. Oliver, Cincinnati: "Adaptation to Certain Tensions of Oxygen as Shown by Gonococcus and Other Parasitic and Saprophytic Bacteria"; "Leptothrix Innominata (Miller)"; "Filterability of Bacillus Bronchisepticus"; Jour. of Infectious Diseases, September, XIX, No. 3.

Wherry, William B. and Wade W. Oliver, Cincinnati: "Blood Cultures in Epilepsy"; Jour. A. M. A., October, Vol. LXVII, No. 15.

MARRIAGES IN OHIO.

Dr. W. M. Hartinger, of Spring Valley, to Miss Josephine Bradford, of Columbus, September 16, at Wheeling, W. Va. Announcement of the marriage, which had been kept a secret, was made October 29.

Dr. Raymond A. Ramsey, of Columbus, to Miss Lelah C. Ottman, of Cleveland, October 28.

Dr. Isadore H. Fuhs, of Canton, to Mrs. Flora Luthie, of Ashtabula, October 25.

Dr. Waite Adair, of Lorain, to Miss Elia Robertson, of Elyria, October 23.

Association's Bureau of Complaints is Aiding Members in Dealing with State Industrial Commission

The Committee on State Insurance of the State Association has completed the organization of its Workmen's Compensation Bureau of Complaints. It will be under the general charge of Executive Secretary Sheridan, with Mr. C. E. Gillette as manager.

If you have a case in which you feel that your bill for professional services has been unfairly reduced by the Industrial Commission, file the information with this office—131 East State Street, Columbus. Be sure to give the claim number, and a detailed description of any special features which differentiates your case from the routine.

Dr. John M. Thomas of Columbus, chairman of the new committee, has appointed Dr. E. D. Helfrich of Galion and Dr. N. R. Eastman of Mt. Vernon to serve on the committee.

Prompted by a desire to assist in minimizing friction between the Ohio Industrial Commission and the physicians, *The Journal* recently announced that the Workmen's Compensation Committee of the State Association was prepared to investigate all claims in which any member of the Association felt that he had been unfairly treated by the medical department of the Industrial Commission, and to act as the agent of the member in adjusting the differences between him and the commission.

Immediately following the announcement, complaints began to come into the headquarters of the Association and the work of adjusting them was started. This work has been progressing nicely. The committee is receiving the hearty co-operation of all the State Industrial Commission departments. Dr. W. H. White, chief examiner of the medical department; Dr. H. H. Emerson, his first assistant, and Mr. H. H. Hamm, director of the department of claims, are bending every effort to make the project a success.

Many interesting pointers, which may be used advantageously by the physician and the Commission, have grown out of the committee's investigation of complaints.

It was found that the examiners give special attention to *extraordinary conditions* in allowing medical awards but if no *extradordinary conditions* are described in the attending physician's reports, the medical examiners assume that none existed and fix the award for medical services with ordinary cases as a basis. The case of a claimant, whose foot was burned by hot metal while at work in a foundry, will demonstrate this point.

REPORT UNUSUAL CONDITIONS

The attending physician's fee bill for services rendered from date of injury until the man was able to return to work, totalled \$70, but the check he received from the state in payment of the bill amounted to only \$40. There was nothing in the physician's report that would indicate anything unusual about the burn or its treatment. Nothing was said about infection, so the examiners naturally concluded that infection did not exist in the injury and proceeded to revamp

the bill according to the Commission's medical and surgical fee schedule.

For the first visit and dressing at the claimant's home, the physician's fee of \$3 was approved, as was his charge of \$2 each for the next two visits and dressings. For each visit and dressing made during the next 60 days, the physician charged \$2, but the examiner, judging solely from the extent and nature of the burn, *as described by the physician*, decided that after the third dressing at home the claimant should have been able to call at the physician's office for dressings. He, therefore, reduced these charges to \$1 each, the schedule fee for office after dressings.

During the next two weeks, the physician's charge for each dressing was \$1. These were approved but \$30 had already been deducted from the bill. This is in line with the policy of the department to have its work done as economically as possible. Afterward, it was learned through correspondence between our office and the attending physician, that serious infection existed in the injury and that that accounted for the unusual number of house visits. Additional fees were then allowed. *If more than three house visits were necessary, the physician, in order to avoid friction with the commission, should have explained in his reports why they were necessary.* If extra expense was incurred in making the visits, it should have been itemized in the bill. If infection existed in what was otherwise an ordinary burn, it should have been reported to the Commission.

POINTERS FOR ASSISTANTS

Delay in the payment of bills in industrial cases is not always the fault of the Commission. Many physicians are negligent in sending in fee bills and supplemental reports and frequently fail to furnish the Commission with a bill *when they have rendered services as an assistant or as an anesthetist*. When a physician has assisted in an industrial case, he should present his own bill to the claim department, giving the claim number and the patient's correct name, which he can obtain from the attending physician. Although the assistant's name and the nature of the services rendered are included in the re-

port of the attending physician, no recommendation for allowance in his case will be made in the absence of a separate bill for such services. The case is then closed. After waiting a reasonable period for a check from the state, the assistant physician may decide to submit a bill. If he does, the case must be reopened, the files searched for records and additional recommendations made to the Commission—all of which consumes considerable time that could be saved if the bill had been submitted before the final adjustment of expenses.

In some instances, the medical department of the Industrial Commission is blamed for mistakes made in other departments. A Cleveland physician recently placed in the hands of our Association bureau, for investigation, a fee bill of \$10 for X-Ray services. An investigation showed that the medical department approved the bill on May 23, 1916, but the claims department, in making out the awards, had accidentally overlooked the recommendation for X-Ray services. After we had called the attention of the medical examiners to the oversight, the case was reopened, referred back to the claims department and a check for \$10 was forwarded to the physician.

X-RAY REGULATIONS

For the benefit of those engaged in X-Ray work, the *Journal* announces that the Industrial Commission some time ago revised its rules and regulations on the X-Ray. During a discussion of workmen's compensation at the last annual meeting of the Seventh Councilor District Society, many physicians showed by questions they asked that they were not familiar with the manner in which the Commission handles X-Ray cases and pays for X-Ray services. Answers for these or any other question regarding the X-Ray can be found in a pamphlet which we will furnish on request.

Other complaints, which we investigated, brought to light the fact that the physician frequently depends on the Commission for payment for medical services when he has no claim against the Commission. In event either the employer or the injured employee neglects or refuses to furnish the Commission with reports, which are required to establish a case in the industrial department, the attending physician must depend on the injured employee for payment—as he would in ordinary practice. If the injured employee is protected by workmen's compensation but not sufficiently interested in his case to compel his employer to obtain compensation, the attending physician is again forced to look to the employee for fees. This frequently happens when the period of disability does not reach six days—the minimum period for which the Commission compensates the injured man. It is the physician's duty, in these cases, to see that the injured employee either reports the case or pays personally for the medical attention.

THAT \$200 LIMITATION

When all bills in a case are fully itemized and conform to the Commission's fee schedule, but exceed the \$200 limit, it is the policy of the medical department in reducing the various bills to meet the limitation, to favor those who have furnished *material things* rather than *services*. In these cases, the physician usually suffers the greatest reduction in proportion to the amount of his fee bill. There are, however, exceptions. For instance:

The attending physician in a case in which the claimant's leg was broken, presented a bill of \$37. The ambulance bill was \$5 and the X-Ray bill, \$15. Then came the hospital bill with charges of \$162.50 for care for 12 weeks, plus \$5 for operating room and eighty cents for crutches, making a total of \$168.30. Following receipt of the hospital bill, the medical department wrote the attending physician, inquiring why it was necessary for the claimant to remain so long in the hospital. The physician answered that it was due to faulty union of the fracture and the fact that the claimant "had no place to go where he could receive any sort of care."

After deciding that the hospital charges were excessive on the ground that the patient remained at the hospital for a longer time than was absolutely necessary, the medical department cut the hospital bill to \$143, which sum added to the total of the approved bills submitted by the attending physician, the ambulance and the X-Ray specialist, equaled \$200—the total amount that may be allowed in any case.

Plans have been completed to ask the Legislature to modify the law so that the foolish \$200 limitation will be removed.

SUGGESTION: FOLLOW THE FEE BILL

Physicians residing in the same community or in the same town and practicing apparently under the same economic conditions, frequently are paid different fees for rendering almost identical services. In some instances, this is due to the fact that one physician makes out his bill according to the maximum fees contained in the Commission's fee schedule, while another chooses the minimum fee or less for his payment. Two physicians—Drs. A and B—residing in the same town, were recently called in an industrial accident case. Both presented fee bills to the Commission which were regular in every way, but Dr. B asked for and received as much money for his services as Dr. A, although the latter, according to their medical reports, performed twice as much work as the former.

The case was one in which the claimant, a woman, sustained an injury to her breast in a fall. Dr. A, the first physician called, reported that the wound became infected and was slow in healing. He had charge of the case from June 30, the date of the first dressing, until

July 20. For some reason not indicated in the medical reports, the claimant on July 20 changed physicians, going to Dr. B. Dr. A's charge for each after dressing was 50 cents. For doing apparently the same work, Dr. B received \$1.00 a dressing. The claimant remained under Dr. B's care until August 10. Had Dr. A submitted a charge of \$1.00 a dressing it would have been paid—as the number of dressings was not excessive.

NOT ALL ARE "KICKS"

Commingled with the brick-bats thrown at the medical department of the Commission are some bouquets. A Cincinnati physician, apparently unfamiliar with the ways of the department, recently sent in an unitemized fee bill for \$25 for services rendered in a compensation case. The bill was returned with a request for an itemized bill. In the second statement submitted by the

physician, a number of items were in excess of the amounts fixed in the fee schedule for such services, and consequently, were reduced to a total of \$17. The case was one in which the claimant had two fractured ribs. After receiving a check for \$17, the physician wrote the Commission, in part, as follows:

"Your letter relating to my fee bill in the above case surely calls for a few lines in reply. The amount allowed, as a sample of how the commission pays for its services, should meet the hearty approval of the profession in Ohio. The above bill will fairly repay me for services rendered to a boy with a very small salary and if dependent on his own ability to pay, the physician would never be compensated anything like what the state is paying.

"Permit me to wish your Commission much success in your administration of a very arduous work."

State and Local Committee on Medical Defense

The general headquarters of this committee are the Columbus offices of the State Association. No. 131 East State Street, Columbus. Members desiring defense should, at first intimation of suit, immediately notify Executive Secretary G. V. Sheridan at this address. The state committee:

J. E. Tuckerman, M. D., Chairman.....Cleveland
W. J. Stone, M. D.,.....Toledo
C. T. Souther, M. D.,.....Cincinnati

Legal Counsel: The firm of Smith, Baker, Efler and Allen, of Toledo.

Secretary: G. V. Sheridan, Columbus.

The following are the local committeemen, who will represent the state committee in all suits filed in their respective counties:

County	Committeeman	Address
Adams	O. B. Kirkpatrick	Cherry Fork
Allen	Oliver S. Steiner	Lima
Ashland	A. L. Sherick	Ashland
Athens	C. L. Pritchard	Nelsonville
Auglaize	C. L. Dine	Minster
Ashtabula	S. H. Burroughs	Ashtabula
Belmont	John A. Clark	Bellaire
Brown	A. W. Francis	Ripley
Butler	P. M. Sater	Hamilton
Carroll		
Champaign	D. C. Houser	Urbana
Clark	C. S. Ramsey	Springfield
Clermont		
Clinton		
Columbiana	W. A. Hobbs	Liverpool
Coshocton	Lister Pomerene	Coshocton
Crawford	E. D. Helfrich	Galion
Cuyahoga	G. E. Follansbee	Cleveland
Darke	J. E. Monger	Greenville
Defiance	George W. Huffman	Defiance
Delaware	C. W. Chidester	Delaware
Erie	Wm. Graefe	Sandusky
Fairfield	H. M. Hazelton	Lancaster
Fayette	Loring Brock	Washington C. H.
Franklin	Jas. F. Baldwin	Columbus
Fulton	P. S. Bishop	Delta
Gallia	J. S. Biddle	Gallipolis
Gauga	T. F. Myler	Burton
Greene	W. A. Calloway	Xenia
Guernsey	C. A. Frame	Cambridge
Hardin	L. W. Campbell	Ada
Harrison	J. S. McGrew	New Athens
Hamilton	Albert H. Freiberg	Cincinnati
Hancock	J. P. Baker	Findlay
Hocking	M. H. Cherrington	Logan
Henry	H. F. Rohrs	Napoleon
Highland	Lockhart C. Nelson	Hillsboro
Holmes	T. D. Carson	Holmesville
Huron	John A. Sipher	Norwalk
Jackson		
Jefferson	W. A. Strayer	Steubenville
Knox	F. C. Larimore	Mt. Vernon
Lake	George F. Barnett	Fairport
Lawrence	T. H. Remy	Ironton

County	Committeeman	Address
Logan	W. W. Hamer	Bellefontaine
Lorain	S. V. Burley	Lorain
Licking	Clark B. Hatch	Newark
Lucas	W. J. Stone	Toledo
Madison	C. T. Gallagher	Mt. Sterling
Mahoning	W. H. Buechner	Youngstown
Medina	E. L. Crum	Lodi
Meigs	L. A. Thomas	Middleport
Mercer	J. E. Hattery	Celina
Marion	J. C. M. Lewis	Marion
Miami	Gaior Jennings	West Milton
Monroe	G. W. Steward	Jerusalem
Montgomery	Lynn M. Jones	Dayton
Morgan	Lee Humphrey	Malta
Morrow	W. B. Robinson	Mt. Gilead
Muskingum	C. U. Hanna	Zanesville
Noble	W. E. Radcliffe	Caldwell
Ottawa	H. J. Pool	Port Clinton
Paulding	John U. Fauster	Paulding
Perry		
Pickaway	George H. Colville	Circleville
Pike	D. Preston Seiler	Piketon
Portage	W. B. Andrews	Kent
Prebl	D. W. McQueen	Camden
Putnam	C. O. Beardsley	Ottawa
Richland	W. E. Loughridge	Mansfield
Ross	Gilbert E. Robbins	Chillicothe
Sandusky	C. R. Pontius	Fremont
Scioto	James W. Fitch	Portsmouth
Seneca	M. W. Uberroth	Tiffin
Shelby	A. B. Gudenkauf	Sidney
Stark	D. S. Gardner	Massillon
Summit	H. S. Davidson	Akron
Trumbull	D. G. Simpson	Warren
Tuscarawas	J. E. Groves	Uhrichsville
Van Wert	S. S. Tuttle	Van Wert
Vinton	O. S. Cox	McArthur
Union	L. Henderson	Marysville
Warren	N. A. Hamilton	Franklin
Washington	R. B. Hart	Marietta
Wayne	G. W. Ryall	Wooster
Williams	J. A. Wietz	Montpelier
Wood	C. C. Greiner	Pemberville
Wyandot	Ira N. Zeis	Carey

Association Will Urge Local Communities to Start School Inspection Under New Code Provisions

Mark Millikin, M. D.....	Hamilton
Harry B. Harris, M. D.....	Dayton
Geo. W. Williard, M. D.....	Tiffin
J. B. Ury, M. D.....	Defiance
O. B. Monosmith, M. D.....	Lorain
J. N. Garber, M. D.....	Mansfield
R. P. Rusk, M. D.....	Cadiz
C. U. Hanna, M. D.....	Zanesville
Ella G. Lupton, M. D.....	Gallipolis
D. V. Courtright, M. D.....	Circleville

The above named physicians constitute the new Committee on School Curriculum of the State Association. The committee was appointed by President Gibbon some time ago, and held a preliminary meeting in Columbus on November 6. On the evening of Friday, December 15, it will meet in Columbus to outline general plans which will make it possible to institute local systems of medical inspection for school children in the various cities and towns throughout the state.

Prof. F. B. Pearson, state school commissioner, Dr. Frances M. Hollingshead, director of the division of child hygiene of the state health department, and a number of school superintendents will meet with the committee.

Few people know that the state school code adopted by the legislature two years ago *makes it possible for any board of education in the state to employ a school medical examiner*. It is likewise possible for such boards to employ trained nurses "to aid in such inspection by the board". Where school boards do not care to act in this matter, they may delegate these duties to the local board of health or to the health officer. This permission is granted to all school boards.

The new school code (Section 7692) likewise provides that the state school commissioner and the state board of health, acting jointly, shall promulgate regulations for the development of such inspection and for the enforcement of rules governing this work where it is instituted.

The citizens of any community therefore now have complete legal authority for instituting systems of school inspection. Thus far, only a few of the larger cities have taken advantage of this

right. In Cleveland, Cincinnati, Toledo, Columbus, and a few other of our cities medical inspection of school children has been in active operation for some years, and the results are such that the movement now has the hearty support of the general public in these communities.

Many smaller localities are desirous of undertaking this work. In a number of cities the local medical profession has volunteered its services and has instituted volunteer systems of inspection. The dentists have been particularly active in this field—probably more so than the physicians.

In many communities the finances of the school board do not now admit of the employment of school physicians. Our Association's special committee will be asked by the health authorities of the state to recommend to the profession generally that in such communities, where funds for this work are not now available, a volunteer system be instituted. It is believed that where such volunteer work is undertaken and carried forward conscientiously, the results will quickly demonstrate the value of such work, and that later it will be taken over as a regular part of the school system.

The committee will keep in close touch with the state health department. As soon as the state regulations are determined upon, Dr. Hollingshead will prepare standardized card index record systems for use by local school examiners. Every effort will be made to develop a definite plan that may be adopted by any community where the physicians and school superintendents feel that such work should be undertaken.

At the primary meeting in Columbus, Prof. C. K. Kraut, superintendent of the public schools in Tiffin, and Prof. W. T. Trumps, superintendent of the Circleville schools, were present and indicated a keen interest in this work. They agreed to take up the matter with the Superintendents' Section of the Ohio State Teachers' Association, which holds its annual meeting in Columbus during the holidays. By this method the school executives will be kept in close touch with the work as developed by the medical profession, so that complete cooperation may be expected.

New State School Code Which Make Inspection Systems Possible

Here are the revised provisions of the General Code of Ohio which make it possible for any school district, or group of districts, to install a comprehensive system of school medical inspection:

Sec. 7692. Each and every board of education in this state may appoint at least one school physician; provided two or more school districts may unite and employ one such physician, whose duties shall be such as are prescribed in this act. Said school physician shall hold a license to practice medicine in Ohio. School physicians may be discharged at any time by the appointing power whether the same be a board of education or of health or health officers, as herein provided. School physicians shall serve one year and until their successors are appointed, and shall receive such com-

pensation as the appointing board may determine. Such boards may also employ trained nurses to aid in such inspection in such ways as may be prescribed by the board. Such board may delegate the duties and powers herein provided for to the board of health or officer performing the functions of a board of health within the school district if such board or officer is willing to assume the same. Boards of education shall co-operate with boards of health in the preventing of epidemics.

Sec. 7692-1. School physicians may make examinations and diagnosis of all children referred to them at the beginning of every school year and at other times if deemed desirable. They may make such further examination of teachers, janitors and school buildings as in their opinion the protection of health of the pupils and teachers may require. Whenever a school child, teacher or janitor is found to be ill or suffering from positive open pulmonary tuberculosis or other contagious disease, the school physician shall promptly send such child, teacher, or janitor home, with a note, in the case of a child, to its parents or guardian, briefly setting forth the discovered facts, and advising that the family physician be consulted. School physicians shall keep accurate card index records of all examinations, and said records, that they may be uniform throughout the state shall be according to the form prescribed by the state school commissioner, and the reports shall be made according to the method of said form; provided, however, that if the parent or guardian of any school child or any teacher or janitor after notice from the board of education shall within two weeks thereafter furnish the written certificate of any reputable physician that the child, or teacher or janitor has been examined, in such cases the services of the medical inspector herein provided for shall be dispensed with, and such certificate shall be furnished by such parent or guardian from time to time as required by the board of education. Such individual records shall not be open to the public and shall be solely for the use of the boards of education and health or other health officer. If any teacher, or janitor is found to have positive open pulmonary tuberculosis or other communicable disease, his or her employment shall be discontinued upon expiration of the contract therefor, or, at the option of the board, suspended upon such terms as to salary as the board may deem just until the school physician shall have certified to a recovery from such disease.

Sec. 7692-2. The state school commissioner and the state board of health, shall jointly pass rules for the detailed enforcement of the purposes of this act.

Sec. 7693. The board of education of any school district may provide and pay compensation to the employes of the board of health in addition to that provided by the city, township or other municipality.

Eight Physicians Will Serve in Next Legislature

There will be a splendid representation of the medical profession in both branches of the Ohio General Assembly, which convenes in Columbus early in January.

There will be two physicians in the Senate,—Dr. U. G. Murrell, of Wilmington, will represent the Fifth-sixth district—Fayette, Clinton, Greene, Highland, and Ross Counties. Dr. Byron E. Baker, of Milford Center, will represent the Thirteenth, Thirty-first—Hardin, Logan, Marion, Union, Crawford, Seneca and Wood counties. The very heavy Democratic vote polled in Ohio was responsible for the defeat of two physician candidates for Senate seats. Dr. J. V. Winans, of Madison, who rendered the state splendid service in the last General Assembly, was defeated by a narrow margin. Dr. Van S. Deaton, of Troy, who made a splendid record in the House, and who was the Republican candidate in the Twelfth district, was likewise defeated.

Dr. W. P. Ellis, Geauga county; Dr. W. S. Hoy, Jackson county; and Dr. R. B. Cameron, Defiance county, were re-elected. Drs. Albert H. Herr, of Lima; Dr. E. D. Helfrich, of Galion; and Dr. L. F. Cain, of Noble county, were successful in their canvass.

We are glad to report that in four instances

where legislative candidates were representatives of special interests antagonistic to public health protection, they were defeated. A survey of the new House and Senate also shows that the number of legislators who were particularly active in serving the interests of quackery two years ago were not returned.

On the other hand a number of laymen who have an intelligent idea of public health protection were elected. Typical of this class is Mr. Howell Wright, of Cleveland, secretary of the Ohio Hospital Association, who was elected to the Senate, and a number of others.

NOTE: WE HAVE MOVED

The increased activities of the State Association has made necessary our removal to more commodious quarters. We are now established in a suite of four rooms, arranged to suit our special requirements, on the top floor of the new Physicians' Building at 131 East State Street, Columbus. This address in the future will be the headquarters of the business activities of the Association, and of all committees, and will be the business and editorial offices of *The Journal*. Those who have been accustomed to addressing us in care of the Ruggery Building will please take notice.

 * STATE MEDICAL BOARD *

Charged with practicing medicine without a license, Mary A. Rose, self-styled "divine healer," who is also known as Delia Deimling, was arrested at Springfield, October 27, on a warrant sworn to by Secretary Matson of the state medical board. The affidavit alleges that the woman, who claims that she heals the afflicted by "the power of God," prescribed for William Talbert of Yellow Springs for a consideration of \$5. Talbert is a negro.

When arraigned in the Springfield police court, "Dr." Rose pleaded not guilty and her hearing was set for November 3 but later postponed. Unable to give bond, she was sent to jail. According to information in the hands of the medical board, "Dr." Rose had many "patients" in Ohio. In some mysterious way, she would secure the names of a number of "prospects" in a town and then announce her coming by sending out telegrams and strips of printed matter purporting to be newspaper clippings.

Three years ago, it is said, the woman was arrested at Delaware under the name of Delia Deimling. She pleaded guilty to a charge of violating the medical practice act but was released on condition that she leave the state and never return.

MORE WANT IN

The board was recently notified that it had been made the defendant in a suit brought by Calvin C. Rutledge of Bowling Green, in which the plaintiff asks that he "be restored to his rights as a chiropractor." He alleges that he has passed the required examination and that his certificate is being held up without warrant of law.

At the meeting of the board October 3, Rutledge's application for a certificate to practice chiropractic was rejected. Rutledge is the first person to make use of the clause in the Platt-Ellis law which gives a rejected applicant right to appeal his case from the board to the common pleas court.

A similar suit has been filed in the Cleveland courts by Joseph W. Netrefa, whose application for a certificate to practice chiropractic and a number of other branches included in the Platt-Ellis law was rejected July 5. Netrefa asks that the board be compelled to grant him a certificate. Records show that he has been requested several times to appear before the board and that he ignored each request.

COMPARES FAVORABLY WITH PERUNA

"Dr." Roland O. McFarren was arrested at Massillon, October 17, on charges of violating the medical practice act. When arraigned the pris-

oner pleaded not guilty and was released on bond of \$1,000. The date of his hearing has not been set.

The arrest of McFarren followed an investigation by Secretary Matson of the state medical board and Stark county officials. Dr. Matson charges that the "doctor" is practicing medicine without a license. His practice, it is said, has been confined almost entirely to the Amish people in Stark and Holmes counties.

Nervous ailments and women's diseases are said to be McFarren's specialties. For the treatment of these diseases he prescribes "Dr. McFarren's Vegetable Compound," which sells for \$1 a package. The ingredients of the compound may be purchased at any drug store for about five cents.

EXAMINATION FOR NURSES

The first examination for the registration of nurses under the new law regulating the practice of nursing will be held at the State House, Columbus, December 13 and 14. These dates were set at a meeting of the state nurses' examining committee November 3. It is announced that reciprocity in nurse licensure with Illinois, Kentucky and Michigan has been accepted by the committee. Several applications for registration from these states were approved.

FIRST CHIROPRACTIC PROSECUTION

In October, 1914, Perry D. Parks of Portsmouth failed to qualify for the examination for a certificate to practice chiropractic in Ohio. Shortly afterward he informed the state medical board that he would not be "insulted" by being compelled to take an examination, and that he would sell out and leave the state the following January. On October 4, this year, Mr. Parks was indicted by the Scioto county grand jury on a charge of having practiced medicine illegally.

Dr. George H. Matson of the medical board testified before the grand jury. Evidence against Mr. Parks is said to show that he did not leave the state, but continued to operate in Portsmouth without even a certificate to practice chiropractic. He pleaded not guilty to the charge in the indictment and was released on bond.

Increase Fees in Mahoning.

Mahoning County Medical Society, at a business meeting held September 27, adopted as the regulation fee basis for visits, the following: Calls from 6 a. m. to 6 p. m., \$2; from 6 p. m. to 9 p. m., \$2.50; from 9 p. m. to 6 a. m., \$3.00.

Toledo was selected as the next annual meeting place by the Mississippi Valley Medical Association in session at Indianapolis on October 12. Dr. Channing W. Barrett of Chicago, was elected president of the association to succeed Dr. Willard J. Stone of Toledo. The 1916 meeting was unusually interesting.

Please Help Us "Clear Our Decks" for Next Month's Legislative Work

The state headquarters of the Ohio State Medical Association is forced to issue this urgent plea for help: Will every member of every component county society pay his 1917 membership dues early in December—immediately upon receipt of this issue of *The Journal*?

By doing so you will not only materially lessen the burdens of an overworked state headquarter's staff, but you will greatly increase the efficiency of the State Association. We will need an organization of maximum efficiency this Winter, to cope with special legislative problems—problems of fundamental importance which will develop immediately after the new Ohio General Assembly convenes in Columbus on January 8.

Under the Association's new constitution, dues for 1917 must be paid by the member and received at the Columbus office of the State Association on or before January 1, 1917. Failure on the part of any member to see that this is done will cost him the protection of the Association's malpractice defense fund, and will cause him to be dropped forthwith by *The Journal*.

We anticipate that all dues will be paid before January 1. This is a *special* plea: That they be paid *immediately*, so that our state office force will not be swamped with work at the commencement of the new year. We *must* have these details entirely disposed of by January 8, so that our entire attention may be devoted to legislative problems. The handling of membership records, coupled with the correction of our *Journal* subscription lists, is an intricate matter. Our Association is growing so rapidly that it requires a special staff of stenographers to attend to this year-end rush. Because of the approaching session of the Legislature, we have engaged a staff to be ready the day this *Journal* goes into the mails. We anticipate that our members are anxious to help us in this regard, and that the rush of work, in response to this appeal, will start during the second instead of the last week in December. This will make it possible to have "our decks cleared for action" the day the Legislature convenes.

Doctor, do this: Sit down right now and make out a check for your county society dues. Don't send it to this office. Send it to the *Secretary-Treasurer of your county society*. Don't wait for him to "dun" you. By sending him your check, two weeks earlier than you otherwise would, you will be doing the State Association a real service.

The Secretary-Treasurers of the component societies are urged to forward all membership dues immediately upon receipt to Mr. Sheridan, the Executive Secretary of the State Association, 131 East State Street, Columbus, Ohio. Please do not wait until all of your dues have been collected, but send them as they are received. This greatly facilitates our work.

* * *

Please understand that our chief reason for making this request for *immediate* payment of dues is our desire to have our state organization free to devote all the time necessary to the work of the General Assembly. That this session of the Legislature is to be of tremendous importance to us is made certain by the following facts:

I. The Ohio Association of Optometrists has been busy for two years organizing to secure the enactment of a law that will create a separate board of opticians, for the registration of those who seek to treat eye conditions without first complying with the Medical Practice act.

II. The American Association for Labor Legislation, which was the force responsible for the enactment of the workmen's compensation laws throughout the country, has announced definitely that it will center its efforts on Ohio with the view of making this the first state to adopt compulsory state sickness insurance. If the medical profession of Ohio fails to secure provision for the proper medical administration of such an act, we will be in a position similar to that of the English profession when the Lloyd-George bill was passed.

III. The National League for Political Action, so-called, which is endeavoring to amalgamate the fifty-seven varieties of "drugless healers," has announced that it will endeavor to secure the repeal of the Ohio Medical Practice Act. This would make it possible for any person (without even the flimsiest pretense of specialized education) to enter upon unrestricted practice.

IV. The State Osteopathic Association is said to have drafted amendments to the Medical Practice act that would admit their practitioners to practically unrestricted license. Under the present law they are prevented from using drugs and from performing major surgery.

In view of these above mentioned important points, and other dangers even more serious that threaten honest medical practice, we feel justified in asking you as individual members to aid us in every way to prepare for this session of the General Assembly. The most effective thing that you can do is to pay your dues—*immediately*!

Northwestern Ohio Physicians Will Hear Dr. Briggs Lecture on Fractures at Lima on December 5

Three splendid University Extension meetings were held under the auspices of the Committee on Medical Education of the Ohio State Medical Association during November.

On November 1, Dr. Charles Edwin Briggs of Cleveland delivered his address on "Fractures and Dislocations," and conducted the demonstration at Zanesville; on November 8, at Warren; and on November 15, at Sandusky.

Nearly one hundred physicians from South-eastern Ohio gathered in the Chamber of Commerce auditorium at Zanesville at 11 A. M. on November 1. Muskingum, Coshocton, Licking, Fairfield, Perry and Guernsey counties were all represented. The meetnig was under the local auspices of the Muskingum County Academy of Medicine. President E. M. Brown and Secretary E. R. Brush had worked diligently, and the meeting was a complete success from every standpoint. Lunch was served at the Clarendon Hotel at noon, and Dr. Briggs devoted the entire afternoon to demonstrating. The following is a partial list of those present:

Zanesville—E. R. Brush, C. P. Sellers, E. M. Brown, O. I. Dustheimer, L. F. Long, S. L. Allen, C. H. Higgins, F. S. Baron, C. M. Lenhart, A. E. Walters, J. M. Fassig, D. J. Mathews, S. Kelly, H. C. Crossland, Anna H. Shinnick, G. Warburton, A. H. Gorrell, C. M. Rambo, W. F. Sealover, J. Z. Heston, R. B. Bainer, W. R. Geyer, W. A. Melick, T. H. Infield, H. T. Sutton, E. C. Brush, C. U. Hanna, J. T. Davis, Wm. Klemm.

Good Samaritan Hospital, Nurses—Miner, Mattingly, Rohrer, McCarthy, Haren, Weigand, Tracy, Clark, Caughlin, Beros, Danford. Bethesda Hospital—Nurses—Miner, Ranney, Glass, Weisjolin, Akerly.

Newark—H. E. Hunt, John Mitchell, A. T. Speer, J. P. H. Stedem, W. E. Shrontz, U. K. Essington, Wm. H. Knauss, H. H. Postle, Earl Evans.

Coshocton—W. H. Keenan, F. M. Marshall, J. D. Lower, D. Ed. Cone, L. C. McCurdy. Cambridge—A. R. Cain, W. G. Lane, A. B. Headley, F. M. Mitchell, H. A. Green, L. M. Ross. Crooksville—E. L. Dozer, W. P. Dupler. Claysville—G. C. Taylor. Corning—James Miller. Deaverton—J. P. Wortman. Duncan Falls—G. B. Trout. Fultonham—C. Z. Axline, R. McDaniel. Frazesburg—J. D. Fleming. Hanover—W. L. Evans. Hemlock—R. W. Miller. Junction City—H. W. Shaw, Malta—Lee Humphrey. McConnellsville—C. E. Northup. Millersport—F. P. Atkinson. New Castle—J. W. Dillon, J. W. Snyder. New Concord—D. W. Forsythe, R. H. McCreary. Nashport—R. E. Wells. New Lexington—H. Bennett, J. H. Wright. Philo—T. J. Bingham. Pleasant City—J. A. Kackley, Roy Kackley. Quaker City—M. S. Lawrence. Roseville—G. L. Kennedy. Rose Farm—Peter Folk. Sonora—M. A. Loebell. Saltillo—F. A. Axline. Seneca—C. A. Craig. Thornville—O. L. Letherman. Breman—C. W. Brown. Alexandria—E. H. Johnston.

A note from Dr. W. W. McKay, of Warren, informs us that the attendance at the meeting held there on November 8 was 95, and that the audience seemed deeply interested in the work. The meeting started late in the afternoon, and a special subscription dinner was served in the Presbyterian church. Several Pennsylvanians were present. Dr. McKay was chairman of the committee on arrangements, while Dr. S. S. McKenzie of Warren, had charge of the boosters' committee—which by a systematic campaign called the attention of each physician in Mahon-

ing, Trumbull and Ashtabula counties to the meeting. A partial registration list follows:

Warren—D. G. Simpson, C. C. Waller, Dr. Lane, R. R. Ackley, P. O. Miller, M. L. Williams, R. R. Rogers, G. N. Simpson, J. P. Marshall, W. W. McKay, G. M. Scoville, Dr. Ailes, O. T. Manley, J. J. Tyler, J. C. Henshaw, C. W. Thomas.

Youngstown—Jos. C. Leonard, A. E. Frye, J. B. Nelson, Arba S. Green, H. E. Patrick, W. B. Turner, H. E. Welch, H. E. Blott, S. W. Goldcamp, F. S. Myers, R. E. Whelan, A. M. Painter, R. S. Cameron, B. B. McElbany, H. A. Zimmerman, J. H. Blovin.

Niles—W. D. Lindsay, Sarah Gaston-Fraels, J. D. Knox, G. L. Smith, J. B. Claypool.

Ashtabula—R. B. Wynkoop, J. J. Hogan, Ernest Crockett. Ashtabula Harbor—P. J. Collander. Girard—W. D. Cunningham, J. C. Hunt. Lovellville—F. B. Smith. Orrville—G. T. Wasson. Newton Falls—S. G. Leland, H. A. Fiester. Cortland—J. Ward. Phalanx—S. V. Kennedy. Bristolville—E. Brinkerhoff. Geneva—F. R. Clarke. Jefferson—O. R. Dickson. Canfield—C. H. Campbell. Kinsman—Dr. Moore, Dr. Root. Williamsfield—N. C. Satterlee. Conneaut—W. H. Lee.

The third meeting was held at Sandusky under the auspices of the Erie County Medical Society on November 15. Despite the cold wave, there were about 75 present from Ottawa, Sandusky, Seneca, Huron, Lorain and Erie counties. Dr. Briggs started his address at 4 P. M. At six the party adjourned to the Hotel Reiger for dinner. The lecture and edmonstration occupied about three hours in the evening. Dr. Henry Graefe, Jr., who had charge of the arrangements, writes us that the meeting was entirely satisfactory and that the address elicited very careful attention and good discussion. Partial list of those present:

Sandusky—F. F. Lehman, R. B. Hubbard, Fred Schoepfle H. D. Peterson, Edwin Gillard, C. A. Schimansky, H. W. Lehler, P. F. Southwick, H. B. Frederick, G. F. Thompson, H. C. Schoepfle, C. H. Ulerz, C. R. Knoble, Emily Blakeslee, J. T. Haynes, C. B. Bliss, Chas. Graefe, William Graefe, Henry Graefe, F. J. Lebliec. Tiffin—Charles F. Daniel, Geo. L. Lambright, M. W. Ueberoth, R. R. Henderstott, Victor L. Magers, J. A. Gosling, H. B. Gibbon, Robt. C. Chamberlain, Robt. G. Steele, Geo. W. Willard, C. I. Anders. Fremont—C. R. Pontius, M. O. Phillips, B. O. Kreilick, Martin Stamm. Milan—R. E. Garnhart. Bloomingville—C. R. Truesdale, M. L. Love. Vickery—J. H. Bowman. Port Clinton—H. J. Pool. Vermillion—E. J. Heinig. Berlin Heights—H. O. Brown. Clyde—E. W. Baker. Fostoria—Wm. Leonard, N. C. Miller. Norwalk—E. N. Hawley, John A. Sipher, J. F. Mayne. Castalia—Wm. Story, Smith Gorsuch. Elyria—H. M. Metcalf, Wm. E. Hart, S. F. Basinger, C. H. Cushing. Lorain—S. S. Cox, W. F. Dager. Huron—F. M. Houghtaling. Bellevue—C. L. Harding, H. R. Dewey, H. G. Morse.

The final lecture under the auspices of this committee will be held at Lima on Tuesday evening, December 5, at 4 P. M., in the auditorium of the Lima Club. Invitation is extended to the physicians of Northwestern Ohio who have not heard this lecture. It is being given for the particular benefit of all physicians in Allen, Putnam, Van Wert, Mercer and Auglaize counties.

Members of the Association are urged to bring non-members to this meeting. At 6 P. M. a subscription dinner will be served at the Lima Club at a cost of \$1.00 per plate—and we understand that the Lima Club has an excellent chef. Dr. William Roush, president of the Allen County Medical Society, and Dr. W. B. Van Note, counselor of the Third District, are in charge of the arrangements for the meeting.

Advocates of Sickness Insurance Plan Will Center Efforts on Ohio Legislature This Winter

It seems certain that the Ohio General Assembly which convenes in Columbus early in January will be requested to act on a bill providing for compulsory state sickness insurance. We understand that the details of the bill which is to be introduced into Ohio are not definitely decided upon, but in a general way it will follow the model act drafted by the American Association for Labor Legislation.

That this association plans to center its efforts in Ohio is indicated by a statement issued by John B. Andrews, its secretary, and further, by the fact that the 1916 meeting of the association will be held in Cincinnati late in December. Mr. Andrews in his statement on October 28 says:

"Ohio is better prepared than any other state for health insurance. This means that this state is prepared to take the next step in social legislation.

"The remarkable investigations into occupational health hazards conducted by the state board of health under the direction of Dr. Emery R. Hayhurst of Columbus, Ohio, have paved the way. The success of the workmen's compensation law should make the adoption of health insurance easier, and the sentiments expressed by Ohio physicians, employers, and representatives of labor indicate a healthy interest in the subject when it comes before the legislature.

"Chambers of commerce and anti-tuberculosis societies have held numerous meetings during the past year to discuss plans for insurance against sickness. The subject is being featured by the American Public Health Association. It will also be prominent in the programs of the American Political Science Association and the American Association for Labor Legislation, which hold annual meetings in Cincinnati and Columbus in December."

You may rest assured that the Legislative Committee of the Ohio State Medical Association will keep in very close touch with any legislation on health insurance that may be introduced into the Ohio General Assembly.

* * *

Methods of inaugurating and administering health insurance, and particularly the medical phases of such administration, are being carefully studied. At the meeting of the American Public Health Association in Cincinnati late in October, these phases were among the chief topics discussed. We quote the following from a report of this meeting by Dr. Alice Hamilton in *The Survey* for November 11:

"Some thirteen or fourteen members spoke, chiefly officials of some public health department or men in charge of the health work of large

industrial establishments. The principal of health insurance, or some kind of provision against the losses caused by sickness among wage-earners, was on the whole accepted, at least provisionally, for the purposes of debate; and attention was devoted to certain points in the bill proposed as a model legislative measure. The points dwelt on were the need of emphasizing preventive medicine; of providing some way of 'jacking up' negligent communities or negligent employers; and the importance of so planning the medical features of the bill as to include in it all present agencies; for if not, the insured sick man might actually get poorer service than he does now.

"Dr. Wm. C. Woodward of the District of Columbia Department of Health thought the selection and supervision of the physicians who are to form the panel of each insurance unit, a matter of first importance. This must not be done in such a way as to lower the medical profession in its own eyes, for that would mean driving away from the profession the most desirable young men and, therefore, in the end an actual lowering of its personnel. On the other hand, there must be some way of securing competence in the men selected, not only at the time of their selection but during their term of service. This, he thought, could best be effected through supervision by public health authorities, probably state, since there were constitutional difficulties in the way of utilizing the federal health service.

"These health officials, he thought, should be the ones to pass on claims for disability and on the duration of disability, for thus impartiality of judgment would be secured and the attending physician would also be relieved of the unpleasantness of forcing a man back to work before he felt able to go. Dr. Woodward felt that the increased force in the state medical service which this would make necessary, would be a great gain. These state supervisors would be in reality district health officers, of whom there are not nearly enough under the present system.

"Dr. Otto P. Geier of Cincinnati declared that if we were to have health insurance it was a great pity to rush into it without first working out a system which would avoid the mistakes of the German and the British systems. Let us wait, he said, till such bodies as the American Medical Association, the National Safety Council, and the American Public Health Association have had time to formulate their ideas on the details.

"Dr. Sidney McCurdy of Youngstown, Ohio, is a convinced advocate of compulsory health insurance, largely because of his experience among

working men, for he finds that under present conditions they are not getting proper medical care. They are sent back to work after illness with all sorts of physical defects which hamper them through the remainder of their lives. In examining men for employment nowadays he has found about 10 per cent with weak or defective heart, 4 per cent with hernia and 20 per cent with over-high blood pressure. Many of these defects could have been corrected by proper care during and just after an illness.

He thought that just as workmen's compensation has fostered accident prevention, so health insurance should greatly favor preventive medicine, but some central controlling body must be devised; it would never do to leave it to tyros.

"The preventive features seemed to Dr. J. W. Schereschewsky to be poorly provided for in the model bill proposed, as is true also of the British system of insurance. He found nothing in the measure which would make the negligent employer feel the effects of his neglect. Nor did he believe that prevention of sickness would automatically follow the enactment of this measure as now drafted. That would come only after a long period of excessive expense for sickness claims had forced the community to institute reforms.

HEALTH INSURANCE

"Dr. Lee K. Frankel of the Metropolitan Life Insurance Company tried to make clear some of the problems of insurance as they bore upon this measure. Insurance, he said, was, strictly speaking, the coverage of hazards, indemnity for loss. Only incidentally and secondarily did preventive work come in. The most important point to remember in health insurance was that the functions of the attending physician are absolutely distinct from those of the "claim agent," the man who passes upon the compensation. No one man could do these two things any more than he could be at once advocate for the plaintiff and for the defendant. The patient's claim must be passed on by a physician who has had no personal relation to him. Other physicians should undertake the actual care of the sick.

"This, Dr. Frankel believed to mean that we are bound to see the advent of the salaried medical man devoting all his time to preventive work and health insurance and not depending on practice. The situation in Germany, where there is no such division of function, has given rise to endless trouble and has grown worse all the time; so that inevitably after the war they must change to two sets of doctors, those engaged in the work of administering the Krankenkassen and those who are actual practitioners. This model bill he thought too much like the German, since it, too, placed these two distinct functions in the same hands. Health insurance would, he thought, probably prove far more expensive than anyone now expected. In Germany it has amounted to 4 per cent of wages and no Ameri-

can working man has ever as yet submitted to such a tax as that.

"Dr. George M. Kober of Washington rose to the defense of the German insurance system, dwelling on the admirable way in which the funds are invested in sanatoria for the tuberculous and in convalescent homes where the latest devices are used to restore function to injured parts. Dr. Kober recognized, however, the constant friction and difficulty of which Dr. Frankel spoke, and believed, too, that it could be avoided over here only by placing the decision as to compensation in the hands of a physician who was not dependent on his popularity for his living. He should be a man employed for his full time.

"Dr. E. R. Hayhurst of the Ohio State Board of Health was also in favor of placing the medical service connected with health insurance in the hands of salaried men who ought to work in close connection with the institutions now existing, the hospitals and dispensaries. If this was not done, we might end in providing the wage-earner with poorer medical service than he now obtains, for we should be taking him away from the modern dispensary with its specialists and its diagnostic laboratories and throwing him back into the hands of the mediocre practitioner."

Anent Newspaper Exploitation

The following from the Journal of the Indiana State Medical Association has its Ohio application:

"We are quite willing to admit that occasionally a doctor's name gets into the daily papers without his knowledge or consent, but when you repeatedly see some doctor's name mentioned in daily papers in connection with medical and surgical cases, it is a safe bet that the doctor permitted or even solicited the use of his name. When a doctor's name is connected with a technical write-up of a case it is a certainty that he is responsible for the information and the privilege of using his name in connection with it. Newspaper reporters not infrequently say that news concerning an operation is legitimate news for publication, but we do not believe so, and no information of any kind whatsoever concerning an operation should come from the attending physician. Furthermore, any physician who has any desire to avoid undue notoriety and the criticism of his confreres will request newspaper reporters to omit his name in connection with the write-up of any so-called medical news. There is not one newspaper reporter in a thousand who will not respect a request of that kind."

Youngstown—The Rotary Club of Youngstown, on October 12, was addressed by Dr. C. C. Booth, who pointed out the progress that has been made in medicine by contrasting past methods with those of the present.

Cincinnati's Death Rate is Being Gradually Yet Systematically Reduced by Health Department

The report of the Cincinnati Department of Health for 1915, just issued by Dr. J. H. Landis, gives an interesting *resume* of the extent to which public health protection is carried in our great cities—and, at the same time, shows in a concrete way the heavy dividends of happiness and improved efficiency which such work develops.

Particularly interesting figures are contained in that part of the report which refers to the health promotion of school children, which is a function of the board of health co-operating with the board of education and is under the direction of Dr. William H. Peters. Vaccination of school children is compulsory in Cincinnati. The report states that more than 95 per cent of the school population is vaccinated. During the year, 3,621 pupils were inoculated by the district physicians and many more by general practitioners.

In their work of examining school children, district physicians recorded 15,021 defects. The total number needing treatment was 14,564. Of these, 86 per cent were corrected or showed marked improvement. Records show that 20.9 per cent of the children recommended for treatment consulted the family physician; 32.6 per cent applied to the various clinics, hospitals and dispensaries; 22.5 per cent were treated by the school nurse for minor ailments and the eradication of pediculosis; 24 per cent went without professional interference, trusting to home remedies and the like. Eighty-six per cent of the school examination work was accomplished by school nurses.

LOWERS THE DEATH RATE

For five years the Cincinnati department has been working systematically to reduce disease, and the cumulative effect is shown in the new rate statistics.

Cincinnati's general death rate in 1915, based on a population of 406,706, was 15.63—the lowest in the city's history. The infant mortality rate fell from 92 in 1914 to 78 in 1915, while deaths due to gastro-intestinal diseases in children under two years, numbered only 175, which is 46 per cent of the deaths from this cause in 1910.

Steady progress made by the department in its fight against tuberculosis is reflected in the report. The tuberculosis death rate was 2.20 in 1915. In 1910, it was 2.81, in 1911, 2.56, in 1912, 2.49, in 1913, 2.45 and in 1914, 2.39. The present board of health, which has been in control of the department since 1910, also can show a reduction of 23 per cent in the death rate resulting from all respiratory diseases and tuberculosis.

For those opposed to modern health and sanita-

tion measures, the report sets forth some illuminating facts. The reduction in infant mortality from all causes and from diarrhoea and enteritis in children under two years is attributed to the efficiency of food inspection in the city. The effect of improved milk supply on infant mortality, due to diarrhoea and enteritis, is shown in the following tables which cover two five-year periods:

BEFORE EFFICIENT MILK INSPECTION

Deaths Due to Diarrhoea and Enteritis in Infants Under Two Years of Age	
Year	
1906	547
1907	368
1908	354
1909	318
1910	378
Total	1,965

AFTER EFFICIENT MILK INSPECTION WAS INAUGURATED

Year	
1911	272
1912	272
1913	246
1914	231
1915	175
Total	1,196

The remarkable reduction becomes still more striking when it is known that Cincinnati's population increased from 345,220 in 1906, to 406,706 in 1915.

Dr. Landis ventures the statement that statistics will prove that the reduction in the general death rate for a municipality brought about by the purification of its milk supply, is practically the same as that caused by its change from a polluted to a pure water supply.

"If this hypothesis is borne out by additional observations in other cities," he continues, "the Cincinnati Board of Health can claim a saving of 2,269 lives during a period of five years because of the improvements brought about in the purity of the municipality's milk supply. According to the value placed on the human average life, this means an economic saving to the community of \$11,325,000."

The regulation requiring that glass cases be installed in market houses to prevent droplet infection and promiscuous handling at first bitterly opposed by the dealers, is now recognized by them as a distinct asset as the glasses not only attract trade but prevent theft, the health officer states.

During the year, the district physicians closed 5,504 cases as compared with 4,070 the year before. Visits to homes of patients numbered 10,961 and office consultations, 5,866. Visiting nurses followed up 58 cases of inflammation of the eyes in the new-born reported by doctors and mid-wives. Loss of vision in one eye occurred only in three of these cases.

Federal Judge Killits Flays the So-Called "United Doctors", and Comments Caustically on Methods of Quackery

In the October issue of *The Journal*, the truth concerning the activities of a band of itinerant physicians calling themselves "United Doctors" was published. The November issue contained an account of the revocation of the Ohio licenses held by two of the so-called "United Doctors"—G. W. W. Walker of Roseville and Theodore Jacobsen of Cleveland. Material for the third chapter in this important case is now available. It sets forth a federal judge's opinion of the operations of these "noted specialists," shows why the federal court refused to protect the ring leader in the United Doctors' firm, and suggests that the right of the firm's representatives to practice medicine in Ohio should be withdrawn and that they should be subjected to prosecution.

On October 16, Judge John M. Killits of the United States District Court dismissed at the cost of the complainant the case in which Dr. Burton E. Manchester of New York and Milwaukee, head of the "United Doctors," sought an injunction restraining Drs. Jacobsen and Walker from appropriating the trade name "United Doctors" and various forms of advertising and letters, of which Dr. Manchester claimed to have exclusive use. Jacobsen and Walker were formerly employed by Manchester as traveling "specialists."

The defendants—Jacobsen and Walker—won the case in the federal court but their victory was a costly one. They alleged that the complainant was seeking to protect an illegal business in Ohio and that he was in court with "unclean hands." The defendants' arguments, however, proved conclusively to the court that their hands also were defiled. After reviewing what has proved to be startling disclosures, set forth in the form of arguments by both sides in the case, Judge Killits, in dismissing the case in his formal opinion, said:

"What the complainant (Manchester) is asking the court to do is to protect him in the transaction of a business in this state which is reprobated by its laws; to permit him to make contracts with physicians in Ohio, the performance of which by them in this state would be to put them into opportunity as well as temptation to defraud, and which ought, by law, to result in the forfeiture of their right to practice medicine at all and to subject them to criminal prosecution. Of course no court of equity would ever stand for such a practice."

On October 3, the Ohio State Medical Board, acting on evidence obtained at a hearing of the case before Judge Killits, revoked the licenses of Drs. Jacobsen and Walker, on charges of having professional conduct with an illegal practi-

tioner, splitting fees and using extravagantly worded advertising.

Manchester's argument that the Ohio statute, which exempts from the necessity of holding an Ohio license "any physician or surgeon residing in another state or territory, who is a regular practitioner of medicine or surgery therein, when in consultation with a regular practitioner of this state," would apply in his case, evidently did not carry much weight. Judge Killits quotes from an advertisement, which the "United Doctors" used extensively throughout Ohio, and then makes the following comment, which may be taken to mean that he does not regard Manchester as a proper person for Ohio physicians to call into consultation:

"It, as well as its fellows we feel justified in saying, is phrased in the language of the charlatan, of one who would prey upon credulity born of suffering and weakness. At least it must be the judgment of any intelligent and moderately informed person that complainant's advertising promises the impossible and is so extravagantly worded as to be considered deceptive, and, when we consider it in connection with the method by which he conducts his business in Ohio, and with the fact of his personal irresponsibility as a non-resident of the state for malpractice, it seems very clear to this court that we must regard that business to be essentially fraudulent and against public policy."

"It is unnecessary to enlarge by argument upon the propositions that the advertisement quoted violates the letter and the spirit of the law," the judge asserts. "The financial arrangement between the claimant and his representatives is likewise obnoxious to the statutes. These conclusions are too plain for extended discussion. Undoubtedly, complainant's representatives in this state 'split' fees with him."

One prominent grievance against the defendants, Judge Killits says, is that they employ the claimant's language to claim for themselves "the same miraculous powers which he ascribes to himself and his representatives" in his advertising. Yet he does not even pretend in his complaint that he has himself the comprehensive and profound professional qualifications which one would assume were enjoyed by the "United Doctors." "Apparently," the opinion says, "he did not dare to aver that he engages in behalf of sufferers allured by such advertising, the medical skill which remotely measures up to the encomiums of this advertisement."

Of the Hoy law, enacted by the legislature in 1915, Judge Killits says: "The validity of the Ohio act of 1915 has not been questioned and we are not disposed to question it. It is clearly in

the interest and good faith of public welfare and enables one of the most deserving professions to be of the preatest possible service to the people."

The splendid opinion by Judge Killits is reproduced in full in *The Journal of the American Medical Association*, in its issue of November 11 (Page 1463). Lack of space limits us to the above brief extracts. It is worth reading in detail, as it gives in clear-cut terms the opinion of an unbiased judge upon the most advanced modern development of medical charlatanism.

New and Non-Official Remedies

Solution of Hypophysis-Squibb—A sterilized, aqueous solution of the water-soluble active principles of the posterior lobe of the pituitary bodies of cattle, free from chemical preservatives and physiologically standardized. It has the properties of the pituitary gland, as described in New and Nonofficial Remedies, 1916. E. R. Squibb and Sons, New York (Jour. A. M. A., Sept. 2, 1916, p. 745).

Benzidine—In medical practice benzidine is used for the detection of occult blood. In the presence of hydrogen peroxide and acetic acid, benzidine is changed to a deep purple compound by the action of blood. The test is said to detect blood in a dilution of 1 in 300,000.

Benzidine-Merck (For Blood Test)—This complies with the standards prescribed for benzidine, N. N. R. Merck and Co., New York. (Jour. A. M. A., Sept. 16, 1916, p. 879).

Mercurial Oil-National Pathological Laboratory—A mixture of equal weights of mercury and lanolin obtained by triturating the constituents until mercury globules are no longer macroscopically visible. It is marketed in graduated syringes ready for use and containing 2 Cc. National Pathological Laboratories, Chicago. (Jour. A. M. A., Sept. 23, 1916, p. 953).

Liquid Petrolatum-Squibb, Heavy (California)—It is made from Californian petroleum and is

claimed to be composed chiefly of hydrocarbons of the naphthene series. A brand of liquid petrolatum complying with the U. S. P. standards for liquid petrolatum and claimed to be superior to liquid petrolatum, U. S. P. E. R. Squibb and Sons, New York (Jour. A. M. A., Sept. 23, 1916, p. 953).

Thromboplastin-Squibb—A solution of brain extract complying with the standards for solution brain extract, N. N. R. It is marketed in 20 Cc. vials. E. R. Squibb and Sons, New York (Jour. A. M. A., Sept. 23, 1916, p. 952).

Chlorazene—Chlorazene (sodium para-toluene-sulphochloramine) is an active germicide acting much like hypochlorites, but being less irritating. Like the hypochlorites it has the advantage over mercuric chloride, zinc chloride, etc., in that it does not coagulate or precipitate proteins, such as blood serum. Chlorazene is reported to be practically non-toxic. The Abbott Laboratories, Chicago, Ill. (Jour. A. M. A., Sept. 30, 1916, p. 1021).

Barium Sulphate for Roentgen Ray Work.—Barium sulphate freed from soluble barium salts. This salt passes through the system unchanged, and, because of this, is used in taking Roentgen Ray pictures of the stomach and intestines.

Barium Sulphate-Squibb for Roentgen Ray Work.—A brand complying with the standards for barium sulphate for Roentgen Ray work, N. N. R. E. R. Squibb & Sons, New York, (Jour. A. M. A., Oct. 7, 1916, p. 1091.)

Chlorazene Tablets, 4.6 Gr.—Each tablet contains 4.6 grains chlorazene (sodium paratoluene sulphochloramine). The Abbott Laboratories, Chicago (Jour. A. M. A., Oct. 21, 1916, u. 1229).

RAISE FEES AT URBANA

Physicians of Urbana recently adopted a new fee bill which is now in effect. The minimum obstetrical fee was increased from \$10 to \$15 and the minimum fee for a day visit was fixed at \$1.50. Cards bearing the new fee bill have been placed in a conspicuous place in the waiting room of every physician in the city.

We Are Proud of Our Advertising Pages and Invite Your Scrutiny

The official State Medical Journals are not ashamed of their advertisements; hence they urge their readers to patronize their advertisers. The publishers believe it is their duty to the readers as well as the advertisers to bring them together.

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YOUR EDITOR.

NEWS NOTES OF OHIO

Marietta—Dr. W. W. Sauer is suffering from an attack of erysipelas.

Stockport—Dr. R. S. Gage has moved from Stockport to Shanesville.

Sarahsville—Dr. J. E. Roman has located in Otsego, Muskingum county.

Steubenville—Dr. Charles W. Maxson spent October in Baltimore in post-graduate work.

Columbus—Dr. George W. Woods is recovering from an operation for acute appendicitis.

Petersburg—Dr. C. H. Beight has located in Youngstown. His address is 620 Market street.

Toledo—Dr. Charles S. Hitchcock has returned from a three months' vacation trip through the West.

Sulphur Springs—Dr. and Mrs. F. M. Virtue celebrated their 29th wedding anniversary October 21.

Dayton—Dr. W. I. Schaffer has been employed as medical inspector of the Mad River township schools.

Cleveland—Dr. and Mrs. J. M. Moore left for Florida, November 12. They expect to be gone one month.

Lorain—Dr. G. R. Wiseman returned recently from New York where he completed a graduate course in surgery.

Portsmouth—Dr. W. D. Schaefer, former city physician, has entered Dr. H. A. Schirrmann's office as an assistant.

Dayton—Dr. and Mrs. J. A. Hayes left recently for a trip through the west. They expect to be gone two months.

Cleveland—Dr. Jay Latimer and family left November 10 for Pomona, Calif., where they will make their future home.

Walnut Creek—Dr. Atlee R. Olmstead has moved to Marshallville, where he will continue to practice his profession.

Covington—Dr. M. M. Brubaker is taking a special course in eye, ear, nose and throat diseases at the Chicago Polyclinic.

Lima—Dr. R. A. Buchanan is home on a leave of absence from the Second Regiment, O. N. G., stationed on the Mexican border.

Newark—While hunting rabbits November 2, Dr. W. L. Jackson was accidentally shot by a companion. His wounds are not serious.

Athens—Dr. O. O. Fordyce, superintendent of Athens state hospital, who has been ill for several months, is at John Hopkins hospital, Baltimore.

Ironton—Dr. Harry Allen, of Richmond, Va., formerly connected with the State Hospital for Epileptics at Gallipolis, has located in this city.

Lima—Dr. W. E. Hover addressed the Allen County Historical Society, October 15, on the subject, "The Medical History of Early Lima."

Toledo—Dr. J. H. Jacobson has been elected president, and Dr. P. J. Bidwell, secretary, of the surgical and medical staff of St. Vincent's Hospital.

Ada—Dr. R. L. Souder read a paper on anaesthesia at a meeting of the Ada Medical Association at the home of Dr. Ross Charles, October 17.

Fayette—After practicing in Fayette three years, Dr. William J. Berry has located in Detroit, where he will specialize in eye, ear, nose and throat.

Findlay—Dr. J. A. Kimmell, who has been seriously ill, has about recovered his usual health.—Dr. O. H. Saunders is slowly recovering from a recent illness.

Akron—Dr. E. S. Underwood underwent an operation at Mt. Sinai hospital, Cleveland, November 7. His left kidney was removed, relieving a condition of internal hemorrhage.

McGuffey—Dr. Roy K. Evans left November 1 for Ft. Sam Huston, Texas, to join the Medical Reserve Corps of the U. S. Army, in which he holds the rank of first lieutenant.

Holloway—Dr. Charles C. Headley has sold his practice and is now taking a six months' course in eye, ear, nose and throat at the Post Graduate Medical School, New York.

Circleville—Dr. T. B. Wright, professor of medicine at the University of Southern California, visited Circleville, his former home, during November.

Galion—Dr. C. D. Morgan was elected president of the Erie Railroad Surgeons' Society at the annual meeting of that organization held recently in New York.

Cincinnati—Dr. Wilber A. Hunt, district physician at Madisonville, has resigned. He will take charge of the industrial hygiene work in a manufacturing plant.

Westerville—Dr. J. W. Funk left Westerville November 2 for East Pittsburgh, Pa., where he will continue the practice of medicine in partnership with Dr. A. E. Roose.

Ashtabula—Dr. A. W. Thomas has moved from Ashtabula to Youngstown, where he is engaged in the practice of medicine with his father, Dr. J. J. Thomas, East Wood Street.

Cincinnati—Dr. Sarah Dudley, aged 70, was committed to Longview Hospital, November 2, by Probate Judge Lueders of Hamilton county.

Alienists found that her mind was affected. Her condition, they said, is due to malnutrition.

Columbus—Dr. H. H. Fisher was confined in Grant Hospital late in October, suffering from blood poisoning in his arm. He injured his hand while working about his automobile.

Cincinnati—The illness of Dr. Charles Stammel, receiving physician of the Cincinnati General hospital, has necessitated the appointment of Dr. Charles Berzner as acting receiving physician.

Canton—"Public Health Problems" was the subject of an address delivered by Dr. Frank G. Boudreau of the state department of health, before the quarterly meeting of the Canton Medical Society, October 20.

Cedarville—U. S. Senator Pomerene has appointed Dr. E. E. Oglesbee a member of the board of pension examiners of Green county to fill a vacancy caused by the death of the late Dr. R. W. Smith of Spring Valley.

Piqua—Dr. R. M. Shannon returned recently from Boston, where he attended clinics in internal medicine at the Harvard medical school.—Dr. R. D. Spencer has returned from New York, where he attended clinics for several weeks.

Sandusky—Dr. Henry C. Schoepfle, director of the city health department, recently returned from a trip, during which he visited health departments in Cincinnati, Dayton, Columbus and Springfield, getting many valuable pointers in public health work.

Tiffin—Dr. Henry L. Wenner recently received a message from his son, Dr. Henry L. Wenner, Jr., stating that the latter, who is chief of the surgical internes at the German City Hospital, N. Y., had undergone an operation for acute appendicitis and was rapidly recovering.

Columbus—Warden Thomas has arranged for Dr. J. A. Ambrose of Dayton, who is serving an indeterminate sentence in the Ohio penitentiary for performing an illegal operation, to go to the Soldiers' and Sailors' Home at Sandusky to be a nurse to veterans. Dr. Ambrose is a veteran of the Civil War. He will be paroled.

Dayton—Dr. Roy Adkins has been appointed first assistant to Dr. E. A. Baber, superintendent of the Dayton State Hospital. Dr. Adkins takes the place of Dr. Edgar L. Braunlin, who recently resigned to engage in private practice. Dr. Harry McCluren has been made second assistant and Dr. E. C. Cobb, third assistant.

Xenia—Dr. J. E. Greiwe, of Cincinnati, was the speaker at the dinner which followed the annual meeting of the Volunteer Medical and Surgical Staff of the Ohio Soldiers' and Sailors' Orphans' Home, November 3. Dr. Andrew Timberman, of Columbus, was re-elected dean, and Dr. A. C. Messenger, of Xenia, secretary of the medical staff.

ACTIVITIES OF OHIO CITIES
 IN PUBLIC HEALTH WORK
 HOW ABOUT YOUR CITY?

A lively campaign is being waged at Piqua for a new filtration system.

Miss Gamble, public health nurse of Piqua, has completed the first annual inspection of the Piqua schools.

Charles S. Kettering and E. E. Deeds of Dayton have given \$10,000.00 for a research laboratory at the Ohio State University Homeopathic hospital.

The first of a series of weekly "Health talks," arranged by the physical department of the Dayton Y. M. C. A., was given by Dr. Guy Giffin, November 14. The lectures are free.

To secure funds for the salaries of Lima's two visiting nurses for the coming year, volunteer workers have distributed white envelopes, in which every family is asked to make a donation.

Nine nurses were employed by the Akron board of health October 6 for work in the public schools of the city. Miss Elizabeth J. Yost was chosen assistant supervising nurse at a salary of \$1200 a year.

The Bucyrus Board of Health has decided to enforce strict quarantine and health regulations. Physicians and other citizens who fail to report infectious disease will be prosecuted the board announces.

A movement to form an Anti-Litter League has been started in Dayton. One of the objects of the league is to prevent the breeding of disease on the streets, in the gutters, and other unsanitary places.

City welfare nurses of Toledo have reduced the mortality of infants to one percent. This is shown in the October report submitted recently to Health Commissioner Selby. The nurses made 1,231 visits during the month.

Victor T. Noonan, safety director of the Ohio state industrial commission, will ask the next legislature for five safety engineers to work with him in preventing industrial accidents. A direct result of our workmen's compensation law!

Cleveland's newest hospital—Mount Sinai—is preparing to open on January 1 a clinic for the advancement of eugenics in which the care of

venereal diseases will be given special attention. The clinic will cater to the needs of the poor and

In Toledo, the District Nurses' Association has arranged to provide nursing service to families of moderate means at a small charge per hour. Formerly the nurses visited only those who were not financially able to employ a nurse.

The drug bill of the state was reduced from \$25,000 to \$15,000 during the year ending July 1, 1916, according to a report to the State Board of Administration. Owing to high prices, medicine is used in state institutions only when absolutely necessary.

The Cincinnati Anti-Tuberculosis League reports that it has reached a total of 113,000 persons through lectures, moving pictures and educational literature since January 1. Six fraudulent "cures" for tuberculosis were suppressed during that time.

War on surface wells and outside vaults is being waged by the Toledo department of health. "We never will be able to hold down our typhoid fever rate until we wipe out all of the surface wells and open vaults in the city," Health Commissioner Selby says.

Under the auspices of the child welfare committee of the Woman's Civic Club and the Public Health Nurses' Association, a series of free health lectures are being given in Elyria. On October 25, Dr. O. L. Goehle spoke on "Hygiene: Its Relation to Child Welfare."

Fifteen students are enrolled in the new department of hygiene and physical education of the University of Cincinnati, which was organized to train playground and physical education teachers and to determine the physical condition of the students of the university.

Dr. Stephan A. Douglass, superintendent of the Ohio state sanatorium for tuberculosis, at Mt. Vernon, has been reappointed by the state board of administration for a term of four years. Plans are being drawn by Richards, McCarthy & Bulford, architects of Columbus, for a new hospital building to be erected at the sanatorium. The legislature in 1915 appropriated \$50,000 for the erection of the building.

Statistics compiled by the Toledo health department show that infantile paralysis is not a strictly contagious disease. In the 90 cases of the disease reported to the department during the recent epidemic in Toledo, there were 246 exposures. In this number of exposures there were only three developments, two of these occurring in persons outside of the families of persons suffering from the disease.

The suicide death rate in Ohio in 1914 was 16.1 per 100,000, according to figures issued by the Federal census bureau. In the same year, the rate for all parts of the United States for which figures are available, was 16.6 an increase of .8 over 1913. Rates in the large cities of Ohio also varied considerably, as follows: Columbus, 21.5; Cincinnati, 15.7; Cleveland, 23; Dayton, 25.8; Toledo, 20.1; Sandusky, 19.9; Hamilton, 15.5.

Health Commissioner Light, of Dayton, has issued orders that will compel dealers in uninspected meats at the city markets to report the date on which the animals were slaughtered and their condition before they were killed. Under the present law, farmers are exempt from meat inspection by the department of health, but if they sell meat in Dayton they must furnish the department and meat dealers with a report giving its condition.

A series of lectures on public health problems is being offered to the public by the department of education of the Ohio Wesleyan University, Delaware. The first lecture was given by Dr. R. P. Albaugh of the state department of health, October 31. He spoke on Ventilation and Lighting. Other speakers will be: Dr. F. G. Boudreau, director of the division of communicable diseases, state department of health; and Dr. Frances Hollingshead, state department of health, and Dr. S. J. Rauh of Cincinnati.

In a campaign to stamp out the drug habit in Cleveland, a committee of physicians and city, state and federal officials has adopted the following recommendations:

Registration of all narcotic patients with the internal revenue office and co-operation of physicians; submitting of monthly records of patients to the revenue office; denial of second treatment to any one who has been treated at an institution; assistance for needy patients' families; relief for needy addicts to be furnished by the city.

Health Commissioner Bishop, Dr. L. E. Siemon, Dr. C. H. MacFarland and Dr. H. L. Sanford are members of the committee.

The Hypophosphite Fallacy—The Council on Pharmacy and Chemistry reports that the introduction of hypophosphites into medicine was due to an erroneous and now discarded theory as to the cause of tuberculosis and the properties of the hypophosphites. After a review of the literature and in view of experimental work the Council concludes that there is no warrant for the use of hypophosphites in medicine, unless it be to secure the calcium effect from calcium hypophosphite and the ammonium action of ammonium hypophosphite.

Place State Medical Service on Sound Bases

Physicians, who are serving or intend to serve the state under classified civil service, will be interested in a plan of classification which the efficiency department of the state civil service commission is preparing.

Through classification, the commission hopes to establish direct lines of promotion, definite standards for each position and uniformity of compensation, which will provide an incentive for persons to enter the state service.

For about two months, a committee of physicians, co-operating with the commission, has been at work analyzing the duties of each state position held by a physician. Responsibility and hazards have been studied and training and experience determined.

The physician has been placed in the professional and scientific class, which, like all other classes, is divided into groups. The groups are subdivided into grades and the grades into salary rates. Grades in the medical group range from heads of departments and superintendents of hospitals to interns and assistant physicians. In the committee's report, the duties and qualifications of each position are defined and the salary recommended.

All appointments to positions in the medical group would be made at the lowest salary rate for the grade to which the applicant was appointed. For each grade, a graduated salary scale, with a minimum and maximum rate, is provided and advancement from salary rate to salary rate within any grade may be made on completion of at least one year of satisfactory service at the lower rate. It is the commission's intention to have the various reports introduced in the legislature as amendments to the present civil service law.

According to the committee's report, salaries of employes now holding positions would not be reduced. If an employe is now drawing \$3,000 a year and the classification plan places him in a grade which pays \$2,500 a year, he will continue to draw \$3,000 so long as he holds his present position. But if an employe is now drawing \$3,000 a year and the plan places him in a grade which pays \$3,500 a year, he will receive the additional \$500 as soon as the plan becomes effective.

The attention of the affiliated members of the Ohio State Medical Association is called to the ethical conduct of The Hygeia Hospital, where the non-secret treatment for narcotism, as given to the medical profession through the Journal of the A. M. A. is used—with the highest percent of fixed results. This treatment, in addition to separating the user from his habit, dissociates the habit from the mind and body of the individual, thus obliterating the craving. The treatment is of short duration; the discomfort minimized.

Important Health Insurance Meeting in Columbus Late in December

The American Association for Labor Legislation will hold its tenth annual meeting at the Hotel Deshler in Columbus, December 27 to 29. The most prominent topic on the program will be Health Insurance. Among the speakers who will devote particular attention to this subject are Prof. Irving Fisher, of Yale, the president of the association; Dr. Alexander Lambert, of New York, chairman of the Social Insurance Committee of the American Medical Association; Miss Julia Lathrop, chief of the Federal Children's Bureau; Dr. E. R. Hayhurst, of Columbus, formerly of the state department of health; and Mr. John B. Andrews, secretary of the association.

A note to *The Journal* from Mr. Andrews says: "We are very anxious to have an interesting and profitable discussion—particularly of the administrative problems in conducting Workmen's Health Insurance. We shall therefore give a good deal of attention to Medical Organization and the local mutual funds."

All physicians who are interested in Health Insurance are urged to attend these meetings—particularly the morning and afternoon sessions on Thursday, December 28, which will be devoted entirely to this topic. The tentative draft of the model Health Insurance bill prepared by the association (which will be introduced into the Ohio Legislature next month) will be under discussion.

It will be an excellent opportunity for Ohioans to thoroughly inform themselves on the details of this modern social welfare development.

FINE WORK, CLEVELAND

Cleveland health officials have begun a fight against certain proprietary medicines and have announced that manufacturers may be required to register formulas. City Chemist White is making an analysis of the medicines and an effort will be made to prevent the sale of any found to be injurious to health, according to Health Commissioner Bishop.

The committee on arrangements which is already busily engaged in planning for the 1917 meeting at Springfield has adopted a clever idea. Rubber stamps announcing the dates of the meeting have been sent to the secretaries of every county society for use on all official correspondence. Springfield has started after a registration of 1500, which would exceed the Cleveland registration by 400. It is our private opinion that they will not miss it very far.

 * OHIO HOSPITAL ASSOCIATION *

The local committee of the Ohio Hospital Association met in Columbus at Grant Hospital on November 3rd. The members are:

Miss Mary A. Jamieson, superintendent Grant Hospital, chairman; Rev. N. W. Good, superintendant Protestant Hospital; Mrs. A. Lawin, matron Franklin County Tuberculosis Sanatorium; and Mr. Howell Wright, of Cleveland, Ohio.

The following arrangements were agreed upon:

Date of the 1917 convention, May 22nd, 23rd and 24th; headquarters for the commercial exhibit and meetings, Memorial Hall; Convention hotel, Hartman. The chairman was authorized to appoint a co-operative committee of 15 hospital representatives to assist in the arrangements for the convention. Important plans for both commercial and non-commercial exhibits are now under way.

The corner stone of the Memorial Hospital, Norwalk, was laid October 15.

Four nurses were graduated from the training school of the Findlay Hospital at Findlay, November 1st.

Miss Mary Carpenter has been employed as Superintendent of nurses at the Bluffton sanatorium, Bluffton.

The Xenia City Hospital for Negroes, said to be the first of its kind to be established in Ohio, was dedicated October 29.

Logan citizens have petitioned their council to submit to the voters a proposal to issue bonds for the erection of a municipal hospital.

Tags sold in Toledo October 28 as a part of the campaign to raise \$250,000 for the Maternity and Children's Hospital, netted \$13,132.

W. H. Tuechter, aged 71, superintendent and financial secretary of the German Deacones Hospital, Cincinnati, for 28 years, died of heart disease, October 29.

Miss Harriet Adams, instructor of nurses at Grant Hospital, Columbus, has resigned to accept a similar position in the University of the St. Louis Hospital.

Tag Day in Elyria October 28 netted the ladies of the Elyria Memorial Hospital Auxiliary \$1,103,

which will be turned over to the trustees for Memorial Hospital.

Because of the over-crowded condition at the Champaign County Hospital, Urbana, county commissioners are considering plans for an addition to the institution.

Plans for extensive additions to the Geneva Emergency Hospital have been approved by the hospital trustees. An operating room will be one of the important improvements.

Voters of Youngstown at the election on November 7 approved a \$25,000 bond issue for the erection of a contagious disease hospital. Plans for the institution have been prepared for some time.

Additions to the Van Wert County Hospital, including a three-story hospital building and nurses home, were dedicated November 28. The buildings were erected at a cost of more than \$100,000.

Application will soon be made to the common pleas court for an order directing the trustees of the Citizens Hospital Association at Tiffin to turn over about \$1200 in its possession to Mercy Hospital to purchase X-Ray equipment.

Representatives of the Jewish Consumptives Relief Society of Cleveland devised plans at a meeting November 8 for the raising of \$10,000 to help their sanatorium at Denver. The campaign will extend over a period of three weeks.

Twelve nurses, graduates of the nurses' training school of the Mercy Hospital, Hamilton, were awarded diplomas at the graduation exercises held in the St. Stephen Hall, on October 18. The diplomas and medals were distributed by Dr. E. C. Sill.

Physicians of Lancaster entertained the city officers and hospital commissioners at a banquet served in the dining room of the new Lancaster City Hospital, November 2. Dr. Geo. O. Beery acted as toast master. Safety Director Clarke submitted a report showing that so far the hospital has been self-sustaining.

Trustees of Miami Valley Hospital, Dayton, are planning a campaign to raise \$250,000 for additions to the institution. According to present plans, 60 rooms will be added to nurses' home, a new building will be erected for children and maternity patients, which will accommodate 125 beds, and improvements will be made in the present structures.

 MEETINGS OF THE TOLEDO
 ACADEMY OF MEDICINE

(Report by E. M. Latham, M. D., Correspondent)

At a meeting of the Surgical Section on Friday evening, October 27, H. L. Green took up the subject of "Acute Intestinal Obstructions." He recognizes three types—acute, chronic and acute grafted on the chronic. In the acute the lumen of the bowels is suddenly closed. The intestine becomes dilated above the closure. Congestion, ulceration, or gangrene rapidly follow. Favorable outcome depends on early diagnosis and operation.

In the aged, malignancy must be considered. In a child look for intussusception, constricting appendix or Meckel's diverticulum. Take a thorough history. A sudden sharp, persistent abdominal pain, not relieved by rest, starvation and turpentine enemas is the most notable sign of obstruction. In malignancy the outlook is hopeless. Where obstruction is due to tumors, abscesses in pelvis or about appendix, or to renal or pancreatic condition, success depends upon removing the underlying cause.

Ninety percent of all cases occur in the small intestines. Operation within 24 to 48 hours is essential. Operation should not wait upon fecal vomiting, or a complete clinical picture. Delay is too dangerous. Distension in central portion of abdomen with early fecal vomiting is present in obstruction of ileum or cecum. When the colon is involved, tenesmus with passage of mucus and blood is present. The introduction of bismuth or barium followed by the X-Ray will often aid in diagnosis. Metallic sounds may be heard in acute cases and gurgling sounds when long stretches of the bowels are involved. Care should be taken to differentiate from acute appendicitis, pancreatitis, or rarely a very acute enteritis. Renal colic or torsion of the pedicle of a tumor may confuse the diagnosis. Cessation of vomiting with continued muscular rigidity is not a real improvement unless the feces and gas are passed from the rectum.

In discussing Dr. Green's paper, S. D. Foster said he had found that the later in the attack the vomiting occurs, the lower down the obstruction. Paralysis of bowel and intussusception of children have the most operative failures. Children must be operated upon quickly. It is better to do an enterostomy where reductions cannot be made rapidly. T. L. Murphy stated that the X-Ray plate will often show the shape of the bowel.

W. J. Gillette has found little vomiting in cases of obstruction below the splenic flexure. Symptoms are more acute in small than in large intestine. J. H. Jacobson emphasized these important points of diagnosis early in obstruction:

1st, stomach contents taken by tube show a fecal odor; 2nd, increased peristalsis; 3rd, pain; 4th, borborygmus. If esserin salicylate is given and pain, peristalsis and borborygmus are increased obstruction is present.

J. J. Sweeney presented a paper on "Perforation of Gastric and Duodenal Ulcers." He stated that usually the perforation is on the anterior surface about one-fourth of an inch on gastric side, and one inch down the duodenum. The anterior surface is more exposed to trauma; also protective adhesions are formed with more difficulty. The diagnosis is fairly easy. There is usually a history of gastric disturbance. The onset of the attack is violent; there is a sharp stabbing pain continuous from the outset; there is a board like rigidity which persists after other symptoms have subsided. Other signs are tenderness, possibly vomiting of blood, and signs of collapse. Absence of liver dullness as a diagnostic sign is valueless. The leucocyte pancreatic or a gall bladder perforation.

In operating, the incision should be made through the middle or outer border of the right rectum muscle. If a perforation exists, free gas will be present in the peritoneal cavity. After the incision is made, a little water is poured into the wound. A nick is then made in the peritoneum, and gas, if present, will bubble up from the abdominal cavity. When the perforation is found, it should be closed by double purse string suture of linen or silk, first cauterizing. Where it is impossible to close the opening, a piece of gauze may be sutured over it. In extreme cases a fascial transplant may be made. Gastro-enterostomy should be employed chiefly in carcinomatous ulcers.

C. W. Moots gave a very lucid and interesting talk on "Cases Simulating Appendicitis." He urged careful history taking in all cases. Mur- strictly in mind, viz: 1st, general abdominal pain phy's sequence of symptoms should be borne mostly over stomach; 2nd, nausea or vomiting; 3rd, muscle; 4th, rise of temperature and leucocytosis.

Ureteral calculus may be differentiated by bloody urine, X-Ray or ureteral catheter. Infection of the right kidney with abscess may be cleared up by the trochar passed into the right lumbar region. A moveable kidney may confuse. A central lobar pneumonia with pleurisy has been mistaken for appendicitis. Patients with typhoid fever have gone under the knife when a white blood count would have settled the diagnosis.

Inflammation of the retro peritoneal glands, undescended testicles, infections of the epididymus and vas deferens, perforation of duodenal ulcer, intestinal obstipations and chronic gall bladder obstruction have all been mistaken for appendicitis. In women, acute infection of the tubes, ovarian abscesses, ectopic pregnancy and infected fibroids have led alike to assaults on the

unoffending appendix. The girdle pains of syphilis or beginning tabes often supply the inspiration for removal of the caecal appendage.

In discussion, Lewis Smead stated that the infections of the kidney are often mistaken for acute appendicitis. H. L. Green finds gall bladder colic much more severe than appendicitis. Es-serin salicylate is dangerous in many cases.

B. G. Chollett has met a number of cases of Pott's disease with the tell tale scar of an appendix operation in front. The fact that such cases have a rigid back should aid in diagnosis. L. A. Levison stated that out of 1000 cases of tabes, 87 are known to have been operated on for gall stones, appendicitis, etc. It should be remembered that ectopic pregnancy may give a leucocytosis. Samuel Salzman has seen cases of spastic obstipation operated for appendicitis without relief.

J. G. Keller said that twenty-six percent of all cases operated upon for appendicitis have kidney lesions. A proper history should be taken and careful examination made. If there is a stone in the ureter, pain is first felt in the region of the kidney. Fifteen percent of the stones are missed by the X-Ray. A wax tipped catheter passed into the ureters will locate the stone except where it is present in the kidney itself. Stricture of the ureter can be cleared up in the same way. If the pain is reproduced by passing the ureteral catheter and injecting a fluid, the trouble is in the kidney.

J. H. Jacobson claimed there would be absence of liver dullness after several hours in cases of perforating ulcer. He would leave the plastic exudate alone. If seen early gastroenterostomy is a good procedure.

T. H. Heatley thought all cases of gastric perforation should be operated not later than eight hours after being stricken.

MEETINGS OF CINCINNATI

ACADEMY OF MEDICINE

(Report by W. R. Abbott, M. D., the Secretary)

At the regular meeting of the Academy on October 23, Clarence Broeman presented a patient with a permanent erythema of the knuckles of eight months' duration. The patient was presented for the purpose of diagnosis. Dr. Ricketts suggested that the condition might be a chronic eczema in that the specific treatment had produced no results, and suggested treatment for same. Dr. Nelson suggested lupus-erythematosus. Dr. Broeman ruled out both of these diagnoses and the question remained unsettled.

C. A. L. Reed presented a specimen of chylous cyst of the mesentery, or, more properly speaking, of the mesocolon, in the transverse region, which accounted for the symptoms of general

ptosis. This is a very rare condition. Dr. Reed has seen but three in his experience. The cyst contained six ounces of fluid.

A specimen of illustrating the difficulties of diagnosis was also presented by Dr. Reed. A diagnosis of multiple cysts of the ovaries was made. These were found, but, in addition, the mesentery, omentum and peritoneum were covered with numerous papillomatous growths, malignant in character.

E. W. Mitchell read a report of a case of acute anterior poliomyelitis, which is of interest because of the long lapse of time between the onset and the paralysis. When first seen by Dr. Mitchell at his office, September 4, the temperature was 102° F., pulse 90; tonsils slightly red and swollen. A history of malaise and constipation for past several days was obtained. Calomel, salines and salicylates were prescribed. After a few days all symptoms subsided except constipation, which continued throughout the course of the disease. The patient was also seen by Drs. Devers and Pauly. A possible appendicitis or typhoid was suspected. The first signs of paralysis were noticed on September 17; from this date the symptoms were characteristic.

Dr. Ricketts spoke of the investigations which are being carried on by himself and other investigators over the country on lower animals. These investigations have established the contagiousness of the disease, but we are still in doubt as to the cause.

Dr. Haines reported two cases of hernia. In the first, the appendix was found in the sac. The second was of interest because of the extreme size of the sac.

J. W. Rowe presented an extremely large fibroid tumor of the uterus, which, because of its size, was very difficult of removal. In discussion, Dr. Haines said that fully 2 to 10 percent of these cases are malignant. The X-ray may stop the symptoms temporarily, but the malignancy is smoldering.

Dr. Ricketts' report of a case of tracheotomy done in an extreme emergency was the cause of an exciting debate as to the relative value of tracheotomy and intubation. The discussants were Drs. J. A. Johnston, Mitchell, J. Ransohoff, W. E. Kiely and Souther. Drs. Johnston and Kiely believe that tracheotomy should be done very rarely, if at all. All the discussants, however, agreed that in this particular case Dr. Ricketts had done the right thing. Dr. Ransohoff, in speaking of the use of anti-toxin, said that it should be given, whenever possible, into the veins.

Charles Kiely presented a very carefully prepared report of a case of small round cell sarcoma of the dura of the spinal cord. The patient was admitted to the City Hospital complaining of pain in the small of the back and in the abdomen, weakness, constipation, disturbance with his urination and difficulty in walking. Onset

nine months before admission. Careful neurological examinations were made from time to time. The symptoms present seemed to indicate a dorsal Pott's disease. X-ray plate showed gross bone destruction in the body of the eighth dorsal vertebra, surrounded by a spindle-shaped shadow suggesting an effusion about this vertebra, a change characteristic of dorsal Potts' disease. A laminectomy of the sixth, seventh and eighth dorsal vertebra was done. No pus was found. An X-ray report of the chest taken before operation reads as follows: "Plates of the chest show a broadening of the upper mediastinal shadow, both to the right and left, suggesting enlargement of the aortic arch and the thoracic aorta; the long axis of the heart is transverse. These plates show the bifurcation of the trachea and the two bronchi most clearly. Autopsy and microscopical examination revealed the true diagnosis. Re-examination of the chest plates after the pathological report showed signs characteristic of sarcoma of the lung."

In discussion, Drs. Lange, Doughty and Fihe confirmed the final reading of the X-ray plates. Dr. Shinkle said that the localization of the trouble by the clinicians was correct.

MEETING OF OCTOBER 30

A child with a recurring lipoma of the face was presented by Dr. J. Ransohoff. The growth is very extensive and extends into the mouth, through which it is to be removed. A picture of another similar case was shown.

W. D. Haines: "The Surgical Management of Acute Perforation, Complicating Intra-Abdominal Infections." This interesting paper is published in full in the *Weekly Bulletin* of the Academy, of November 4.

MEETING OF NOVEMBER 6

Wm. Mithoefer presented two solitary polypi growing from the maxillary sinus. In the first the pedicle was seen protruding from the maxillary sinus and was removed through post-nasal space. The second was removed during the course of a radical mastoid operation. A bullet removed during the course of a mastoid operation, and which had been in the external canal for five years, was also shown.

A patient with an epithelioma of the forehead, which is improving under the use of arsenious acid paste, was presented by Dr. Ricketts. The outer table of the bone had sloughed, but had been replaced by a covering of epithelium.

The X-Ray plates and a photograph of an unusually large inguinal hernia were presented by Frank Fee. The hernia extended to the lower border of the patella, and contained most of the small intestines, the cecum, ascending and transverse colon, and the lower border of the stomach. The opening was two and a half inches in diameter. Dr. Ricketts referred to the use of

wire mesh in the closing of these unusually large hernial openings.

A final report of a case of abscess of the lung was made by Dr. Pirrung, a preliminary report having been made six weeks ago. This abscess was secondary to a septicemia, following a miscarriage. The abscess was opened under novocaine anesthesia, a resection of the thorax being made. After three weeks the patient is cured. At the preliminary report, Dr. Pirrung explained that an immediate operation was not advisable. The result obtained justified his treatment.

Dr. Haines reported an accident occurring during a similar operation in June. A slight pressure in attempting to open the abscess caused rupture into the bronchi, causing the patient to be almost drowned in her own pus. Recovery.

A. B. Thrasher presented a specimen of an anterior tip of the ethmoid, removed preparatory to drainage of the ethmoid cells. This case report was of interest in its relation to the paper of the evening.

J. A. Thompson presented the histories of three cases of ethmoid disease, illustrating some of the difficulties in locating the origin of remote infection. The first case was that of a woman, who, two months before coming to Dr. Thompson, had been attacked by symptoms of sciatica. The pain was severe and the patient was confined to bed most of the time and could only walk with the use of crutches. After careful examinations by men skilled in their several branches of medicine, the seat of infection was located by Dr. Thompson. The nose was normal, except for the membrane over the right bulla ethmoidalis, which did not blanch when an adrenalin spray was used to shrink the tissues. Slight pressure on the congested area was sufficient to break through the cell wall and permit the escape of a few drops of pus. Within three days pain and fever, cardinal symptoms of the sciatica, disappeared. Later a small portion of the middle turbinate was removed and the bulla freely opened. There has been no recurrence of infection. This case shows how far removed from the apparent site of disease the source of infection may be.

The second case reported was one of an infection lasting over two years. The disease began with what was diagnosed as acute muscular rheumatism, lasting six weeks. There was a complete recovery from this attack. Nine months later pain developed in the anterior metatarsal joints of the right foot, increasing until all the joints of the foot except the ankle were involved. A year after the onset of the attack in the foot, part of the first metatarsal was removed, a diagnosis of necrosis being made. When the patient finally reached Dr. Thompson, his examination revealed pus in both anterior ethmoid cells, a badly diseased left tonsil and the right tonsil apparently only a little involved. There was no relief of the arthritis following the drainage of

the cells, and the removal of the left tonsil; subsequent removal of the right tonsil gave permanent relief. Although cure followed the removal of the right tonsil, the essayist believes the source of the infection was in the ethmoid cells, and therefore classes this as an ethmoid case.

The third case was of interest in that the posterior ethmoid cells were involved on both sides, and it was necessary to cut through the healthy cells to reach the diseased areas, a rare condition. The operation of complete exenteration of the ethmoid is not justifiable unless it can be clearly shown that all the cells are diseased. It is better to do a second operation than to have a death from meningitis from too radical an operation.

NEWS OF THE CLEVELAND ACADEMY OF MEDICINE

(Report by J. E. Tuckerman, M. D., the Secretary)

The one hundred and thirty-first regular meeting of the Academy of Medicine was held Friday, September 29, 1916, at the Cleveland Medical Library, the first vice president, R. K. Updegraff, in the chair.

By vote, several changes to the constitution were adopted.

Arthur A. Eisenberg presented the paper of the evening and gave a very interesting discussion of his subjects.

Dr. Hamann in discussion gave a brief summary of the clinical history of the cases touching upon the occurrence of actinomycosis in the appendix. H. N. Cole discussed the microscopic and histological findings in mycosis fungoides. Discussion was closed by Dr. Eisenberg, who then showed the histological specimens to those desiring to examine them.

Attendance, 35.

MEETING OF OCTOBER 20

The one hundred and thirty-second regular meeting of the Academy of Medicine was held Friday, October 20, 1916, at the Cleveland Medical Library, the first vice president, R. K. Updegraff, in the chair.

The secretary read a communication from H. L. Sanford, chairman of the civic committee, requesting that the Academy act upon a resolution advocating that, because of the great need for further facilities for the hospital and sanitarium care of tuberculosis patients in Cleveland, the Academy heartily approve of the ordinance recently passed by the City Council authorizing a bond of issue of \$100,000 for the purpose of increasing the number of beds at the Warrensville Sanitarium.

On motion to approve by F. E. Bunts, seconded by Fred Aeberli, the resolution carried.

Arthur B. Eisenbrey discussed in a very inter-

esting manner the development of the various methods of blood transfusion and their therapeutic application. Discussion by F. P. Corrigan and F. E. Bunts was closed by Dr. Eisenbrey.

At the close of the meeting Dr. Eisenbrey showed the Unger apparatus and explained the details of its use.

C. A. Hamann gave a very concise paper upon the nature and symptoms of Hirschprung's disease, reporting with his paper two cases treated by operation. In connection with his paper he exhibited the specimens of enlarged sigmoid and rectum from these patients. He also showed two specimens; one showing a uniform dilatation (not Hirschprung's disease) occurring in the large bowel above a stricture; the other showing the undulatory form often seen in Hirschprung's disease.

Oct. 27.

Attendance, 80

MEETINGS OF COLUMBUS ACADEMY OF MEDICINE

(Report by L. L. Bigelow, M. D., the Secretary)

Regular meeting of the Columbus Academy of Medicine. Columbus Public Library, October 23. The president, H. M. Platter, introduced Mr. Frederick L. Hoffman, of New York, statistician for the Prudential Insurance Co., who spoke on the broader aspects of the cancer problem, his conclusion being that if this disease, which will claim 81,000 victims in the United States in 1916, is to be brought under control, efforts must be directed towards the eradication of the disease in its early stage, while it is purely local. Attendance, 125.

MEETING OF NOVEMBER 8

A communication was read from Hugh Baldwin, chairman of the library committee, requesting a donation of books for the library, and periodicals to complete the files. It was further announced that a sum of money had been voted for several of the leading medical journals, and suggestions were asked to aid in the selection of these journals.

Dr. Baldwin reported three kidney cases. The first was operated upon because of persistent, intermittent hematuria. The kidney removed proved to be the site of a hypernephroma. The second case presented a left-sided tumor completely filling the whole of the left side and extending across the median line to press on the liver. Removal of this tumor was impossible. The third case was a horse-shoe kidney, one-half of which was successfully removed at a secondary operation. A pyelotomy had been performed at the previous operation for the removal of stones, this operation being followed by a

urinary fistula. The regular program of the evening followed.

P. D. Wilson read a paper on "The Carrel Treatment of Infected Wounds." The reader brought out that the exigencies of the present war in Europe had made necessary a return of the antiseptic treatment of wounds. The Carrel treatment consists essentially in a continuous irrigation of the wound with a chlorinated soda solution, known as Dakin's solution, with a subsequent secondary suture, when a culture or smear of the wound discharge shows the wound to have become sterile.

COUNTY SOCIETIES

FIRST DISTRICT

Highland County Medical Society met at the Hotel Parker, Hillsboro, November 1. W. B. Roads, of Hillsboro, read a paper on appendicitis and reported 15 cases that had come under his observation. The paper was extensive in character and brought out a lively discussion as to diagnosis and management in the acute cases for the first 24 to 48 hours. The prevailing opinion seemed to be — Be sure of your diagnosis and operate early on all acute cases. Walter Griess, of Cincinnati, gave an excellent illustrated lecture on surgery, bringing out the advantages of his individual technique in many cases reported. An interesting discussion followed by Drs. Glenn, Larkin and others present. E. O. Smith, of Cincinnati, next presented a paper on "The Surgery of the Prostate Gland." His address was a scientific one and an interesting discussion followed.

J. C. Bohl, of Hillsboro, and J. E. Chapman, of Sinking Springs, were elected to membership. The following officers were elected for 1917: J. C. Larkin, Hillsboro, president; H. W. Wilson, Greenfield, vice-president; K. R. Teachnor, Leesburg, secretary-treasurer; W. W. Glenn, Hillsboro, and J. T. Gibson, Lynchburg, censors; K. R. Teachnor, correspondent.

Adams County Medical Society met at the Martin House in Manchester, October 18. The meeting was well attended and it was agreed by all present that it was the most interesting and enthusiastic meeting the society had held for a long time. Memorial addresses for J. W. Guthrie were a feature of the meeting. All spoke of their high esteem of him as a gentleman and his ability as a physician. Gordon F. McKim of Cincinnati, gave an instructive talk on the diagnosis and treatment of prostatic hypertrophy. O. B. Kirkpatrick was elected delegate for the ensuing year. O. T. Sproull of West Union,

reported a case of post mortem caesarian section on a woman, weighing over 250 pounds, delivering more than three years ago, a healthy child, who is still living.—S. J. Ellison, Correspondent.

SECOND DISTRICT

Greene County Medical Society met November 2 in the rooms of the Xenia Business Men's Association with twelve members present. At the request of the committee on the Red Cross work of the American Medical Association, a local committee consisting of W. S. Ritenour, H. C. Messenger, O. Whitaker, W. H. Humphrey and M. T. Marsh was appointed to co-operate with the national committee. B. R. McClellan, A. C. Messenger and H. R. Grube were named to arrange a special meeting of the society and luncheon in honor of Hugh Cabot of Boston, who addressed a political rally in this city, November 4. M. I. Marsh, W. O. Whitaker and W. H. Humphrey were elected to nominate officers for the election at the next regular meeting.

After enjoying luncheon at the Grand Hotel, the Society adjourned to the Bijou theater where E. A. Baber, superintendent of the Dayton State Hospital, gave a splendidly illustrated talk on the care, treatment and management of the insane in public institutions. A plan for the establishment of free clinics in cities and towns throughout the Dayton State Hospital district for diagnosis and treatment of incipient mental disorders was presented by Dr. Baber. The society endorsed this progressive movement and pledged its support. The society adjourned to meet December 7.—H. C. Messenger, Correspondent.

Clark County Medical Society, meeting at Springfield, October 23, was addressed by Roger Morris, dean of the medical department of the University of Cincinnati, on "Hypopituitarism." "The pituitary gland will be as important in future diagnosis as the thyroid gland is now," was one of the doctor's statements. His lecture was illustrated by lantern slides. Discussion was lead by F. P. Anzinger and R. L. Bell.

C. S. Ramsey, president, appointed the following committee which will have charge of arrangements for entertaining the Ohio State Medical Association, which meets in Springfield, May 14, 15 and 16: W. B. Patton, C. L. Minor, W. C. Taylor, W. P. Ultes and the president.—(From newspaper).

Darke County Medical Society met in regular session at Greenville, October 12, with thirty-three members present. J. C. Oliver of Cincinnati addressed the meeting on "Carcinoma of the Breast." "The Oral Cavity and Its Relationship to Systematic Disorders" was the title of a paper by V. A. Steinmetz, D. D. S., of Greenville. Both papers were very interesting and brought out

plenty of interesting discussion. W. I. Jones of Columbus, was to have been with us, but had an unfortunate automobile accident at Springfield in which he collided with a truck wagon, prevented him from attending. We expect to have his paper next month if the roads are clear.

These taken into membership are: Drs. F. M. Kissel, North Star; W. A. Layer, Castine; O. P. Kimmel, New Madison; E. E. Myers, New Madison, and Z. T. Penhorwood, Greenville. We congratulate A. F. Sarver, our efficient and hustling Secretary, for getting into membership the last eligible man in Darke county.

The society held its regular monthly meeting on November 9 with a fair attendance present. Martin H. Fischer of Cincinnati, gave a lecture on "Relation of Focal Infection to Systemic Diseases." Dr. Fischer's remarks laid special emphasis upon the care and cleanliness of the teeth, after which Dr. W. I. Jones of Columbus, read a paper on "Fractures of the Maxillae." Both of these papers were well received and brought out a spirited discussion.—J. E. Hunter, Correspondent.

Miami County Medical Society met at the Troy Club, Troy, November 2. Resolutions on the death of W. J. Conklin of Dayton, were adopted by the society. F. D. Kiser of Tippecanoe City, read an interesting paper on "Endocarditis." He also presented several cases, which were followed by a lively discussion.—R. D. Spencer, Correspondent.

Shelby County Medical Society met in regular session at Shelby, November 2 with fair attendance. A paper on "Puerperal Eclampsia" was presented by Mathias Wagner of Lima, which was well received. The paper brought out a lively discussion and reports of some interesting cases.—O. O. LeMaster, Correspondent.

Montgomery County Medical Society, in regular session at Dayton, October 24, was addressed by W. O. Patton of Springfield, on "The Heredity of the Feeble Minded." Dr. Patton's talk was an interesting one and was followed by animated discussion.

John Ray Newcomb of Indianapolis, was the principal speaker at the regular meeting of the society, held at Dayton, November 3. His subject was "The Value of Ocular Signs in the Diagnosis of General Diseases." In the discussion which followed several interesting cases were reported.—(From a news clipping).

Dayton Academy of Medicine held its third autumn meeting October 13 with 26 members present. George Burba, editor of the Dayton

News, gave an interesting talk on "What the Layman Thinks of the Physician." His address was followed by a discussion of Colle's fracture.

Acute poliomyelitis was the general subject discussed at the regular meeting of the academy October 27. The subject was divided as follows: "Prevention," by A. L. Light; "Diagnosis," by C. L. Patterson; "Medical Treatment," by M. W. Duckwall, and "Surgical Treatment," by C. H. Tate. (From a news clipping.)

THIRD DISTRICT

Hancock County Medical Society met at the Findlay Hospital, October 31, as guests of the superintendent, Miss Lambert, and her staff at a bountiful chicken dinner. They say chicken is the food of reverends, but I have yet to be convinced that the medics can be beaten by any other profession when viands such as Miss Lambert and staff served, are to be considered.

The society listened for a couple of hours to Burt G. Chollett who, in an interesting and instructive manner, talked on "Some Deformities." Pediatrics is Dr. Chollett's specialty and the fifteen members present were sorry when time compelled Dr. Chollett to catch his car for Toledo. It was a good meeting, with lots of good fellowship expressed and one new application for membership received.

Never is an evening all bright and when it was brought to mind that, since our last meeting, genial E. G. Hersh, one of our very good members, who for years, was always with us, had gone from amongst us, sorrow was expressed. J. P. Baker and J. A. Kimmell were appointed to write resolutions of respect before the December session.—Nelia B. Kennedy, Correspondent.

Mercer County Medical Society met at Celina on October 24, with a fair attendance. All present participated in the program, which consisted of clinical reports and discussion. J. P. Symons of Rockford, read an interesting report of his visit to the Mayo Clinic. W. B. Van Note of Lima, Councilor for the Third District, gave us an interesting and instructive talk on the state and county medical organizations.—D. H. Richardson, Correspondent.

Wyandot County Medical Society met in regular session at Upper Sandusky, November 9. L. L. Bigelow of Columbus, discussed "Sprains and Fractures—Differential Diagnosis" and Andrew Rogers of Columbus, talked on "Obstetrical Points of Interest to the General Practitioner."—(From news clipping).

Marion County Medical Society held its regular

monthly meeting Tuesday evening, November 14, at the Carnegie Library, Marion, with large attendance and marked interest. J. H. Jackson, who has long been one of the live wires of Morrow county, was admitted to membership.

The crowning scientific event of the program of the year was the splendid paper by Fillmore Young, on "A Review of the Literature and Discoveries in Medicine During the Past Year." It was an exhaustive capitulation and teemed with intense interest and research. Particular significance was given to infection of teeth, pellagra, high blood pressure, antiseptics, diabetes, infantile paralysis, transfusion, insanity, immunizing of cows, serum therapy in typhoid fever, infection, immunity, causes of death, and gain in prevention. The paper was thoroughly discussed by Drs. Wiant, Uhler, Lunger, Mouser, Lewis, Brickley, McMurray, Mahla, Tilton, and Weeks.

Your humble servant was most agreeably surprised on election day by a cold, hungry, dry delegation of Seneca county medics, led by President Gibbon, who were traveling overland enroute home from Columbus. Their desires and needs were amply met. R. C. M. Lewis, Henry L. Uhler, and Carey T. Wiant, all of whom have experienced serious accident or disease during the year, have actively resumed their work.—Dana O. Weeks, Correspondent.

FOURTH DISTRICT

Ottawa County Medical Society held its monthly meeting, November 9, at Oak Harbor with a fair attendance. H. J. Pool of Pt. Clinton, member of the State Association's legislative committee, addressed the meeting, referring to new laws and the necessity of prompt payment of dues. He also cited several cases of interest. It was decided to hold our annual fish supper and meeting at Port Clinton some time in December, date to be announced later.—S. T. Dromgold, Correspondent.

Sandusky County Medical Society held an interesting meeting in the City Hall, Fremont, October 27. A feature of the meeting was a paper on "Arterio Sclerosis," presented by C. L. Kuntz. After a lively discussion of the paper, a smoker was enjoyed.—(From a news clipping).

Putnam County Medical Society met in regular session November 2, at the Court House, Ottawa. No set program was rendered as those who were to take part failed to be present. The hour was spent by the report and discussion of cases.—H. A. Neiswander, Correspondent.

FIFTH DISTRICT

Lake County Medical Society met in regular session at the Parmly Hotel, Painesville, November 6. After a most appetizing supper, President Brady introduced William E. Lower of Cleveland, who gave a fine address on "Prostatic Obstruction and Treatment." He divided the obstruction into these classes: (1) Large Hypertrophy, (2) Small Contracted, (3) Tubercular, (4) Prostatics. He spoke of the cause, diagnosis and the operative care and the two routes of operation; permeal and sparapubic, preferring the latter. He closed his address by giving several reels, showing the technic of removing the gland. M. J. Lichty of Cleveland, Councilor of the Fifth District, discussed Dr. Lower's subject. The meeting closed by Dr. Lichty giving a talk to the society on the importance of having all the physicians in the county as live, active members. The following were present: H. E. York, M. W. Carpenter, Jas. R. Davis, M. H. Carmedy, V. N. Marsh, R. M. Moore, E. A. Smith, C. H. Quayle, A. P. Brady, C. W. Emmons, L. H. Tillotson, O. O. Hudson, J. N. Black, E. S. Jones, and guests T. P. Shupe, M. J. Lichty and Wm. E. Lower of Cleveland. A vote of thanks was extended Dr. Lower for his splendid address. The next meeting will be held December 4.—E. S. Jones, Correspondent.

Erie County Medical Society held a special meeting at the Sunyendeand Club, October 16, to consider the advisability of co-operating with the five surrounding county medical societies in holding the Briggs lecture on fractures and dislocations at Sandusky in November, and to receive a new constitution and by-laws on which a committee had been working for some months. The new constitution and by-laws were adopted and it was decided to have Dr. Briggs give his lecture on Nov. 15.—H. D. Peterson, Correspondent.

Geauga County Medical Society held its regular meeting at Burton, October 26. Ralph Updegraff of Cleveland, was the principal speaker.—(From news clipping).

Lorain County Medical Society met in Lorain in the K. of P. rooms, November 14th, at 5 P. M. dinner. Covers were laid for twenty-four, and the splendid feast was served by the Pythian Sisters of Lorain. One application for membership was received. Dues were increased to \$5.00 a year, and many members availed themselves of the opportunity to make immediate payment. The program consisted of a talk by Mr. G. V. Sheridan, Executive Secretary of the Ohio State Medical Association on Medical Legislation of the immediate future. The several subjects cov-

ered were well received, and but for lack of sufficient time, would have produced a general discussion.—C. O. Jaster, Correspondent.

Ashtabula County Medical Society met at Geneva Hospital, Ashtabula, Tuesday evening, November 14. In accordance with the request of the committee on Red Cross Medical Work of the A. M. A. the President appointed the following committee to co-operate with the A. M. A. in case of emergency: O. A. Dickson of Jefferson, W. H. Leet of Conneaut, H. J. Austin of Geneva, R. B. Wynkoop of Ashtabula, J. J. Hogan, of Ashtabula. A letter was read from the state society urging payment of dues before January in order to participate in the benefits of the Medical Defense fund. O. A. Dickson gave an interesting talk on "Lacerations of the Perineum," which was thoroughly discussed.—R. B. Wynkoop, Correspondent.

SIXTH DISTRICT

Summit County—The monthly meeting of the Summit County Medical Society, Nov. 7, drew an attendance of 64 from Copley, Hudson, Uniontown, Akron, Doylestown, Wadsworth, Barberton, Cuyahoga Falls, Peninsula, Lawrence, Mass., and Massillon.

Five new members were admitted: F. K. Read, W. G. Rogers, H. H. Van Horn, E. L. Averill, Akron, and E. R. Alexander, Seville. Two applications were presented

Program follows:

Specimen—Inverted Uterus, exhibited by G. E. Gardner, (Barberton). Dr. Gardner gave a good history of the case. Discussion by R. H. McKay.

"Rheumatism—Its Treatment by Phylacogens," by M. F. Miller, (Wadsworth).

Dr. Miller confined his paper entirely to the treatment by phylacogens, which were first introduced by A. F. Schafer of Bakersfield, Cal., 1910. From a large list of cases successfully treated, Dr. Miller selected seven of different types, giving the history of each in an interesting paper. Discussion by J. H. Seiler, G. C. Radcliffe, J. E. Springer, F. E. Read.

"The Doctor in Court," by D. S. Gardner (Massillon).

A lecture upon "The Physician as a Witness," delivered before this society November 3, 1914, discussed the witness as viewed from the judge's bench, the lecturer being G. M. Anderson, L.L. B., formerly a judge of the probate court of Summit County. Dr. Gardner, who has had much experience in medico-legal work, discussed the question from the viewpoint of the physician.

The paper was one of the best ever read before the society, both for its instruction and interest and received the enthusiastic applause of the

meeting. Discussion by D. H. Morgan, W. A. Searl, J. H. Seiler. In his reply Dr. Gardner gave some more excellent advice. Upon motion of W. W. Leonard and J. H. Seiler a vote of thanks was tendered Dr. Gardner for his excellent paper, which should be heard by every physician in Ohio.—A. S. McCormick, Correspondent.

Holmes County Medical Society held an interesting meeting in the Agriculture Hall, Millersburg, October 24. Medical defense and other matters of importance to the medical profession of the county were discussed. The society decided to meet quarterly on the first Tuesdays of January, April, July and October. The following officers were elected for the coming year: J. C. Elder of Nashville, president, and A. T. Cole, of Millersburg, secretary.—A. T. Cole, Correspondent.

Richland County Medical Society held its first fall meeting in the Court House at Mansfield, October 20. New by-laws for the society were adopted. The meeting was well attended.—(From news clipping).

Stark County Medical Society met in regular session at the Massillon City Hall September 19 and adopted the following resolutions: "It is unprofessional for a physician to dispose of his services under conditions that make it impossible to render adequate services to his patients, or which will interfere with reasonable competition among the physicians of the community. To do this is detrimental to the public and to the individual physician and lowers the dignity of the profession."

Papers were presented by J. B. Dougherty of New Berlin, on "Some of the Sequelae of Tonsillitis" and by J. E. Shorb of Canton on "Thoracic and Abdominal Roentgenology—Its Present Status with Plate Demonstration."—(From news clipping).

Wayne County Medical Society, at its regular session in Wooster, October 17, discussed the proposition of erecting a hospital for the care of tuberculosis patients. The subject will be taken up with the county commissioners and they will be asked to confer with the commissioners of adjoining counties with a view to forming a tuberculosis hospital district as provided in a law passed by the legislature in 1915. An interesting paper on "Tuberculosis" was read by A. B. Campbell.—(From news clipping).

SEVENTH DISTRICT

Jefferson County Medical Society, meeting at Steubenville, November 14, listened to an inter-

esting paper read by C. P. Burke of Follansbee, W. Va., on "Sterility—Its Cause and Cure." Arrangements were made for the annual meeting of the society, the date of which will be announced later.—J. R. Mossgrove, Correspondent.

Belmont County Medical Society met in regular session at Bellaire, October 31. The society was addressed by James Schwinn of Wheeling.—(From news clipping).

EIGHTH DISTRICT

Muskingum County Academy of Medicine met in the Chamber of Commerce rooms, Zanesville, November 8. John T. Davis read a paper on "Water" and C. H. Higgins read a paper on "Boils." J. T. Bingham of Philo, opened the discussion and was followed by most of the physicians present. Drs. Davis and Higgins closed the discussion. J. M. Higgins of Athens was a guest.—W. F. Sealover, Correspondent.

NINTH DISTRICT

Pike County Medical Society met in regular session in E. W. Tiff's office at Piketon, November 7. W. A. Ray of Portsmouth, read an interesting and instructive paper, which was discussed by all the members present. J. S. Rardin and J. O. Jordon of Portsmouth, gave a talk on some conditions of the medical societies. This was one of the best meetings the society ever held and every one felt better for being present. The next meeting will be held the first Monday in December at Waverly.—I. P. Seiler, Correspondent.

Meigs County Medical Society did not meet November 1, its regular meeting date, as no program had been prepared.

TENTH DISTRICT

Morrow County Medical Society met in regular session at Mt. Gilead, November 1. E. C. Brock of Columbus, read an instructive paper on goitre, bringing out the more important points in the diagnosis of the different types of this disease, and B. R. Kirkendall of Columbus, gave an interesting talk on the use of radium. The doctor has spent some time in the eastern hospitals, making a special study of radium. He had with him a capsule of radium valued at \$50.00 and gave a dark room demonstration of radium radiation. The county fee bill will come up for action at our next meeting.—R. L. Pierce, Correspondent.

Knox County Medical Society held its regular monthly meeting at the Mt. Vernon hospital, October 25. John R. Claypool spoke on "Etiology

and Diagnosis of Rheumatism" and W. H. Eastman addressed the society on "Preventive Treatment of Rheumatism." G. C. Schaeffer of Columbus, discussed "The Conservation of Vision Campaign."—(From news clipping).

Delaware County Medical Society. No meeting of the society was held November 3 because not enough members for a quorum appeared.—A. H. Buck, Correspondent.

Public Health Federation Rejects Application of the Osteopaths

The Executive Council of the Ohio Public Health Federation which was recently re-organized along new and broader lines, has by vote refused to admit to membership in the Federation, the Ohio State Osteopathic Association. The Executive Council considered the formal application of the osteopaths at its meeting on November 13, and by unanimous vote the same was denied.

The application of the osteopaths is the first upon which the Executive Council has taken negative action. The Council issued no statement as to the reasons for its refusal to admit these practitioners. It has been pointed out, however, that the Federation might with equal propriety admit the state associations of the chiropractors, mechanotherapists, mental therapists, and other varieties of drugless healers.

Miss Mary Jamieson, superintendent of Grant Hospital, will be the representative of the Ohio Hospital Association on the Executive Council. Miss Jennie Tuttle, superintendent of the Columbus District Nurses Association, will represent the Ohio State Association of Graduate Nurses.

Dr. Ackerman Seriously Injured

Mistaken for a member of a Halloween party, which had placed fence rails on the road, Dr. Ernest V. Ackerman of Frederickstown, was shot October 31 by a farmer with a shot-gun. One shot penetrated his right ear and another lodged in his left eye. The doctor was taken to Mt. Carmel hospital, Columbus, where he underwent an operation. It has not been determined whether his eye sight will be impaired.

The shooting occurred south of Frederickstown. Dr. Ackerman had stopped the automobile in which he and a companion were riding, to fix a puncture. The farmer who did the shooting explained that he had been bothered by the Halloween pranks of the young people and that when he saw the machine stop, he thought its occupants intended to place a portion of his fence on the road. He fired the gun, he said, merely to scare them. No affidavits have been filed in connection with the shooting.

Small Advertisements of Interest

Opportunity—For energetic young physician (preferably one who has had internship experience in good general hospital) to secure at comparatively small investment, an interest in a well established private hospital. The owner desires investment of time and money—merely money will not suffice. Answer, stating training, and ability to at once assume charge of the institution. Address A 14, Ohio State Medical Journal.

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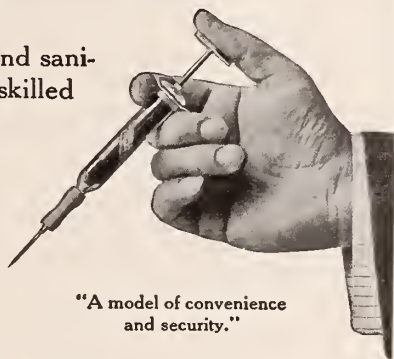
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Council of the State Association Transacts Considerable Business at Regular Fall Meeting

The following are the official minutes of the Fall meeting of Council, prepared by Dr. Wells Teachnor, Secretary:

Council of the Ohio State Medical Association met in regular session at the Chittenden Hotel, Columbus, Ohio, October 23, 1916, with President Gibbon in the chair. Members present: Drs. Robert Carothers, J. E. Hunter, W. B. Van Note, C. W. Moots, M. J. Lichty, J. S. Rardin, and Wells Teachnor. Dr. C. D. Selby, Secretary-Treasurer, Dr. E. O. Smith, President-elect, Dr. J. H. J. Upham, Chairman of the Legislative Committee, and Mr. G. V. Sheridan, Executive Secretary, were also present.

A motion to consider out of the regular order the charges filed by the members of the Hempstead Academy of Medicine of Portsmouth against the action of Dr. Rardin as councilor was duly carried. The Secretary read a communication signed by twenty-two members of the Hempstead Academy of Medicine, protesting against the action of Dr. Rardin in a meeting of the Academy. The Secretary read a supplemental statement of September 27, stating the charges in more detail. The Secretary then read a statement in Dr. Rardin's defense, signed by the president, secretary-treasurer, delegate, and censors of the society. On motion duly seconded and carried Drs. Halderman, Quinn, Moore, and Micklethwaite, (members of the Hempstead Academy of Medicine of Portsmouth) were introduced and discussed the merits of the charges. On motion, seconded and after considerable discussion, the matter was referred back to the Hempstead Academy for settlement.

The resignation of Dr. H. M. Hazelton, of the Eighth District was received and regretfully accepted. Dr. Hazelton, who was elected at the Cleveland meeting, has been ill for several months. The following committee was appointed by the President to make a survey of the members of this district and recommend the name of some one for the vacancy at the next meeting of council: Dr. Teachnor, Dr. Carothers, and Mr. Sheridan.

Dr. Selby, Secretary-Treasurer, made a report upon the status of the membership of Summit County. After considerable discussion the secretary on motion of Dr. Van Note and seconded by Dr. Hunter was instructed to notify the officers of the Summit County Medical Society that the council will recommend to the House of Delegates that their charter be revoked unless the officers comply with the provisions of the constitution of the State Association regarding the acceptance of "local members".

The Executive Secretary made a brief report, outlining the work now being done by the various

state committees: Legislative, Medical Defense, Medical Education, County Extension Work, Publicity, and the Committee on Publication. On motion by Dr. Carothers, seconded by Dr. Lichty, and carried, the report was accepted.

The report of the Auditing and Appropriations Committee was read by the Chairman of the Committee. After considerable discussion by the members of the council the report was (on motion of Dr. Moots, seconded by Dr. Lichty) adopted — Dr. Rardin opposing and recording his exceptions. On motion of Dr. Carothers, seconded by Dr. Hunter, to reconsider, was lost by a vote of roll call of five to two.

The report of the Executive Secretary on the progress of the annual meeting at Springfield, Ohio, was received. The dates, on motion duly seconded and carried were fixed for May 14-15-16, 1917.

The Council on motion seconded and carried recommended to the chairman of the local committee on arrangements at Springfield that alcoholic drinks be excluded from all banquets and entertainments given by this committee during the State meeting.

A motion duly seconded and carried to adopt the Supplementary Legislative Committee appointed by the President was lost after discussion by the President, by Dr. Upham, Chairman of the Committee on Public Policy and Legislation, and several others.

The Secretary called the President's attention to the fact that the term of the members of the Auditing Committee expired with this meeting, and that under the constitution a new Auditing Committee should be appointed. The President announced the appointment of the following: Wells Teachnor, Chairman, Columbus; Charles W. Moots, Toledo, and W. B. Van Note, of Lima.

The following resolutions were adopted by the Council on Motion of the Secretary and seconded by Dr. Lichty.

"Be it resolved by the Council of the Ohio State Medical Association assembled in regular session at Columbus on October 23, 1916, that we heartily endorse the recent action of the Ohio State Medical Board in taking steps to require all holders of 'limited license', issued under the new Platt-Ellis law, to confine their practices strictly to the rights accorded them under the provisions of the law.

"Be it further resolved that we urge the Medical Board to employ a sufficient corps of special investigators to check carefully the practices of such so-called 'limited practitioners', in order that the sick may be protected from their endeavors to exceed such rights. The Council feels that unless these practitioners are strictly regulated, the amount of damage which they will do will be very largely increased, and that the sick public will suffer accordingly."

The following resolutions relative to the election of life members to the State Association after being duly seconded was lost on roll call five to one.

"Be it Resolved by the Council of the Ohio State Medical Association assembled in regular session at Columbus on October 23, 1916, that physicians may be elected Life Members in the Ohio State Medical Association by the following procedure:

"(1) Certification to the Secretary-Treasurer of the Association by the Secretary of the component society of the county in which the candidate resides that he has been a member in good standing in the Association for a continuous period of not less than twenty-five years, and

SUMMARY.

This briefly summarizes the main points of the last meeting of Council:

Voted to hold the state meeting in Springfield, Monday, Tuesday and Wednesday, May 14, 15, and 16, 1917.

Accepted with regret the resignation of Dr. H. M. Hazelton, of Lancaster, as Councilor for the Eighth District, and appointed a committee to recommend his successor.

Appointed a new Auditing Committee—Dr. W. B. Van Note succeeding Dr. J. S. Rardin.

Passed a resolution strongly endorsing plan of the State Medical Board to employ inspectors to regulate the so-called "limited practitioners".

Decided to recommend that the charter of Summit County Medical Society be revoked unless its officers comply with constitutional provisions relative to "local" membership.

By resolution asked the Committee on Arrangements for the Springfield meeting to refrain from serving alcoholic liquors at all functions given in conjunction with the next state meeting.

that the said county society has, by record vote, requested the State Society to confer such honor;

"(2) That the said component county society deposit with the Secretary-Treasurer of the State Society the sum of _____ dollars, which shall be transferred to *The Journal* upon election of said member as a life member, and

"Such Life Membership shall, without the annual payment of state dues, entitle the holder to the full rights and privileges of the Association, including subscriptions to *The Journal*, and protection in the Medical Defense fund, for the remaining period of his life.

"Be it further resolved that Life Membership cannot be conferred on any physician engaged in active practice.

There being no further business, Council adjourned to meet at the Chittenden Hotel, Columbus, Ohio, the second Monday in January, 1917.

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Recommends Health System for Youngstown

The report of Dr. Carroll Fox, of the United States Public Health Service, on a survey of the Youngstown health department, made by him last summer, shows that in Youngstown, as in many other Ohio cities, the health department appropriation is inadequate for proper health protective purposes. Dr. Fox's report covers every activity of the department and contains many important recommendations, made with a view to correcting health conditions as he found them in Youngstown.

Dr. Fox was sent to Youngstown by Surgeon General Rupert Blue at the request of the Youngstown Chamber of Commerce. He suggests that the city's health department be subdivided as follows: The board of health, the executive office, division of epidemiology, division of milk and food inspection, division of sanitary inspection, and division of birth and death registration. A brief summary of other recommendations follows:

Appointment of a full time epidemiologist to investigate origin of every case of a communicable disease; establishment of a sufficient number

of infant welfare stations and tuberculosis dispensaries to operate all year, creation of a nursing force under supervision of the health department; thorough study of the milk supply of the city; appointment of an additional milk inspector; that all marketed milk be pasteurized by a standard method; erection as soon as possible of an isolation hospital with not less than 50 beds; that all surface wells within the city be eliminated; that disinfectants be furnished by the health board to families where there is typhoid fever; that the city organize its own system of garbage collection at expiration of present contract; that there be appropriated the sum of \$50,200 annually to the operating expenses to make possible the hiring of additional force; that at some future date a full time health officer be appointed with a salary of not less than \$3,000 a year; that there be installed at the filter plant a method of treating the water with chlorine to be used in an emergency in case the filters do not work properly.

The health department of Toledo was recently reorganized as a result of a survey of its activities by Dr. Fox. Piqua has asked to have a survey of its health department made by the United States Public Health Service.

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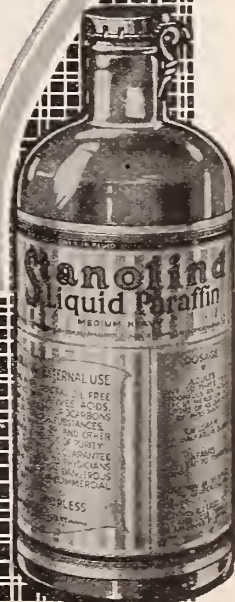
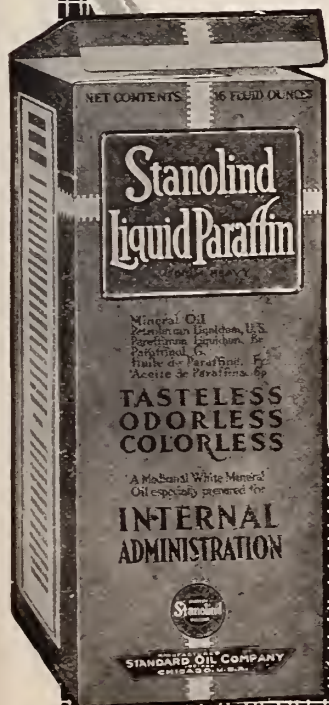
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DEATHS IN OHIO

William Judkins Conklin, M. D., Medical College of Ohio, Cincinnati, 1868; graduate of the Ohio Wesleyan University; secretary of the Ohio State Medical Association in 1872, and president of the organization in 1890; aged 72; died at his home in Dayton, October 29. Complication of diseases, aggravated by age, caused his death.

Dr. Conklin contributed many valuable articles to medical literature, and was deeply interested in education and civic betterment. He was born at Sidney in 1844. After completing his medical education, he became physician at the Dayton State Hospital for the Insane. Later he was associated with Dr. J. C. Reeve. At one time he held a professorship in the Starling Medical College, Columbus. Dr. Conklin is survived by his wife and one son, Dr. Daniel B. Conklin.

Julius D. Abbott, M. D., Cincinnati College of Medicine and Surgery, Cincinnati, 1874; aged 71; died at his home in Bethel, October 22. Dr. Abbott had practiced in Bethel for many years. He is survived by his wife, a son and a daughter.

Merari B. Stevens, M. D. University of Michigan Medical School, Ann Arbor, 1869; Bellevue Hospital Medical College, New York, 1876; a fellow of the American Medical Association; member of the Ohio State Medical Association; aged 73; died at his home in Defiance, October 19. Dr. Stevens was the dean of the medical profession in Defiance. He served with distinction in the Union army during the Civil war, and until his death was interested in patriotic societies. He was the oldest member of the A. M. A. in his community and was one of the founders of the Defiance County Medical Society, of which he served as president several times. Dr. Stevens is survived by his wife and five sons.

Joel V. Sampsell, M. D., Jefferson Medical College, Philadelphia, 1877; aged 66; died of heart trouble at his home in Elyria, October 19. Dr. Sampsell practiced medicine in Elyria for more than 40 years, going to that city from Ashland, where his father, also a physician, lived. He is survived by his wife and one sister.

Julius H. Eichberg, M. D., Miami Medical College, Cincinnati, 1889; a fellow of the American Medical Association; member of the Ohio State Medical Association; professor of pharmacology in the medical college of the University of Cincinnati; member of the staff of the General Hospital, Cincinnati; aged 59; died suddenly of

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heart disease, November 1, at French Lick Springs. For 25 years, Dr. Eichberg, who was a bachelor, made his home at 323 Northern avenue, Cincinnati. Dr. Eichberg is survived by three brothers and three sisters. At his request his body was cremated and the urn was sent to his old home in Petersburg, Va. At the funeral service, Dr. J. M. Withrow delivered an impressive eulogy of his career.

Silas F. Roberts, M. D., Hospital College of Medicine, Louisville, Ky., 1895; member of the Ohio State Medical Association; aged 47; was instantly killed October 26, when an automobile in which he was riding was struck by a passenger train at Glencoe, his home. The machine was hurled against a box car and demolished.

Romeo O. Keiser, M. D., Ohio Medical University, Columbus, 1898; Cleveland-Pulte Medical College, 1899; member of the faculty Homeopathic College of Ohio State University; physician at the Ohio Institution for the Deaf; former president and secretary of the Homeopathic Medical Society of Ohio; aged 47; died of abscess of the lungs, at his home in Columbus, November 2. Dr. Keiser was born at Bryan. In 1892, he was graduated from the Ohio State University, college of arts. He had practiced in Columbus since his graduation. He is survived by his wife and two brothers, Drs. Forest L. and J. G. Keiser, of Columbus.

Daniel D. Patterson, M. D., Starling Medical College, Columbus, 1857; aged 93; died at his home in Cadmus, October 28, following a stroke of paralysis. Dr. Patterson was one of the oldest physicians in the state. For more than fifty years he practiced medicine in Cadmus. Eight years ago he retired.

Dr. Patterson taught school in Jackson county to pay for his medical education. He is survived by one brother.

Gustavus Adolphus Gessner, physician, soldier, pharmacist, manufacturer; aged 74; died of heart trouble at his home in Fremont, October 24. After practicing medicine for a time, he entered the drug business. He was one of the founders and partners in the Trommer Extract of Malt Company, of Fremont, and served three terms as postmaster of his home city. He answered President Lincoln's first call for volunteers and served throughout the Civil war. He is survived by two sons and one daughter.

Lewis E. Dauble, M. D., Columbus Medical College, Columbus, 1886; member of the Ohio State Medical Association; aged 57; died at his home in Miller City, October 20. Dr. Dauble is survived by his wife and one son.



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Tenth District Society Devotes Major Portion of Its Program to Dr. Briggs' Fracture Demonstration

Instructive addresses on "The Clinical Physiology of the Stomach and Pancreas," by Dr. Martin H. Fischer of Cincinnati, and on "Fractures and Dislocations," by Dr. Charles Edwin Briggs of Cleveland, were features of the 30th annual meeting of the Tenth District Medical Association at Circleville, October 26.

About 150 physicians were guests of the Pickaway County Medical Society for the meeting, which began at ten o'clock in the morning with a business session and lasted until late in the afternoon when Dr. Briggs closed his lecture, which was given as a part of the university extension work under the direction of the State Association's Committee on Medical Education. At noon the hosts entertained the visitors at dinner at the Boggs House, and, by the way, it was a splendid dinner.

Dr. Howard Jones, President of the Association, called the meeting to order in the Knights of Pythias Hall. After a scholarly address, in which he reviewed the changes that have taken place in the practice of medicine during the past third of a century, pointed out how the field of medical activity has widened and described the

ideas that should actuate the modern scientific physician, Dr. Jones introduced Dr. Fischer.

The Cincinnati physician's address was given close attention. He brought out many points that drew commendatory remarks from his audience and his subject was freely discussed after he had finished. Those who took part in the discussion were: Drs. J. H. Dunn of Chillicothe, J. D. Dunham of Columbus, Charles W. McGavran of Columbus, S. J. Goodman of Columbus, G. T. Harding of Columbus and J. A. Wright of California, formerly of Circleville.

After dinner Dr. Briggs began his lecture and demonstration on fractures and dislocations. Many joined in informal discussion of the subject, which Dr. Briggs handled in a clear and comprehensive manner.

At the business session, the invitation of the Knox County Society for the Association to meet in Mt. Vernon in 1917 was accepted. Dr. F. W. Blake of Gambier was elected President and Dr. H. B. Blakey of Columbus, Secretary-Treasurer for the coming year. He succeeds Dr. L. L. Bigelow, who served efficiently for two terms and requested that he be relieved.



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"Recent seizures in various cities of the country of numerous quantities of spurious aspirin make it important that the druggist should assure himself in all cases of the reliability of the source of his supply."—Pacific Drug Rev., Feb., 1916.

Birth Control Propaganda is Spreading

Following a discussion of birth control at the Cincinnati meeting of the American Public Health Association, the birth control movement apparently has been spreading throughout Ohio. Newspapers tell of tentative plans for the formation of additional leagues and news clippings give evidence of wide publicity on the subject.

During the discussion at Cincinnati, Dr. S. Adolphus Knopf of New York made a strong appeal in favor of the movement and Dr. J. H. Landis, health officer of Cincinnati, vigorously opposed it. Frederick A. Blossom of Cleveland, President of the National Birth Control League recently formed in Cleveland, has announced two birth control "clinics" will soon be established there. There will be no secrecy about their establishment, Dr. Blossom says.

In opposing the new movement, Dr. Landis is quoted as saying: "I am unable to see how the size of a family is in any way related to the problems of poverty, vice, ignorance or alcoholism. I am unwilling to admit that the size of the family has anything to do with any of these, except possibly to a slight degree, to poverty. The ignorant should be educated and the shiftless rendered more efficient. Birth control would be as impotent to improve social conditions as to prevent typhoid fever."

"Judicious birth control is not race suicide, but race preservation," Dr. Knopf declared. "The existing federal and state laws prohibiting the giving of information as to birth control should be abolished or at least modified. With the increase of the family there is rarely a corresponding increase in the income of the father and mother, and, as a result, malnutrition and insufficient clothing enter as factors to predispose tuberculosis and other diseases. The records of charitable organizations prove that the larger the families which apply for relief, the greater is their distress."

CELEBRATES 50TH ANNIVERSARY.

On October 26, Parke, Davis & Company, Detroit, celebrated their fiftieth anniversary. *The Journal* congratulates the management of this firm on the achievements of the past and wishes it continued success in its many activities.

In connection with the celebration the firm issued a pamphlet entitled, "Jubilee Souvenir, 1866-1916," which gives a history of the firm's work from the time of its founding by Dr. Samuel P. Duffield.

The early struggles to gain a foothold in the business world, the establishment of research and experimental work, the difficulties encountered in the search for supplies, and the rapid extension of the firm to foreign countries, as described in the pamphlet, make unusually interesting reading.

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Bechamp and Moro discovered that human milk contains diastase and that cow's milk does not contain it. In infant feeding many physicians have achieved brilliant results by the addition of diastastic Malt Extract to pure cow's milk, thereby supplying the vitalizing and energizing element (diastase) of which an artificially fed infant is otherwise deprived. Sixty-six per cent of the solids of human milk are carbohydrates, which the diastase of human milk seems to dispose of to the advantage of the growing child. Cow's milk solids consist of 36 per cent of carbohydrates, to which often more carbohydrates are added to make the quantity equal to human milk. Few realize the importance of adding normal diastase to assist the process of metabolism in the new born.

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High Lights of the Milwaukee Meeting Which Discussed the Prevention of Infant Mortality

As a representative of the city of Toledo, Health Commissioner C. D. Selby attended the meeting of the American Association for the Study and Prevention of Infant Mortality at Milwaukee, late in October. We quote from his report to the city:

Measles and whooping cough take the lives of 20,000 babies and children in the United States annually, according to Dr. Borden Veeder, of St. Louis. The average annual death rate for the registration area of the United States during the ten-year period, 1904-1913, was 10.5 per 100,000 population for whooping cough; 10.2 for measles. From these figures it is calculated that 9,000 to 10,000 deaths occur each year from each of these diseases.

The sad fact is that 80% of the deaths from whooping cough occur among infants under two years of age, who must depend upon their parents and the public for protection. Ninety-nine percent of the deaths from this disease are in children under 10 years of age.

More than half of the deaths from measles are among infants and 90% among children under 10. The two diseases are responsible for one-twentieth of all infant deaths. Both diseases take more lives annually than scarlet fever and diphtheria.

Dr. I. A. Abt, Chicago, emphasized the fact that death is not the only termination of whooping cough. Tuberculosis is a common sequel, various nervous complications, such as paralysis and idiocy, may cause disability and lingering illness.

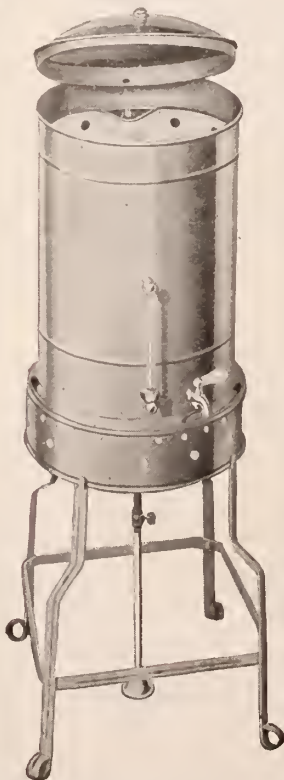
For the prevention of whooping cough there is a strong inclination on the part of health authorities to label the afflicted children with a band on the arm, or similar device, in order that others may recognize and avoid them.

The prevention of measles is more difficult, according to Dr. J. C. Wilson, of the United States Public Health Service. In spite of the great activity of the authorities in attempting to curb measles, the recent epidemic of 1915-1916 ran its full course.

He is of the opinion that a universal reporting of the disease would greatly assist health officers in their work of prevention. He feels that substantial progress can not be made until a method of producing an acquired immunity, as in vaccination against smallpox and typhoid fever, is developed. In the meantime, the cases must be reported to the health authorities promptly, and isolation rigidly carried out.

* * *

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sion, but nothing developed to advance our present knowledge of the disease. In spite of the facts that few contacts develop from poliomyelitis, that social conditions, sanitation and food supplies seem to have no influence upon it, and that it has the appearance of having none of the habits that characterize the better understood communicable diseases, still it is generally regarded as a communicable disease, and measures for its prevention should be those usually applied to disease known to be transmitted by contact.

The impression is current that infantile paralysis is much more prevalent than the reports show, and that many of the cases are of a very mild type, going unrecognized, but having the effect of establishing an immunity. The failure of the majority of the contacts to develop the disease is explained upon the ground of immunity thus established. The periodic recurrences of epidemics of infantile paralysis would tend to substantiate this assumption. The Toledo epidemic was handled along the accepted lines.

The dominant note of the meeting was the prevention of deaths among infants from causes other than those which are recognized as being communicable. Two hundred sixty thousand babies died in the United States during 1915, more than one-half of which were less than three months old.

These deaths were attributed largely to causes that had their origin in a lack of preparedness on the part of the mothers. The solution offered was education. Girls should be taught the essentials to intelligent motherhood. Mothers should be taught the principles of infant welfare.

By common consent, the logical place to begin this education is deemed to be in the public schools, where the young womanhood is supposedly being prepared for her life's work. Under the present system she is prepared for everything except the greatest event of her life, at which time she assumes the function of motherhood, with no preparation except that which Nature has given her in the form of the mother instinct.

It is evident that society has not yet advanced to the point where it will permit unblushingly the free and universal dissemination of knowledge of the conditions that lead to motherhood and the many ill effects that follow the abuse of these conditions.

According to Dr. Dorothy Reed Mendenhall, the University of Wisconsin has developed a wonderfully effective correspondence course on "The Care of the Expectant Mother." This course aims to give the mother the necessary knowledge, simply, to enable her to keep herself in good physical condition while carrying the child and to safeguard herself against miscarriage, kidney and other prenatal complications. The confinement period and the need of obtaining competent assistance through the period are discussed, as well as the dangers of infection and the need of rest during the lying-in period.



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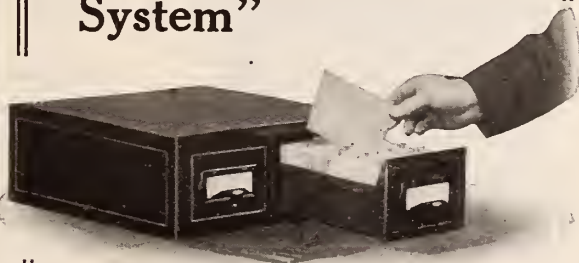
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STATE BOARD OF HEALTH

PLAN DISTRICT HOSPITALS

Efforts to renew interest in the building of tuberculosis hospitals as provided for in an act passed by the legislature in 1915 are being made by Dr. John R. McDowell, director of the division of public health education and tuberculosis, state department of health. The law provides that groups of not less than two or more than ten counties can be formed for the purpose of erecting and maintaining such institutions.

About one-fourth of the state is now covered by nine districts which are maintaining tuberculosis hospitals. The tenth district, recently formed, is made up of the Pickaway, Fayette, Ross, Highland, Pike, Scioto and Jackson counties. The hospital in this district is near completion.

Through anti-tuberculosis societies and other public health organizations and county officials, Dr. McDowell hopes to bring about the formation of other hospital districts.

NEED MORE MONEY

Acting Secretary Bauman of the state board of health has placed in the hands of the state

budget commission the fourth annual budget of the department of health. It asks for an appropriation of \$125,770 for the fiscal year ending June 30, 1918, \$27,145 more than was received for the fiscal year ending June 30, 1917. No new work is outlined in the budget. The increase is due to normal expansion of present activities of the department, Secretary Bauman explains.

EXHIBIT PLANS UNSETTLED

Practically all the larger cities of the state have been visited by the public health exhibit, which was taken off the road late in October after it had been shown at county fairs during the summer months. The exhibit is being repaired but no plans have been made for its future use. The department is trying to devise some means of placing the exhibit before the people in the smaller towns and rural districts.

IMPORTANT DECISION

The tax levy for payment of sewage disposal improvements, ordered by the state board of health, may be made outside of the limitations of the Smith One Per Cent law if the levy is authorized by popular vote, according to a recent decision of the Ohio supreme court. At the November election last year Cleveland voters authorized a \$2,000,000 bond issue for a new sewage disposal plant, to be raised by a one-

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fourth of 1-mill levy above the Smith law limitations. In a test suit Director of Law W. S. Fitzgerald contended such a levy to be unconstitutional. The courts held against him.

Leo Hexter of Cincinnati has been appointed statistician clerk in the division of communicable diseases.

RULING ON BOARDS OF HEALTH

City and village councils cannot abolish boards of health where they have once been established, Attorney General Turner held recently in an opinion to the state board of health. The council of Conneaut undertook to abolish the city's board of health and recommended that the state board of health appoint a health officer for the city. Mr. Turner held that the state board had no right to abolish the city board.

* * * *

Before he left his position as head of the Springfield department of health to take up his duties as director of the division of public health education and tuberculosis, Dr. John R. McDowell was presented with a beautiful scarf pin of amethyst and diamonds set in platinum, by the members of the Clark County Medical Society, as a token of their esteem. The presentation speech was made by Dr. Reed L. Bell, who headed a committee composed of Drs. E. B. Starr, J. A. Link and W. P. Ultes, representing the society. Dr. McDowell's successor as head of the Springfield department is Dr. Starr, who was formerly the assistant commissioner.

A. M. A. Grades Hospitals for Interne Training

The Council on Medical Education of the A. M. A. is engaged in grading hospitals of the country with a view of rating their facilities for teaching internes. The work is important in view of the growing demand for adequate interne instruction, and the increasing number of states which require such a year as a preliminary to medical licensure. The following Ohio hospitals appear on the first list issued:

Akron City Hospital; Cincinnati: Bethesda Hospital, Christ Hospital, Cincinnati General, German Deaconess, Jewish, Seton, Cincinnati Tuberculosis, and St. Mary's; Cleveland: German, Huron Road, Lakeside, Mt. Sinai, St. Luke's, St. Vincent's, Charity, U. S. Public Health Service, and Cleveland State Hospital; Columbus: Grant, Protestant, St. Clair, and St. Francis'; Dayton: Miami Valley; Springfield: City; Toledo: Flower and Toledo; Youngstown: St. Elizabeth's and Youngstown Hospitals.

The council states that others may be included later, and that changes may be made from time to time.

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Clark County's Excellent Program

Clark County Medical Society has announced its annual program for the year—its eighty-eighth. President Ramsey and the other officers who are responsible are to be congratulated on its excellence. Meetings for the balance of the year are:

December 11—Dr. A. H. Potter, "Congenital Syphilis." Discussion—Dr. H. B. Martin, Dr. C. L. Jones. Election of officers.

January 8—Annual Banquet. Installation of officers.

January 22—Dr. C. W. Russel, "Bone Surgery." Discussion—Dr. W. A. Ort, Dr. J. A. Link.

February 12—Dr. H. E. Vogel, "Occupational Diseases." Discussion—Dr. J. H. Poulton, Dr. Geo. D. Grant.

February 26—Dr. R. C. Hebble, "Pertussis and Its Treatment by Vaccines." Discussion—Dr. A. Pancake, Dr. R. H. Jones.

March 12—Dr. C. W. Evans, "Anterior Poliomyelitis." Discussion—Dr. E. B. Starr, Dr. C. F. Adams.

March 26—Dr. T. W. Mahoney, "Artificial Infant Feeding." Discussion—Dr. B. D. Titlow, Dr. D. K. Gotwald.

April 9—Dr. E. R. Brubaker, "Ether Anesthesia." Discussion—Dr. W. C. Taylor, Dr. D. W. Hogue.

April 2—Dr. J. H. Harris, "Gastro-Enteritis in Children." Discussion—Dr. J. J. Moore, Dr. W. B. Patton.

May 4—Dr. O. M. Marquart, "Diabetes Mellitus." Discussion—Dr. C. S. Kay, Dr. P. W. Brown.

May 28—Dr. Harry K. Dunham, of Cincinnati, "Diagnosis of Pulmonary Conditions by the X-Ray." Discussion—Dr. Will P. Mills, Dr. E. R. Brubaker.

June—Annual outing.

Emergency Essayists—Dr. Henry Baldwin, Dr. J. C. Easton, Dr. F. P. Anzinger.

FORMER OHIOAN LIKES THE JOURNAL

Editor *The Journal*:—Beg leave to hereby express to you my sincere thanks for your having forwarded to me, upon the request of Dr. C. W. Moots of Toledo, the November copy of the *O. S. M. J.*, which I have rather carefully scanned to the end that I feel that you are to be congratulated because of the comprehensive character, viz., both business and scientific of your *Journal*. Having been born and reared in Ohio—Bellefontaine—I feel a sense of pride in anything good (and most done is good) emanating therefrom; but being a Republican I am rather doleful today concerning Ohio's political doings. W. W. Kitchen, Indianapolis, November 8, 1916. (Dr. Kitchen is a Councilor of the Indiana State Medical Association.)

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American Public Health Association's Meeting in Cincinnati

Disease prevention, health insurance, birth control, mental hygiene and various phases of public health work were the chief topics discussed by medical authorities, public health workers, sociologists, chemists and sanitary engineers who attended the forty-fourth annual meeting of the American Public Health Association at Cincinnati, October 24, 25, 26 and 27. Two Ohio physicians were honored by being elected officers of the Association. Dr. John H. Landis, health officer of Cincinnati, was chosen first vice president, and Dr. R. H. Bishop, Jr., health commissioner of Cleveland, was made a member of the board of directors. Dr. W. A. Evans, of Chicago, was elected president.

In order to take advantage of the excellent program of the association, the State Board of Health held its annual conference with municipal health authorities at Cincinnati. About 150 health officials, who gathered for the conference, adopted the association's program as their own and attended section meetings, at which problems with which the municipal health official has to deal, were explained. It was the first time in the history of the state that the conference has been held outside of Columbus.

In addition to the general meetings of the association, the six sections held separate sessions devoted to the presentation of papers and discussions relating to their particular fields of work.

Dr. John F. Anderson, of New York, president of the association, urged absolute frankness with the public in all phases of city health work. "The old attitude of concealment is rapidly giving away before a new appreciation by health departments of the value of frankness." He estimated that the United States loses \$740,000,000 through illness of workers, half of which could be prevented.

Dozens of other important subjects were taken up and discussed by public health workers from all parts of North America. The association gave "birth control" serious consideration. The following resolution, presented by Dr. J. N. Hurdy, of Indiana, was referred to the executive committee for deliberation:

"Resolved, That the president of the American Public Health Association be empowered to appoint a committee of five to study the Federal and State laws of this country which permit duly qualified physicians to perform 'illegal operations' under certain conditions, but make it criminal to give advice as to birth control."

The committee which made arrangements for the meeting was composed of Dr. Landis, Dr. W. H. Peters and Dr. E. O. Smith, of Cincinnati. Chief among the entertainment features was the concert by the Cincinnati Symphony Orchestra.

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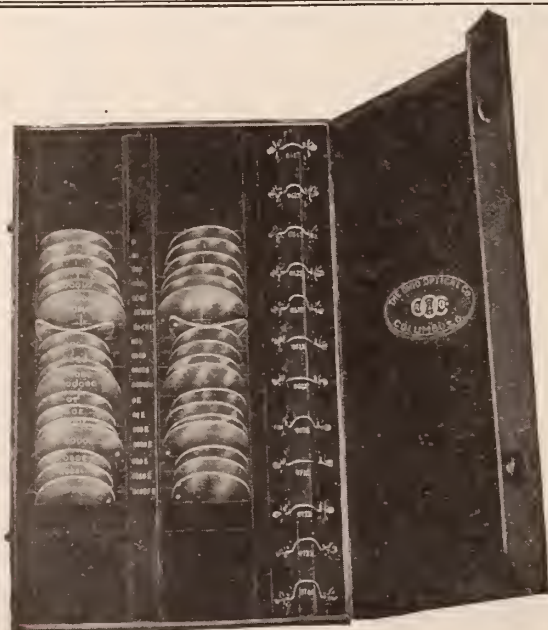
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The OHIO STATE MEDICAL JOURNAL

OWNED AND PUBLISHED MONTHLY
BY THE
OHIO STATE MEDICAL ASSOCIATION

UNDER THE DIRECTION OF THE PUBLICATION COMMITTEE

FEBRUARY 15, 1916



Entered as second class matter July 5, 1905, at the
Postoffice at Columbus, Ohio, under act of
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And don't permit anything to prevent you from reading closely the advertising announcements in this issue. There are many things in these advertising pages that you should know—and, furthermore, keep these advertisers in mind when you need something, or are looking up institutions for the reference of patients. These advertisers wouldn't be here if they were not reliable. Your support of our advertisers protects you, boosts us, and tickles them.



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NEWS of the MONTH

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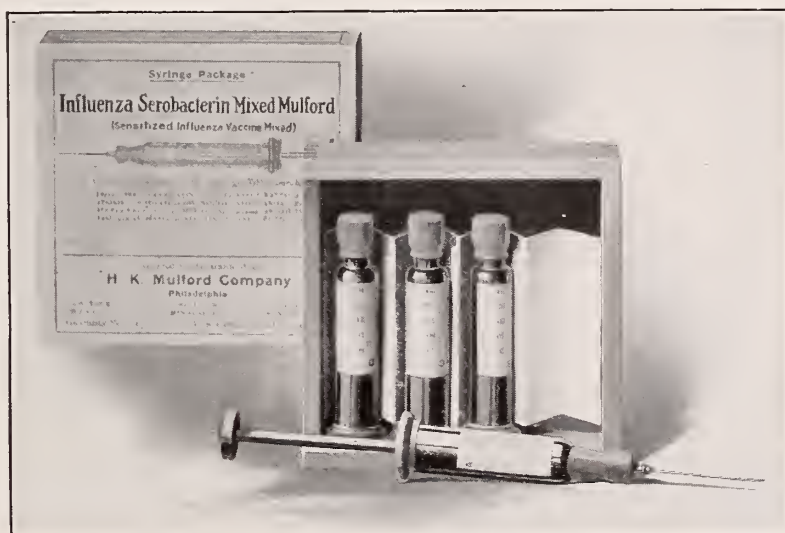
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arthroplasty. Two illustrations.

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capsulectomy (two cases). Illustration in colors.

Ankylosis of knee-joint following a furuncle; Arthro-
plasty; treatment of infective synovial arthritis in
acute stage. Thirteen illustrations in colors.

Tuberculosis of knee-joint: Resection by concavocon-
vex method; subpatellar arthroplasty.

Hallux rigidus: Resection and arthroplasty. Pes Planus:
Elongation of peroneal tendons. Eight illustrations.

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Now is the time to make your preparations to attend the State Meeting at Cleveland—May 17, 18, and 19. Every effort is being made by the Cleveland Academy of Medicine to make it the greatest meeting in the history of the Association. Your presence is needed to make the occasion a complete success.

Get away from your office and your practice worries for a few days, and profit by rubbing elbows with your fellow practitioners at Cleveland.



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NEWS of the MONTH

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- At Marion, on March 30, the State Society will inaugurate a comprehensive university extension plan that may have a far-reaching effect. Dr. Briggs, Cleveland, will deliver the initial lecture—"Fractures and Dislocations." The entire plan is described on.....Page 197
- Every one realizes that our State Health Department has developed tremendously in the past four years. Dr. McCampbell's report gives the details of its systematic growth, on.....Page 184
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the new Hoy bill has teeth.....Page 274

How does your county stand in the One
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W. B. SAUNDERS COMPANY, Philadelphia and London

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**NOTICE TO SECRETARIES.**

Remit at once to Dr. Selby for the per capita assessment due the State Society from your members.

This money was due on January 1. The Constitution of the Society provides that unless paid 30 days in advance of the Annual Session, the membership is suspended. This year, because the State Meeting is unusually late, this final period of grace has been extended to May 1.

Unless the State dues are paid before May first, your members will be dropped from the State Association rolls.

The State dues this year are Three dollars.

NEWS of the MONTH

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* New York Medical Journal, July 4, 1914.

† New Orleans Medical and Surgical Journal, August, 1914; Dental Cosmos, December, 1914.

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COLUMBUS, OHIO

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The OHIO STATE MEDICAL JOURNAL

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MAY 15, 1916



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**Sure
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¶ If you have spring fever try this: Take train for Cleveland on May 17, with bag packed for three days. Tell your patients that you will return immediately after the State Meeting—better equipped to attend to their needs.

¶ The program for the meeting may be found in this number, starting on page 332.

NEW (3d) EDITION

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This *new (3d) edition* was so thoroughly revised that the work had to be reset from cover to cover. Over 150 pages of new matter and some 80 new illustrations were added, making 385 illustrations, five of them in colors—really an *atlas of abdominal surgery*. This surgery is a personal record of Moynihan's operative work. You get his own successful methods of diagnosis. You get his own technic, in every case fully illustrated with handsome pictures. You get the bacteriology of the stomach and intestines, sterilization and preparation of patient and operator. You get complications, sequels and after-care. Then the various operations are detailed with forceful clearness, discussing first gastric operations, following with intestinal operations, operations upon the liver, the pancreas, the spleen. Two new chapters added in this edition are *excision of gastric ulcer* and *complete gastrectomy*, giving the latest developments in these operative measures. The chapter on *complications* covers 40 pages.

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CONTRIBUTED ARTICLES

- Classification and Treatment of Diarrhea in Childhood, Frank H. Lamb, Sc.B., A.M., M.D., Cincinnati 309
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NOTICE TO SECRETARIES.

Remit at once to Dr. Selby for the per capita assessment due the State Society from your members.

This money was due on January 1. The Constitution of the Society provides that unless paid 30 days in advance of the Annual Session, the membership is suspended. This year, because the State Meeting is unusually late, this final period of grace has been extended to May 1.

Unless the State dues are paid before May first, your members will be dropped from the State Association rolls.

The State dues this year are Three dollars.

NEWS of the MONTH

- Detailed program for the 1916 meeting of the State Association published this month. A handy condensed schedule is printed onPage 332
- Annual Reports—
- Publication Committee report shows that during the year the size of THE JOURNAL has been materially increased, and its scope broadened. Plans for 1917 include interesting extensionsPage 340
- Committee on First Aid gives partial report on questionnaire covering suggestions made by Ohio surgeons for the preparation of first aid equipment.....Page 341
- Legislative Committee urges importance of nominating and electing good men to the General Assembly this fall—Primaries in August. Report urges that great care be taken in selecting qualified auxiliary committeemen to co-operate with State Association. Report further calls attention to proposed plan for state sickness insurancePage 343
- Appropriations Committee shows how the Association's money will be spent in 1916Page 344
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- Committee on Public Health Education reports splendid co-operation from Ohio newspapers in its publicity campaignPage 345
- Committee on Medical Defense outlines the plan of Association insurance against civil malpractice suits which will be put in operation immediately after the state meetingPage 347
- Many societies, despite the increase in dues, are qualifying in the One Hundred Per Cent Club for 1916.....Page 349
- State Auditor Donahey takes initiative in an effort to have money raised through medical licensure used for the purpose of enforcing our medical practice act..Page 359
- State Board of Health fails to elect a new secretaryPage 364
- Optometrists announce prematurely a "great victory" over the State Medical BoardPage 366
- Deaths in Ohio.....Page 377
- Ohio Hospital Association meets at Cincinnati May 24, 25 and 26. Program onPage 374

For Immunization and Treatment of Typhoid and Paratyphoid

Typho-Serobacterins Mixed (mixed sensitized typhoid vaccines) are recommended by Castellani, Broughton-Alcock, Besredka, Gay, and other prominent authorities, since they afford immunity against the typhoid bacillus and the paratyphoid A and B, which latter infections cause about ten per cent of cases usually diagnosed as typhoid.*

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* British Medical Journal, 1915, 1445; Jour. Royal Army Med. Cor., 1911, XVI; Press Medicale, Feb. 10, XXIV, No. 8, p. 5764; Lancet, Sept. 19, 1914; Jour. A. M. A., June 26, 1915, editorial; Amer. Jour. Med. Science, 1915, CXLIX 406; Jour. A. M. A., August 7, 1915; Jour. A. M. A., July 24, 1915. † Am. Jour. Med. Sci., 1915, CXLIX 406.



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"2. Due attention to the fact that the action of the drug is frequently slow in asserting itself and that the drug should be given up only when thorough trial has demonstrated its lack of efficiency."

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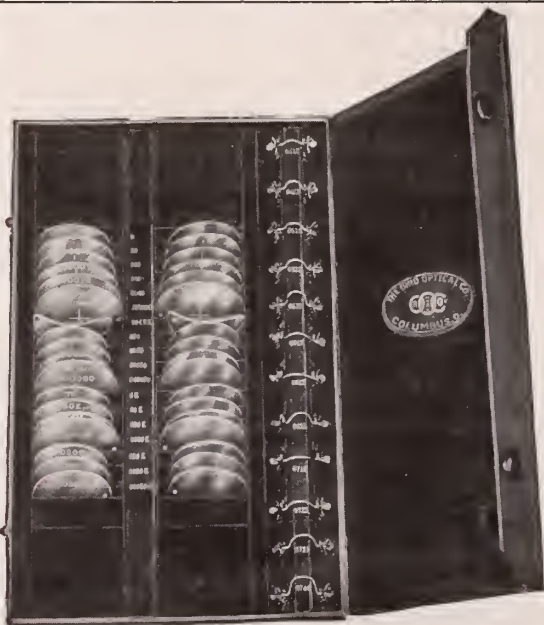
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- The Restoration of Vision in Amblyopic Eyes
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tailed reports, a complete registration
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etc.Page 410
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This new work presents gynecology along new lines. An entire section is devoted to the *physiology* of the pelvic organs and to *correlated gynecology*—the relationship of gynecology to organs of *internal secretion*, breast, skin, organs of digestion, respiration, blood, circulatory apparatus, abdominal organs, nervous system, bones and joints. The second portion of the book is devoted to special gynecologic diseases and is arranged particularly for the convenience of medical students. The third part is exclusively a treatise on *surgical gynecology*, and includes profusely illustrated descriptions of those gynecologic operations that to the author seem most feasible. A number of new operations and modifications of older ones not in other books are given and illustrated. Microscopic pathology is presented almost entirely by drawings made from sections from the author's collection of pathologic specimens.

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Professor of Gynecology at Harvard Medical School. Cloth, \$7.00 net; Half Morocco, \$8.50 net.

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CONTRIBUTED ARTICLES

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- Extra-Uterine Pregnancy, Florus F. Lawrence, M.D., D. Sc., LL.D., F.A.C.S., Columbus 391
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'NEWS of the MONTH

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- The Industrial Commission of Ohio is paying nearly \$500,000 to physicians annuallyPage 404
- College of Medicine, O. S. U., is reorganized, faculty is reduced and number of departments is reduced.....Page 407
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- State Society membership, despite the doubling of State dues this year, is breaking all records and will probably be the largest in history. Is yours one of the 27 counties lagging behind? Look on.....Page 428
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- Did you know that Uncle Sam is not bringing to trial most of the doctors caught violating the Harrison narcotic law?.....Page 452
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Immunize 4th of July Wounds with Tetanus Antitoxin

The following rules for the prevention of tetanus are from an editorial in the Journal of the American Medical Association, 1909, page 954:

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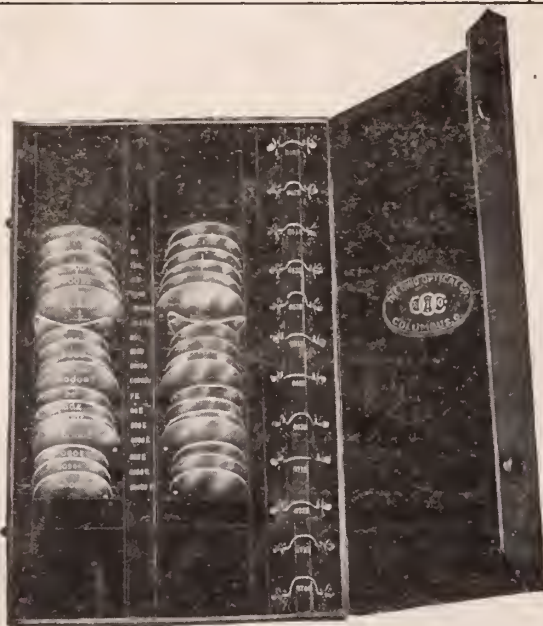
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Ready--MacCallum's Pathology

Dr. MacCallum's new work presents pathology from an entirely new angle. Most text-books on pathology consider the diseases of each organ separately under the name of the organ as a heading. Dr. MacCallum's book, however, considers pathology on the principle that practically every pathologic condition is the direct or indirect effect of an injury; that is, the direct effect or the immediate or remote reaction of the tissues. Tumors alone cannot be brought under this category. In a word, this book presents

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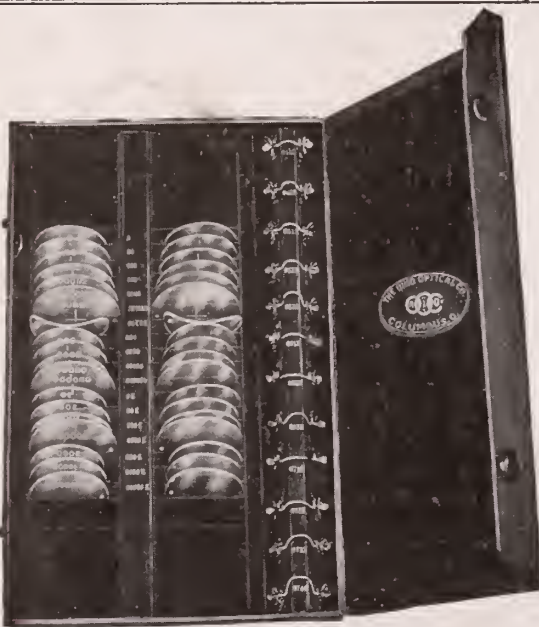
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- The Sewage Pollution of Streams in Relation to the Public Health, W. H. Frost, M.D., Cincinnati 597
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OWNED AND PUBLISHED MONTHLY
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OCTOBER 1, 1916



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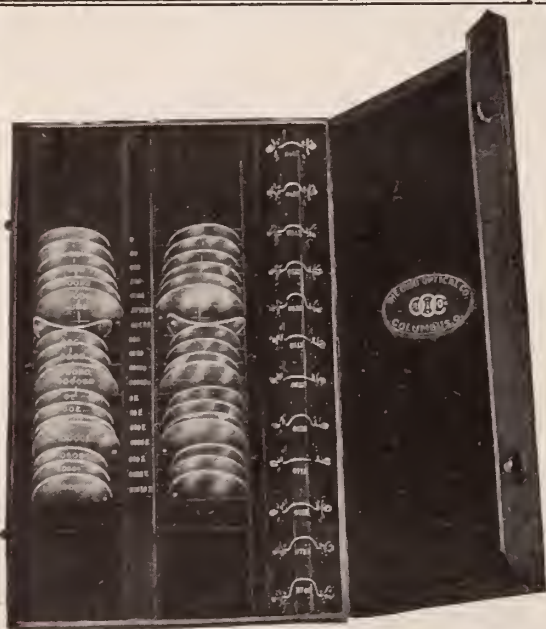
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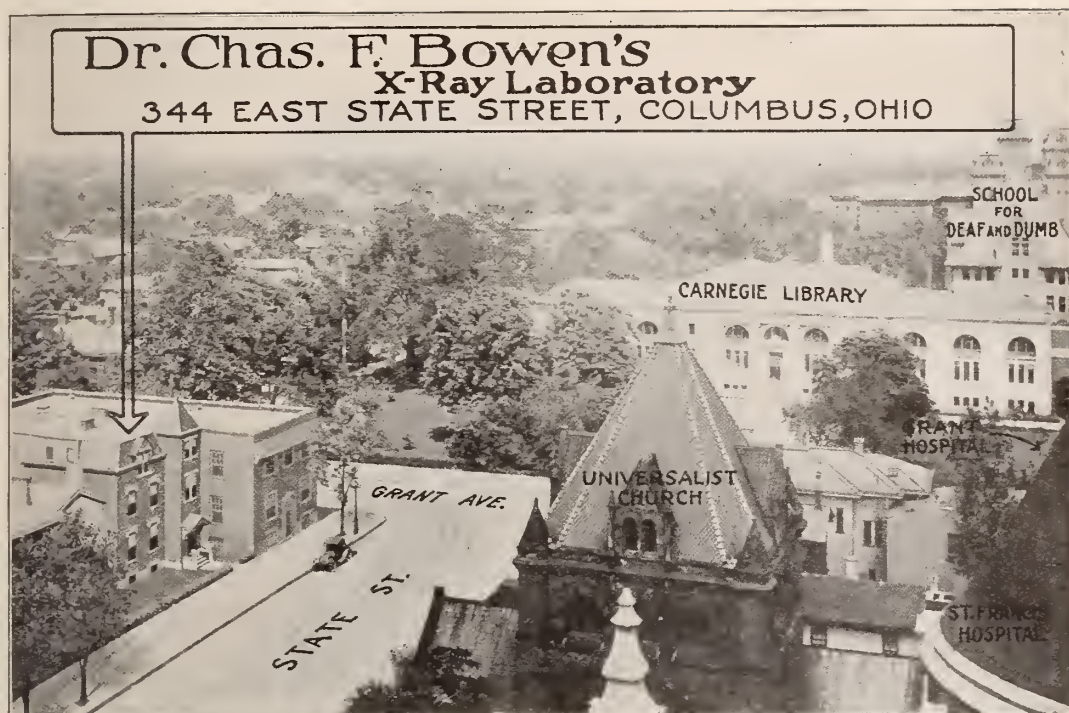
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